

**Home Care Management Practices and Therapeutic Effects to
COVID-19 Positive Student Nurses and Faculty in a
Private University in Iloilo City**

A Research Report Presented to the
Faculty of the College of Nursing of
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In Partial Fulfillment for the Subject
Nursing Research

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Abstract

This study investigated the relationship between the home care management practices and therapeutic effects among COVID-19 positive student nurses and faculty in a private university located in Iloilo City. A survey questionnaire was administered to 60 participants selected through purposive sampling. Both descriptive and inferential analyses were conducted. Results indicated that 85% of respondents utilized high-level infection control strategies; 61.7% employ pharmacological interventions; and, 45% use non-pharmacological measures. Additionally, 36.7% of respondents exhibited a moderate level of engagement in vaccine and prophylactic interventions. This study also evaluated adjunct interventions, engagement levels, and perceived therapeutic effects. Approximately 40% of respondents utilized adjunct interventions, while 35% exhibited low engagement in these practices. Furthermore, 46.7% of respondents perceived significant therapeutic effects from home care management practices, indicating a positive impact among COVID-19 student nurses and faculty. No significant relationships were found between infection control, pharmacological interventions, and non-pharmacological interventions with perceived therapeutic effects. However, a strong and statistically significant correlation existed between vaccine and prophylactic interventions and perceived therapeutic effects, indicating that increased utilization of vaccines and prophylaxis was associated with higher perceived therapeutic benefits. Findings also revealed a strong and statistically significant correlation between vaccine and prophylactic interventions and higher perceived therapeutic effects. In contrast, no significant relationships were found between adjunct or complementary interventions and perceived therapeutic effects, suggesting these interventions did not directly influence perceived therapeutic benefits.

Chapter 1

Introduction

Background of the Study

According to the World Health Organization (2020), due to the strain on the healthcare system, hospitalization for patients who are only mildly ill may not be an option or necessary unless there is a risk of rapid decline. Providing care at home may be an option for patients who have only moderate illnesses, given that their loved ones can monitor them and take care of them. When hospitalization is neither possible nor safe, home care may also be explored. This could be due to constraints such as limited capacity in healthcare facilities or insufficient resources to adequately meet the demand for healthcare services.

As stated by Alishan, S. et al., (2022), after a thorough risk assessment, providing care for COVID-19 patients with mild to moderate symptoms at home could serve as a viable and effective strategy, safeguarding hospital resources for individuals in greater need of medical attention and those facing more severe illness.

Patients with mild cases of COVID-19 were able to recover in their own homes. Symptoms typically persisted for a few days, with individuals experiencing improvement within approximately a week of contracting the illness. Rest, water, and pain relievers were used in the treatment of symptoms, but adults over 65 and persons of any age who already have long-term (chronic) medical disorders should contact their doctor as soon as symptoms appear (Mayo Foundation for Medical Education and Research, 2022).

This study aimed to determine the home care management practices and its perceived therapeutic effects on nursing students and faculty members who tested positive for COVID-19. There were few suggestions from WHO and limited studies about home care

management to COVID-19 positive patients. However, there is currently no research being done on the actual administration of home care provided to nursing students and faculty with positive COVID-19 findings.

Objectives of the Study

This study aimed to ascertain the home care management practices and its perceived therapeutic effects on COVID-19 positive nursing students and faculty who were not hospitalized.

Specifically, this study aimed to:

1. Determine the home care management practices of COVID-19 positive student nurses and faculty.
2. Determine the level of perceived therapeutic effects of home care management practices to COVID-19 positive student nurses and faculty.
3. Determine whether there was a significant relationship between home care management practices and perceived therapeutic effects among COVID-19 positive student nurses and faculty.

Hypothesis of the Study

1. There was no significant relationship between perceived therapeutic effects and home care management practices among COVID-19 positive student nurses and faculty.

Theoretical Framework of the Study

This study is anchored in the framework of the Patient-Centered Medical (Health) Home: Nursing Theory-Guided Policy Perspective.

This perspective advocated for a primary care model that prioritizes the patient, emphasizing aspects such as comprehensive care, teamwork, coordination, accessibility, and a focus on quality and safety. It has gained widespread acceptance as the preferred approach to organizing and delivering primary healthcare services across the healthcare system. This philosophy encouraged healthcare providers and teams to tailor care to meet the needs of patients at all levels of complexity. It fostered an environment where patients were treated with dignity, respect, and compassion, fostering strong and trusting relationships between patients, providers, and staff. Importantly, the medical home was viewed not as a final destination but as a framework aimed at achieving excellence in primary care delivery, ensuring that care was provided in the most appropriate manner, at the right time, and in the right place.

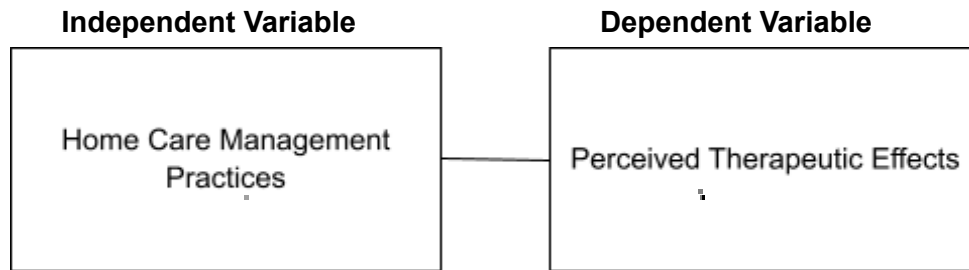
Conceptual Framework

Independent variables are the variables that are manipulated or controlled by the researcher to observe their effect on dependent variables. In this study, Home Care Management Practices served as the independent variable. On the other hand, a dependent variable is the variable that is measured or observed to assess the effect of changes made to the independent variable. In this study, the identified dependent variable was the Perceived Therapeutic Effects.

In this study, the perceived therapeutic effect was assumed to be related to the home care management practices among COVID-19 student nurses and faculty. Understanding the relationship between perceived therapeutic effects and home care management practices by improving patient outcomes through enhanced home care management practices, driven by positive perceptions of therapeutic effects.

Figure 1

The Paradigm of Variables of the Study



Definition of Terms

There are concepts and terms used throughout the study that must be defined for clarity of understanding. These following terms are defined conceptually and operationally.

COVID-19 Positive. Any positive COVID-19 test indicates that the virus has been found and that you are infected (COVID-19 and Your Health, 2020). The patient fits all requirements, including signs, symptoms, and travel history, to be classified as a Patient Under Investigation (PUI). A lab sample was obtained and examined by a facility certified by the CDC, and the outcome was positive (Center, 2022). In this study, *COVID-19 Positive* refers to individuals who have undergone an RT-PCR diagnostic test in accordance with the guidance provided by local health authorities or international organizations, including the World Health Organization (WHO), the Philippine Center for Disease Control and Prevention (CDC), or the Department of Health (DOH), and confirming a positive test result indicating the detection of SARS-CoV-2 viral RNA, which was responsible for causing COVID-19.

Home Care Management Practices. Care provided to all confirmed COVID-19 cases not hospitalized (Okello, 2021). In this study's context, *home care management practices* encompass a range of specific activities, strategies or practices carried out within the home environment. These included the monitoring and management of symptoms, the

implementation of isolation or quarantine measures, provision of psychological support, adherence to medication regimens, and other relevant actions.

Perceived Therapeutic Effects. Any therapeutic therapy that has an outcome deemed desirable and beneficial is said to have therapeutic effects. This holds true regardless of whether the outcome was expected, unexpected, or even an unintended side effect of the therapy (APLMED Academy INC, 2023). In this study, *perceived therapeutic effects refers to the response to the subjective experiences of COVID-19 positive nursing students and faculty in the use of home care management practices, the perceived therapeutic effects included symptom relief, emotional comfort, an increased sense of security, and positive outcomes such as improvements in physical, psychological, and overall well-being.*

Significance of the Study

The result of this study would be beneficial to the following:

Department of Health (DOH) Personnel. This study is for the Department of Health to gain more information about home care management for patients with mild symptoms of COVID-19. This can also help them be more knowledgeable in this topic to guide and accommodate people who will seek advice.

Student Nurses and Faculty. This study will help them understand the therapeutic effects of home care management practices and they would be aware of what to do with COVID-19 patients and apply it to them.

Residents of Local Communities. This study is beneficial for those people who are in remote areas so that they can be informed on the different home care managements for COVID-19. It could also provide a less expensive but still efficient means of treating the effects of the Covid-19 for those who are financially unstable.

Future Researchers. This study will provide more information concerning the topic and may be used as a valid source for future researchers. This study may also provide future researchers with additional related literature related to the home care management of COVID-19 positive patients.

Scope and Limitation of the Study

This study is quantitative research that aimed to determine the home care management practices and its perceived therapeutic effects of COVID-19 positive student nurses and faculty. The participants of the study were the student nurses and faculty in a private university in Iloilo City. The participants were chosen using purposive and snowball sampling. The data were collected from the questionnaires given to the participants. Data gathering was scheduled January - March 2024 and data analysis was conducted between November 2023 and May 2024. The research was conducted at a private university located in Iloilo City.

Chapter 2

Review of Related Literature

This chapter of the research paper provides literature and related research results that are pertinent to the present proposed study or have some similarity or implication. This background will equip the researcher with a necessary understanding of the study.

Specifically, this chapter offers an overview of the related literature on the extent of use of home care management practices and the perceived therapeutic effects among COVID-19 positive patients.

Related Concepts and Theories

Infection control

As per guidelines outlined by the World Health Organization (WHO) in 2020, individuals, whether adults or children, who have either confirmed or suspected cases of COVID-19, might be eligible for home-based care under circumstances where hospitalization poses risks or is unfeasible (such as instances where healthcare facilities lack adequate capacity to meet demand). Furthermore, discharged patients from hospitals may necessitate ongoing treatment and monitoring within the home environment. To break the chain of transmission of the virus, SARS-CoV-2, which produces COVID-19, isolation of those infected with it can be very effective.

According to information provided by the Mayo Foundation for Medical Education and Research (2022), individuals with mild cases of COVID-19 can recover in the comfort of their homes. Symptoms typically linger for a few days, with patients experiencing an improvement in their condition within approximately a week. Rest, water, and pain medicines were used to manage symptoms, but individuals over 65 and those of any age who already

have long-term (chronic) medical conditions should consult a physician as soon as symptoms appear.

According to Alishan, S. et al. (2022) following a comprehensive risk assessment, home care for COVID-19 patients with mild to moderate illness may be a safe and cost-effective option for conserving hospital resources for more in need and critically sick patients. The home treatment option for COVID-19 patients with moderate illness is safe and effective when properly monitored. Their experience with close monitoring of patients at home yielded positive outcomes, with no fatality rates and a reduced hospitalization rate. Moreover, monitoring oxygen saturation through a pulse oximeter emerged as a pivotal component within the home monitoring framework, enabling early detection of deteriorating conditions. Implementing a home treatment plan after a thorough risk assessment can optimize resource utilization, particularly within healthcare systems facing resource constraints.

The elevated prevalence of COVID-19 in low- and middle-income countries (LMICs) underscores significant apprehensions regarding the efficacy of pandemic response and preparedness within environments characterized by fragile healthcare systems and rampant dissemination of misinformation. According to Lau, L. et al. (2020), it was necessary to implement focused health education as a strategic approach to COVID-19 in low-income settings, and solutions must be culturally relevant. Studying KAPs in low-income groups would be critical as detailed guidelines for public health response and communication strategies for LMICs are produced. In all, 2224 people from 166 localities in rural, urban, and coastal areas were surveyed. Except for handwashing, this population showed a high level of understanding about transmission channels but little knowledge in identifying and implementing other preventative measures. Those who successfully recognized the primary modes of transmission also demonstrated a higher adherence to preventive measures. Given the ineffectiveness of numerous COVID-19 response strategies employed by

high-income nations in LMICs, it's imperative to develop specialized health education initiatives and customized guidelines for public health interventions. These efforts must be meticulously designed, considering the unique circumstances of extremely low-income households.

Pharmacological Interventions

All outpatients with mild to severe COVID-19 symptoms should begin therapy. To reduce the likelihood of hospitalization or death, a variety of antiviral treatment options are available for those at high risk of developing a severe disease. This chapter describes the recommendations of the COVID-19 Treatment Guidelines Panel for the use of various drugs in the treatment of COVID-19. Antipyretics, analgesics, and antitussives sold over the counter are used to treat symptoms such as fever, headache, myalgias, and cough. It's essential to counsel patients on the importance of staying hydrated by drinking water regularly to prevent dehydration. During the acute phase of COVID-19, rest is suggested when necessary and the patient's tolerance for ambulation and other forms of activity should be raised accordingly. The large range of time between symptom reduction and complete recovery should be communicated to patients. In most high-risk outpatients with mild to moderate COVID-19, the Panel suggests ritonavir-boosted Nirmatrelvir. When ritonavir-boosted Nirmatrelvir is not appropriate for therapeutic use (due to severe drug-drug interactions, for instance), the Panel recommends Remdesivir (IV administration). If provided to outpatient individuals at high risk who haven't received vaccination, and within the initial five days of symptom onset, ritonavir-boosted Nirmatrelvir reduces hospitalization and mortality.

Corticosteroids currently have a moderate degree of assurance that they reduce all-cause mortality in individuals with COVID-19. While plasma was linked to safety issues, Remdesivir seems to be a safer alternative than standard care or placebo. Until more data is

made available, clinical practice should be guided by these preliminary evidence-based insights De Crescenzo F. et al., (2021).

The purpose of therapeutic therapy for outpatients is to prevent progression to severe illness, hospitalization, or death. A patient's ideal treatment choice is determined by several variables. Considerations encompass various factors, such as the effectiveness and accessibility of treatment options, the practicality of administering injectable medications, the likelihood of substantial interactions between drugs, the patient's pregnancy status, the timing of symptom onset, and the efficacy of available products against the prevailing SARS-CoV-2 variants and invariants (*Nonhospitalized Adults: Therapeutic Management | COVID-19 Treatment Guidelines*, n.d.).

According to MacGregor, H. et al. (2020) The importance of infection prevention and control (IPC) in the home environment is emphasized heavily in home care guidelines. The recommendation that infected clients should, preferably, remain in their own well-ventilated room and away from other family members is one of the most frequently cited provisions across various sets of guidelines. If this is not possible, people are advised to keep at least one meter away from the sick person, avoid sharing a bed, towels, linens, or other personal items, and avoid using the same eating and drinking utensils. Some recommendations advise patients to use a private bathroom if one is available, and if not, to ensure that the bathroom is regularly cleaned and disinfected by a caregiver.

In accordance with the WHO guidelines, it is best practice to have a trained health worker evaluate the patient's intended home environment to determine whether it is appropriate for in-home care. Many nations have established fundamental standards for this, such as the availability of the required amount of space (to isolate and maintain distance from others), PPE, food, and other necessities, as well as the ability of all household members to adhere to the necessary IPC measures without being at increased risk for COVID-19 complications. Guidelines imply that self-care can be practiced; whereas,

numerous other guidelines state that a designated caregiver should be on hand. To ensure households can adhere to these provisions, such an assessment may be carried out with a checklist.

Non-Pharmacological Interventions

The number of cases and fatality rates could be kept low by implementing limiting (NPIs) non-pharmacological interventions at a wider level early and strictly. On an individual scale, practices such as wearing face masks have proven effective in curbing the spread of infection. However, for sustained control of illness and mortality rates, mass vaccination to attain herd immunity stands as the primary long-term strategy. This is because the enduring socio-economic repercussions of restricting non-pharmacological interventions at the community level can persist over time. Despite being vaccinated, the continued use of face masks is advised for personal safeguarding against COVID-19 (Shankar P. R. et al., 2021).

Since the virus traveled quickly from person to person and because so much about the infection was still unknown, lockdown precautions were thought to be necessary to stop the virus's spread. Many nations have issued severe lockdowns, movement control, or shelter in place orders to restrict the COVID-19 outbreak to their citizens. The effectiveness of these preventive measures relies on the commitment and compliance of everyone within the community. The knowledge, attitudes, and behaviors that people have about the condition were closely tied to how willingly a society will accept behavioral change attempts from health authorities (Cao J., et al., 2020). Due to this unusual virus's obscurity, there has been a great deal of misunderstanding and confusion regarding the virus itself, how it spreads, and the required precautions that need to be taken to avoid infection. This is becoming more difficult due to the massive amount of false material being spread on local media, which is confusing people's perceptions of COVID-19 (Mohamad E., 2020). Aside from panic buying, people crowded into public transportation terminals in their rush to return

to their hometowns, potentially increasing the risk of spreading infection to other regions of the country.

Perceived therapeutic effects of these practices

According to Malapela, R., et al. (2022), the term "home remedies" refers to medicines prepared at home to treat particular ailments without a prescription or medical guidance. Most COVID-19 patients have mild symptoms and were treated at home instead of being admitted to a hospital and because of this, use of home remedies had increased. Different recommendations from different regions of the world on how to use home remedies to fend off infection from the virus. In addressing symptoms associated with COVID-19 such as fever, muscle aches, sore throat, and difficulty breathing, individuals in countries like Pakistan and India have adopted various traditional remedies. These may include the consumption of soups, the use of eucalyptus incense, and applying tepid sponges to the body. Across Asian nations like Bangladesh, India, Iran, and Pakistan, people utilized a range of plant-based treatments, including warm concoctions made with ginger, cloves, coriander, black cumin seeds, and honey. Additionally, fruits rich in vitamin C, garlic, turmeric, cinnamon, black pepper, Ayurvedic remedies, and Chinese chaste tree powder were commonly used, while herbal teas were also favored by some. African nations like Zimbabwe and South Africa used similar treatments, including drinking concoctions of ginger, garlic, and lemon and inhaling steam.

The Interplay of Home Care Practices and Therapeutic Outcomes for COVID-19

Patients

In the study conducted by Wong, KK. et al. (2016), most participants took precautions including avoiding crowded areas and practicing good hand hygiene. This indicated a widespread readiness among individuals to modify their actions in response to the challenges posed by the COVID-19 pandemic. According to other studies, those with

higher incomes were less likely to follow health recommendations because they thought they had more control and felt less fear during pandemics.

Undoubtedly, COVID-19 has been a major public health issue globally. Researchers are working hard to investigate various vaccinations and therapeutic possibilities. In order to develop efficient public health campaigns and education programs, social scientists, particularly those in the fields of public health and health communication, were attempting to determine the public's level of knowledge, attitudes, and practices on the COVID-19. Recent studies showed the need for more thorough education programs that emphasized the coherence of information from relevant authorities and the government. The COVID-19 education initiatives should adopt a proactive stance and concentrate on eradicating false information in the forms of opposing viewpoints, urban legends, and inaccurate information. According to the study conducted by Sannusi, SN. et al., (2019), authorities would benefit from using both traditional and social media to disseminate these messages due to the levels of media and telecommunication usage and evidence from previous studies.

With the COVID-19 outbreak continuing, more hospitals are approaching their bed capacity limitations for treatment and hospitalization. The number of cases in the Philippines continues to climb drastically daily, prompting widespread worry and concern. Hospitals and healthcare personnel are falling behind in handling the surge in COVID-19-positive patients due to resource constraints and insufficient government financing. Meanwhile, in March 2021, the Association of Healthcare Workers declared that the healthcare system was on the verge of failing. As a result, many Filipinos in the NCR were unable to obtain timely medical assistance, particularly those suffering with COVID-19 symptoms. This makes it even more important for the entire population to take better care of themselves to avoid illness. Many people with mild to severe symptoms should immediately self-isolate themselves in their homes until vaccinations are widely accessible. Common symptoms of the virus are significantly simpler to manage at home with supportive care, reducing the

workload of hospitalized health staff. When the required measures are followed, these patients can begin their therapy without risk of infecting others. Makati Medical Center (2021) provides a few recommendations to consider when treating a COVID-19 patient at home. When a household member begins to display COVID-19 symptoms, arrange a tele-consult with a doctor and follow the recommendations if the patient must be tested; isolate them. When being treated with COVID-19, most patients will require 14 days (about 2 weeks) of isolation. Let the patient relax in a well-ventilated room if possible; use a separate restroom. Restrict the patient's usage of communal places, including the restroom if possible; properly use a mask; have basic, over-the-counter medications on hand to help relieve symptoms; avoid sharing personal belongings; adopt appropriate hygiene habits; increase fluid intake because various COVID-19 symptoms lead to dehydration; and, deplete the body of key nutrients needed for recovery. It is vital for patients to stay hydrated to fully recover.

Based on the study conducted by Harun HN, et al., (2020) due to COVID-19 outbreak, demand for medical face masks, as well as hand sanitizers increased and there was a shortage of supplies. As per the guidance provided by the World Health Organization (WHO), Several regular members of the public were unable to acquire face masks due to their unavailability. Personal safety equipment was in short supply everywhere, not just in Malaysia. Increased demand in response to COVID-19 has made it a global issue. The persistent government efforts through multiple media platforms may also be responsible for the high degree of information regarding wearing masks when receiving home care (Kavita et al., 2022).

According to the World Health Organization, for the proper management of COVID-19 patients at home, the community must be ready in terms of accurate knowledge and positive attitude. For mild and symptomatic cases, home treatment is advised if the patient meets the criteria for home isolation. Dalal PK, et al., (2020) said that if the patient

meets the eligibility requirement and properly managed at home, both the family and the government will profit financially, providing that everyone involved is ready, knowledgeable, and has a positive outlook on the situation. Insufficient knowledge may impact patient readiness and difficulties during COVID-19 home care. In addition, as compared to other hospitals, family members cannot visit the admitted COVID-19 patient, which may explain why there is a preference for caring for patients at home (Amalakanti S et al., 2019).

Review of Related Studies

According to the World Health Organization (2020), at the height of the pandemic, hospitals were overflowing with COVID-19 patients, making it challenging to admit patients. This aspect of the pandemic has drawn attention to the increased necessity and value of COVID-19 patient home care. Based on clinical findings, a significant number of individuals with COVID-19 either showed no symptoms or exhibited only mild to moderate symptoms, such as a cough or a moderate fever. As a result, active hospital treatment may not be warranted in these instances. Due to the already overburdened healthcare systems managing critically ill COVID-19 patients, hospitalization for these patients may not be feasible. Therefore, managing COVID-19 patients with minimal or no symptoms at home is a crucial part of managing COVID-19 patients. Home care is also crucial for COVID-19 patients who are recovering.

Three topics emerged from Rowe et al. (2020) Study of home care companies about the effect of COVID-19 on their organizations. Initially, there were personnel difficulties, including frequent "call-ins" and problems attracting new workers. The second subject focused on evolving patient requirements. For instance, family members were able to give greater care since they now worked or studied from home. Patients were hesitant to let strangers inside their homes and senior living communities stopped allowing outsiders into home care firms. To build evidence-based policies and procedures and to offer excellent

treatment with beneficial patient outcomes, a robust research foundation is required. Also, it contributed to an essential nursing specialty. This request for research studies offered a chance to better enhance nurse interventions and reduce the community-wide spread of the virus. We also needed advocates for government assistance and direction, as well as legislative backing. The IHCNO welcomes home care nurses to undertake and/or participate in research studies that add to our collective ability to deliver the necessary care for COVID 19 patients. In terms of infection prevention and control strategies in the home, special obstacles existed. For instance, one of the most essential suggestions for controlling the spread of the coronavirus was social separation. This has significant implications for both home care and the training of new home care personnel (Harrison & Webb, 2020).

In light of the COVID-19 pandemic, protocols have been established covering a spectrum of areas, including infection prevention and control (IPC), vaccination strategies, community readiness, self-care practices for mental and physical wellbeing, and transitioning from immediate pandemic response to sustained long-term management of COVID-19. These recommendations were directed at senior citizens, those who cared for senior citizens, and decision-makers in charge of health and long-term care (LTC) services. The physical and mental health of older persons should be improved at any institution that provided care for them, including LTC facilities, non-acute care establishments, home care services, and other related sectors. Community members and policymakers should step up their efforts to support older adults' self-care, use of technology, community-based care, and surroundings. Communities should create a strategy for continuous COVID-19 management, acknowledge people's health as an important infrastructure, and enable older people to be well, prosper, and age in place in order to adapt to living with COVID-19 and stay safe over the long run (WHO, 2020).

The COVID-19 pandemic has greatly impacted older people's physical, psychological, social, and economic well-being, according to Beaulieu, M. et al. (2020). In

May 2020, the UN released a policy brief on COVID-19's effects on senior citizens. Hence, the objective of this general overview was to discuss three concerns impacting elderly residents of residential care facilities: preventative measures used to thwart the virus' entrance, the most common forms of abuse, and the need to promote and preserve these residents' legal rights.

According to the findings of MacGregor et al. (2020), factors for Home and Community-Based Care Under the Covid-19 Framework: Several countries put a significant amount of importance on the need that patients and/or caregivers maintain consistent communication with medical experts through phone check-ins. In addition, there have been certain efforts made to establish platforms for telemedicine or other kinds of digital health communication that are more advanced, ambitious, and complicated. The British Medical Journal (BMJ) has just released a "best practice" guide for remote consultations, which included a section on basic care. Existing platforms in wealthier countries, such as the United States and the United Kingdom, have either been expanded or switched gears in order to accommodate video-capable telemedicine for COVID-19 care at home, as well as for other medical conditions. This was done to limit the amount of interpersonal contact patients must have. While a group of doctors in Egypt have taken to Facebook to aid COVID-19 patients at home, the government of Algeria had launched a platform in collaboration with a private company that enabled people to receive free consultations and support from medical professionals. This platform can be found [here](#). The World Health Organization (WHO), in collaboration with several national governments, such as those of India, Bangladesh, South Africa, and others, has developed several automated chatbots that are directed toward the general public. These chatbots can communicate with users via text message, WhatsApp, Facebook, and other online channels. Users may get fundamental knowledge on COVID-19 and avoid it by using these bots. Although it seemed as if these

platforms did not give guidance for home care, they directed consumers in the direction of helplines or websites where such information may be accessible.

Synthesis of the Study

Amid the COVID-19 pandemic, the way we care for patients at home has become more important than ever. Following the guidelines set by the World Health Organization (WHO), home-based care has become a lifeline for those who can't be hospitalized or face risks if they do. Research by Alishan and his team in 2022 showed that treating COVID-19 patients at home, especially those with mild to moderate symptoms, was not only safe but effective too, as long as it's done with careful monitoring and assessment.

Guidelines for home care stressed the need for measures like isolation and sanitation to prevent the spread of the virus within households. And it's not just about medical treatments – cultural and regional differences in home remedies reminded us that care should be respectful of diverse practices and beliefs while still being effective. But it hasn't been easy. Challenges like limited resources, economic disparities, and misinformation have made implementing home care practices tough. Yet, efforts in health education and community involvement were making a difference, helping people understand the importance of prevention.

Understanding how home care practices affected patients' outcomes is key. Studies have looked at how different interventions can stop the disease from getting worse and lower mortality rates. And it's clear that factors like income, access to healthcare, and individual actions can make a big difference in how well home care works. In the end, home care is a crucial part of fighting COVID-19, alongside hospitals and other healthcare facilities. By sticking to guidelines, tackling inequalities, and involving communities, we can make sure home-based care is as effective as possible in keeping us all safe.

Chapter 3

Methodology

This chapter outlines the research methodology utilized in the study. It covers the research design, study population, sampling methods, research instruments, validity and reliability assessment of the instruments, data collection procedures, ethical considerations, data processing, and statistical analysis techniques employed.

Research Design

This study utilized a Descriptive-Correlational design aimed to determine the home care management practices of student nurses and faculty who tested positive for COVID-19 and to evaluate its perceived therapeutic effects. According to Quaranta (2016), descriptive research involves the exploration of relationships between variables without attempting to establish causation. On the other hand, correlational research involves the examination of two variables and their statistical relationship (i.e., correlation) without the researcher exerting significant control over extraneous variables, making it a form of nonexperimental investigation.

Study Population and Sampling

Individuals affiliated with the College of Nursing (CON) at a private institution in Iloilo City during the school year 2022-2023, specifically faculty members and student nurses from Level 1 to Level 4, who tested positive for COVID-19, comprised the study population. The participants in this study were chosen by voluntary and snowball sampling. Participants were selected based on their characteristics. The researchers utilized the Cochran formula to determine the sample size for voluntary sampling. This method was instrumental in establishing the appropriate sample size needed to estimate a population proportion with a

desired level of accuracy. The participants were 15 faculty of the College of Nursing (CON) and 45 student nurses from Level 1 to Level 4 of a private university in Iloilo City for the school year 2023-2024 who tested positive in COVID-19.

The participants were selected using the following criteria: (a) COVID-19 positive student nurses and faculty in a private university in Iloilo City; (b) participants who were isolated at home; (c) symptoms of COVID-19 vary from asymptomatic to mild cases; (d) Faculty of the College of Nursing (CON); (e) Level 1 to 4 student nurses; and, (f) student nurses and faculty who were willing to participate voluntarily in the study and within the time frame of July 2023 until March 23, 2024 only. Participants failing to meet the specified inclusion criteria were excluded from participation in the study, including: (a) those who have been hospitalized; (b) with severe symptoms and those who have not tested positive for COVID-19 during the school year 2022-2023; (c) individuals who were not faculty members or student nurses outside the specified academic levels (Level 1 to level 4); and, (d) student nurses and faculty who were not willing to participate voluntarily in the study and within the time frame of July 2023 until March 23, 2024 only.

Research Instrument

The researchers developed a 49-item questionnaire based on the study. The questionnaire was designed to determine different home care management practices and perceived therapeutic effects on COVID-19 positive student nurses and faculty. The survey questionnaire was divided into four parts: (Part 1) demographic information; (Part 2) COVID-19 information; (3) home care management practices during the isolation period; and, (Part 4) evaluation covering perceived therapeutic effects. Home care management practices included infection control, pharmacologic interventions, nonpharmacologic interventions, vaccine and prophylactic interventions, adjunct interventions, and complementary and alternative interventions, which is answerable with a

yes or no. The instrument was written in the English language based on the literacy of the respondents. Additionally, it underwent content validity and reliability testing before the actual data collection.

To interpret the results of the fourth part of our questionnaire (Evaluation of Perceived Therapeutic Effects), we utilized the following standard scales of means:

<i>Weight</i>	<i>Interpretation</i>	<i>Total Score Range</i>
1	Strongly Disagree	1.00 to 1.49
2	Disagree	1.50 to 2.49
3	Neutral	2.50 to 3.49
4	Agree	3.50 to 4.49
5	Strongly Agree	4.50 to 5.00

Based on the weighted mean scores obtained for each respondent, the findings may imply that as the score gets lower, the perceived therapeutic effects of the level of home care management practices are less effective. In contrast, it may imply that as the score gets higher, the perceived therapeutic effects of the level of home care management practices are more effective.

Validity of the Questionnaire

The survey questionnaire was validated by three professionals who were clinical instructors in the College of Nursing and specialize in NCM 2208 (Care of Mother, Child at Risk or With Problems - Acute and Chronic). Additionally, one of them served as a research coordinator. The experts' suggestions and comments were taken for revision of the questionnaires. In this case, the validators provided minimal feedback, suggesting only adding a category for home care management practices in the questionnaire, which reflected their understanding of the subject matter.

Reliability of the Questionnaire

To ensure the instrument's reliability, a pilot test was conducted with 30 specifically chosen COVID-19 positive students from the College of Medical Technology. Formal authorization from the college's Dean was obtained prior to commencing the pilot testing. The researchers compiled a list of participants for the pilot test from the college, utilizing a purposive sampling technique to select the 30 individuals. The participants received Google Forms survey questionnaires via Messenger. Prior to participating, informed consent was obtained from each participant and they were given the option to voluntarily proceed with answering the questionnaire or withdraw without any adverse consequences. It was clarified that the pilot-test participants would not be included in the final survey. The results were compiled and forwarded to the statistician for reliability assessment. The consistency reliability was assessed using Cronbach coefficient alpha testing, where a score above 0.7 suggests acceptable reliability. A Cronbach's Alpha value of 0.741 was obtained for the third part of the questionnaire, which pertains to home care management practices (deemed acceptable) and 0.971 for the perceived therapeutic effects (considered excellent). These values indicated strong internal consistency for both components within the questionnaire. Consequently, the instrument was deemed reliable. While the primary goal of pre-testing was to gauge the questionnaire's internal consistency, the primary goal of instrument validation was to confirm that the questions in the instrument measure what they intended to measure.

Ethical Consideration

Seeking Approval from the RERB Office and Other Related Offices/Institutions

Prior to conducting the study, the researchers sought approval from the Research Ethics Review Board (RERB) Office of Central Philippine University. This approval ensured

that the study adhered to ethical principles and guidelines for research involving human participants. Additionally, the researchers obtained any required approvals or permissions from other related offices or institutions involved in the study, if applicable.

Risk Assessment

The researchers carefully assessed the potential risks associated with participating in this study. While the risks were expected to be minimal, it was important to acknowledge that discussing their COVID-19 diagnosis may have evoked emotional distress. The researchers took necessary precautions to minimize these risks and provided appropriate support throughout the study period. The participants received reassurance throughout their involvement in the study and privacy was maintained during the data collection.

Benefits Assessment

Participation in this study could have provided several benefits. Sharing the experiences and insights contributed to the understanding of effective home care management practices for COVID-19 patients, which could potentially benefit future individuals who contracted the virus. Also, the participation may have helped develop improved protocols and guidelines for the nursing community; thereby, enhancing patient care and outcomes.

Withdrawal Criteria of Participants

Participation in this study was entirely voluntary. The participants had the right to withdraw from participating in the study at any time without facing any negative consequences or loss of benefits. The researchers respected the decision and ensured that withdrawal did not affect the relationship with the institution or any ongoing academic or professional commitments. The data of the participants who decided to withdraw were discarded.

Anonymity and Confidentiality of Participants

The researchers prioritized the anonymity and confidentiality of the personal information of the participants. All data collected during the study were only used for this study and treated with strict confidentiality. The identity was kept confidential and any information shared was anonymized to ensure privacy. All collected data were securely stored and only authorized members of the research team had access to the data for analysis purposes.

Voluntary, Non-coercive Recruitment of Participants/Respondents

Participation in this study was entirely voluntary. The researchers provided detailed information about the study, including its purpose, procedures, potential risks and benefits, and the rights as a participant. The participants had the freedom to decide whether to participate and the decision did not impact the relationship with the institution or any other professional opportunities.

Disposal of Research Materials/Data

At the conclusion of the study, the researchers ensured the proper disposal of all research materials and data in a secure manner. Any identifiable information was securely stored and then appropriately destroyed or anonymized, as per the guidelines set by the institution and applicable data protection laws. The electronic copy of the data was kept in a laptop or computer that only the research team had access to. The hard copies of the data were stored for 6 months after the study's conduct in a locked filing cabinet that only the research team had access to and were disposed of through paper shredding.

Contribution to Local Capacity Building and Benefits to Local Communities

This study aimed to contribute to local capacity building by improving home care management practices for COVID-19 patients, specifically within the student nurses and faculty population of the private university in Iloilo City. The findings of this study may have had broader implications for the local community and healthcare sector, leading to improved patient care and better outcomes for individuals affected by COVID-19.

Incentives or Compensation for Participants

There were no incentives or compensation for the participants. As a token of appreciation for the participation, the researchers have provided a small token of appreciation as a gesture of gratitude, if permitted by the institution's policies. The participants had the right to accept or decline without any impact on the participation in the study.

Disclosure or Declaration of Potential Conflict of Interest

The researchers involved in this study declared that there were no known conflicts of interest that could have influenced the objectivity or integrity of the research. If any conflicts of interest had arisen during the study, the researchers would have promptly disclosed them to the participants and the relevant authorities to ensure transparency and mitigate any potential biases.

Data Collection

After receiving approval from the Research Ethics Review Board (RERB) at Central Philippine University, authorization to conduct the study was obtained from the Dean of the College of Nursing. Following this approval process, the researchers obtained a list of participants who had tested positive for COVID-19. The sample size included 45 Level 1 – 4 student nurses and 15 faculty members. Subsequently, permissions from the research advisers and intended participants were secured through the signing of informed consent forms. With these permissions in place, the researchers collected data by distributing the instruments via Google Forms survey questionnaires through Messenger and paper-based questionnaires to the participants involved. Participants were allotted 1-2 days to complete the 49-item questionnaire. Once completed, the instruments were collected to ensure data completeness, after which the data were encoded and subjected to statistical analysis.

Data Processing and Statistical Analysis of the Data

Descriptive Analysis

Frequency. A particular value denotes the frequency with which that value appears in the dataset. The distribution of a variable describes the pattern of these frequencies, including all possible values and their associated frequencies (Government of Canada, Statistics Canada, 2021). In this study, frequency was employed to organize the data and express the relative frequency of survey responses related to the level of home care management practices and perceived therapeutic effects. The responses were classified according to infection control, pharmacological interventions, non-pharmacological interventions, vaccine and prophylactic measures, adjunct interventions, and complementary and alternative interventions.

Percentage. It is appropriate to use this method when it is important to determine the number of participants who provided a specific response. Typically, percentages are reported when the responses fall into discrete categories (Method of Data Analysis, n.d.). In this study, percentage was utilized to organize the data and express the relative frequency of survey responses. This approach has effectively illustrated the distribution and proportion of responses regarding the level of home care management practices and perceived therapeutic effects.

Mean. Reporting the mean is essential when it is important to understand the typical response among all participants. Typically, the mean is used when the responses are continuous, indicating that the data consist of numbers that extend smoothly from the lowest to the highest value (Method of Data Analysis, n.d.). In this study, the mean was used to measure the average responses related to the level of home care management practices and perceived therapeutic effects when classified according to infection control,

pharmacological interventions, non-pharmacological interventions, vaccine and prophylactic measures, adjunct interventions, and complementary and alternative interventions.

Standard Deviation. This indicates the extent to which individual responses to a question differ or "deviate" from the mean (Megan Nichols, n.d.). In this study, standard deviation was used to measure the variability of responses regarding the level of home care management practices and perceived therapeutic effects.

Inferential Statistics

Spearman's Rho. It measures the strength of the association between two variables (Statistics Solutions, 2024). In this study, Spearman's Rho was used to assess the relationship between the level of home care management practices and perceived therapeutic effects.

In the descriptive analysis of the study, the independent variables which are the home care management practices which are the infection control, pharmacologic, nonpharmacologic, vaccine and prophylactic, adjunct, complementary and alternative interventions that used nominal level of measurement. The dependent variables the perceived therapeutic effects used the ratio level of measurement.

Descriptive Analysis		
Variables	Level of Measurement	Statistical Tool
Infection control	Nominal	Mean/Standard Deviation
Pharmacological interventions	Nominal	Mean/Standard Deviation
Nonpharmacological interventions	Nominal	Mean/Standard Deviation
Vaccine and prophylactic interventions	Nominal	Mean/Standard Deviation
Adjunct interventions	Nominal	Mean/Standard Deviation

Complementary and alternative medicines	Nominal	Mean/Standard Deviation
Perceived therapeutic effects	Ratio	Spearman's Rho

Table 3. Descriptive Analysis of the Study

In the study's inferential analysis, the independent and dependent variables used the nominal and ordinal levels of measurement. The researchers used means to summarize the categorical variables and Spearman's Rho to determine the existence and degree of correlation between the variables of this study.

Inferential Statistics		
Variables	Level of Measurement	Statistical Tool
Independent Variables:		
Infection control	Nominal	Mean
Pharmacological		
Nonpharmacological interventions		
Vaccine and prophylactic interventions		
Adjunct interventions		
Complementary and alternative medicines		
Dependent Variables:		
Perceived therapeutic effects	Ratio	Spearman's Rho

Table 4. Inferential Analysis of the Study

Statistical Matrix

Objective/s	Variable and Level of Measurement	Statistical Measure of Relationship
Independent	Infection Control (Nominal)	Mean
	Pharmacological Interventions (Nominal)	Mean
	Nonpharmacological	Mean

	Intervention (Nominal)	
	Vaccine and Prophylactic Interventions (Nominal)	Mean
	Adjunct Interventions (Nominal)	Mean
	Complementary and Alternative Interventions (Nominal)	Mean
Dependent	Perceived therapeutic effects (Ratio)	Spearman's Rho

Table 5. Descriptive Analysis of the Study

Statistical Matrix

Objective/s	Variable and Level of Measurement	Statistical Measure of Relationship
Independent	Home Care Management Practices - Nominal	Mean, Standard Deviation
Dependent	Perceived Therapeutic Effects - Ratio	Spearman's Rho

Dissemination Plan

The research's findings must be communicated effectively to ensure that the findings will reach a wider audience and be more accessible. Provide a brief and profound presentation of findings through narrative description and tables and ensure the accuracy of data and confidentiality of the participants. Ensure that the general and specific objectives are addressed structurally. Results containing data that supported the level of measurement and statistical tools were handed out to each panelist.

Applying the information and facts gathered by the researchers to provide knowledge about different home care management practices. This research will be disseminated through a website and will be uploaded as an online academic journal for easy access to the public. The research findings can also be presented in local or nationwide research conferences, infographics will be posted on social media to reach academic and non-academic audiences, and lastly, during talks and symposiums about COVID-19 and its home care management practices.

In conclusion, the researchers at Central Philippine University were committed to sharing the findings of the study on home care management practices for COVID-19 positive nursing students and faculty. Through publication in academic journals, presentations at conferences, community engagement, media outreach, and collaboration with stakeholders, the study's findings will reach a diverse audience and contribute to the improvement of home care practices for COVID-19 patients. By disseminating the results effectively, the researchers aimed to positively impact healthcare practices and policies, ultimately benefiting the academic community and the wider public.

Chapter 4

Results and Discussion

This chapter presents a comprehensive analysis and discussion of the findings, along with an interpretation of the data regarding home care management practices, the perceived level of therapeutic effects, and the correlational relationship between these factors among 60 student nurses and faculty members from a private university in Iloilo City.

Home Care Management Practice in terms of Infection Control

Table 1 illustrates the Distribution of respondents to their responses on items under Infection Control. The distribution of responses shows the adherence of respondents to infection control practices.

Among the six identified home care management practices, infection control was widely implemented among the surveyed respondents. Specifically, the practices of "avoiding contact with people outside of the household" and "adhering to proper respiratory etiquette (such as covering the mouth during coughing or sneezing)" were notably prevalent, with both indicating a percentage of 100%. This highlights a widespread commitment to minimizing the risk of infection spreading within the home care context.

Aside from restricting contact with people outside the household and adhering to respiratory etiquette, respondents also frequently utilized other infection control practices such as "disinfecting surfaces and surroundings frequently," "disinfected and sanitized reusable tools" and "performing preventive measures such as hand washing, use of face masks and face shields," with percentages of 95.0%; 95.0%; and, 88.3% respectively.

Furthermore, respondents' adherence to infection control practices revealed commendable commitment to minimizing the risk of infection transmission within the home care setting. The high percentages of engagement in other infection control measures, including frequent disinfection of surfaces, sanitization of reusable tools, and the use of preventive measures like handwashing, face masks, and face shields, further emphasized the proactive approach taken by respondents in mitigating the spread of infectious diseases. These findings highlighted the importance of comprehensive infection control strategies in promoting health and safety within home care contexts.

Table 1

Distribution of the respondents according to their responses on items under Infection Control

Item	Yes	No
	(%)	(%)
Infection Control		
1. Have you been avoiding contact with people outside of your household, gatherings and crowded places during COVID-19 isolation?	100.0	0
2. Have you been following proper respiratory etiquette (covering mouth when coughing or sneezing) during COVID-19 isolation?	100.0	0
3. Do you disinfect surfaces and surroundings frequently to prevent the spread of infection and occupy a clean and well-ventilated room during isolation?	95.0	5.0
4. Have you or your family members ever cleaned, disinfected and sanitized your reusable tools in	95.0	5.0

accordance with recommended precautions before being used on other members of the family?

5. Do you and your family members perform preventative measures like hand washing, face masks, face shields or PPE, social distancing and disposing waste properly can help minimize the spread of the COVID-19? 88.3 11.7

Respondents' Level of Home Care Management Practice in terms of Infection Control

Table 1A shows the distribution of respondents according to the level of Home Care Management in terms of Infection control. The maximum level of infection control across all items was 6, which implied that these practices were most frequently utilized. Conversely, the minimum level of infection control was 0, indicating that the practice was not utilized.

As illustrated in Table 1A, the range of the level of infection control scores vary, with a high level reported as 5 and a low level of 3. The mean score of, representing the average level of infection control among respondents, was calculated to be 4.78.

To better comprehend the distribution of infection control levels among respondents, the levels were categorized into ranges based on the mean score. Notably, 85% of respondents fell within the range of 5, while the remaining 15% fell under the range of 3 to 4.

Table 1A

Distribution of Respondents according to the level of Home Care Management in terms of Infection Control

Rating	Frequency	Percent
3 to 4	9	15.0
5	51	85.0
Min.= 3.0	Max.= 5.00	Mean=4.78
		S.D.= .55

Home Care Management Practice in terms of Pharmacological Interventions

Table 2 illustrates Home Care Management Practice in terms of Pharmacological Interventions. The distribution of responses shows the adherence of respondents to pharmacological interventions. Pharmacological interventions in home care management have played a vital role in the response to the COVID-19 pandemic. These interventions have helped reduce the burden on healthcare facilities, decreased the risk of virus transmission, and provided physiological effects to patients. Based on surveyed population out of 100%, 81.7% have been taking any prescription medication during the COVID-19 pandemic and 18.3% were not including the 71.7% who experienced side effects from medication while the 28.3% have not seen any adverse effects and were currently recuperating at that time.

Table 2

Distribution of the respondents according to their responses under Pharmacological Interventions

Item	Yes	No
	(%)	(%)
1. Are you taking any prescription and been following the instructions for taking your medications during COVID-19 Isolation?	81.7	18.3
2. Have you been monitoring your medication supply and planning accordingly and taking necessary precautions to avoid medication shortage during COVID-19 Isolating?	78.3	21.7

3. Have you been taking any over-the-counter medications or supplements during COVID-19 isolation?	75.0	25.0
4. Have you been seeking professional guidance on medication use and been avoiding self-medication with unproven treatments during COVID-19 isolation?	71.7	28.3
5. Have you experienced any side effects from your medications as well as any adverse reactions or interactions from combining medications during COVID-19 Isolation?	28.3	71.7

Respondents' Level of Home Care Management Practice in terms of Pharmacological Interventions

Table 2A shows the distribution of respondents according to the level of Home Care Management in terms of Pharmacological Interventions. The maximum level of Pharmacological Interventions across all items was 5, which implied that these practices were most frequently utilized. Conversely, the minimum level of infection control was 0, indicating that the practice was not utilized.

As illustrated in Table 2A, the range of the level of pharmacological interventions scores vary, with a high level reported as 5 and a low level of .00. The mean score of, representing the average level of pharmacological interventions among respondents, was calculated to be 3.35.

To better comprehend the distribution of pharmacological interventions levels among respondents, the levels were categorized into ranges based on the mean score. Notably, 61.7% of respondents fell within the range of 5, while the remaining 38.3% fell under the range of 3 to 4.

Table 2A

Distribution of Respondents according to level of Home Care Management in terms of Pharmacological Interventions

Rating	Frequency	Percent
0 to 3	23	38.3
4 to 5	37	61.7
Min.= .00	Max.= 5.00	Mean=3.3
		S.D.= 1.415

Home Care Management Practice in terms of Nonpharmacological Interventions

Table 3 illustrates Home Care Management Practice in terms of Nonpharmacological Interventions. The distribution of responses shows the adherence of respondents to nonpharmacological interventions. Nonpharmacological interventions in home care management have played a vital role in the response to the COVID-19 pandemic. These interventions have helped reduce the burden on healthcare facilities, decreased the risk of virus transmission, and provided physiological effects to patients.

Among the surveyed population, out of 100%, the majority of 96.7% stated that they were following a healthy diet, increasing their fluid intake, and avoiding drinking too much alcohol. Maintaining a regular sleep routine was prioritized by 81.7%, who acknowledged its crucial role in supporting physical health during isolation. Sixty-six point seven percent (66.7%) had been using relaxation techniques such as meditation or deep breathing exercises. Regular exercise or physical activity and engaging in hobbies or activities have been practiced by 63.3%. 53.3% have been seeking support from mental health professionals or support groups or have been using technology to stay connected with family and friends.

Table 3

Distribution of the respondents according to their responses on Nonpharmacological Interventions

Item	Yes	No
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	(%)	(%)
Nonpharmacological Interventions		
1. Have you been following a healthy diet, increased fluid intake and avoiding excessive alcohol during COVID-19 home isolation?	96.7	3.3
2. Have you been maintaining a regular sleep routine during COVID-19 home isolation?	81.7	18.3
3. Have you been using relaxation techniques such as meditation or deep breathing exercises during COVID-19 home isolation?	66.7	33.3
4. Have you been practicing regular exercise or physical activity and engaging in hobbies or activities that you enjoy during COVID-19 home isolation?	63.3	36.7
5. Have you been seeking support from mental health professionals or support groups or been using technology to stay connected with family and friends during COVID-19 home isolation?	53.3	46.7

Respondents' Level of Home Care Management Practice in terms of

Non-pharmacological Interventions

Table 3A shows the distribution of respondents according to the level of Home Care Management in terms of non-pharmacological Interventions. The maximum level of Nonpharmacological Interventions across all items was 5, which implied that these practices were most frequently utilized. Conversely, the minimum level of infection control was 0, indicating that the practice was not utilized.

The range of nonpharmacological intervention scores is shown in Table 3A, with a high level of 5 and a low level of 0.00. The mean score, which represents the average level of nonpharmacological interventions among respondents, was computed to be 3.62.

The mean score was used to categorize levels into ranges to better understand the distribution of nonpharmacological intervention levels among respondents. Notably, 45% of respondents fell within the range of 0-3; while 30% fell under the range of 4; and, the remaining 25% fell under the range of 5.

Table 3A

Distribution of the respondents according to level of Home Care Management in terms of Nonpharmacological Interventions

Rating	Frequency	Percent
0 to 3	27	45.0
4	18	30.0
5	15	25.0
Min. = .00	Max. = 5.00	Mean = 3.62
		S.D. = 1.14

Respondents' Home Care Management Practices in terms of Vaccine and Prophylactic Interventions

Table 4 illustrates the Distribution of Respondents according to their responses on items under Vaccine and Prophylactic Interventions. The distribution of responses shows the adherence of respondents on vaccine and prophylactic interventions.

Under Vaccine and Prophylactic Interventions, the study revealed that the questions, "Does being in home isolation prevent the progress and spread of COVID-19 to others even if a person is not vaccinated?" and "Can prophylactic interventions, such as taking vitamin supplements or herbal remedies, replace the need for COVID-19 vaccination while in home

isolation?” were reported to answered ‘yes’ by 90.0% and 73.3% of the respondents, respectively.

This implied that many respondents believed alternative interventions and isolation can replace vaccination for COVID-19. Moreover, 66.7% reported that they and their family members received booster vaccinations before isolation, 60% believed it was safe to receive a vaccine after recent recovery. A slight majority (53.3%) believed that prophylactic interventions can eliminate the risk of contracting COVID-29 and less than half of the respondents (38.3%) thought it was safe to vaccinate someone currently experiencing COVID-19 symptoms.

Table 4

Distribution of the respondents according to their responses under Vaccine and Prophylactic Interventions

Item	Yes	No
	(%)	(%)
Vaccine and Prophylactic Interventions		
1. Does being in home isolation prevent the progress and spread of COVID-19 to others even if a person is not vaccinated?	90.0	10.0
2. Can prophylactic interventions, such as taking vitamin supplements or herbal remedies, replace the need for COVID-19 vaccination while in home isolation?	73.3	26.7
3. Have you and your family members been vaccinated with boosters before the isolation?	66.7	33.3

4. Is it safe to receive a COVID-19 vaccine if a person has recently recovered from COVID-19 and is still in home isolation?	60.0	40.0
5. Can prophylactic interventions completely eliminate the risk of contracting COVID-19 while in home isolation?	53.3	46.7
6. Is it safe to administer a COVID-19 vaccine to someone who is currently experiencing COVID-19 symptoms while in home isolation?	38.3	61.7

Respondents' Home Care Management Practice in terms of Vaccine and Prophylactic Interventions

Table 4A presents the distribution of respondents according to the Level of Home Care Management Practice in terms of Vaccine and Prophylactic Interventions. The maximum level of Vaccine and Prophylactic interventions across all items was 6, which implied that these practices were most frequently utilized. Conversely, the minimum level of vaccine and prophylactic interventions was 0, indicating that the practice was not utilized.

As illustrated in Table 4A, the range of the level of vaccine and prophylactic interventions scores vary, with a high level reported as 6 and a low level of 0. The mean score of representing the average level of vaccine and prophylactic interventions among respondents, was calculated to be 3.82.

To better comprehend the distribution of vaccine and prophylactic interventions levels among respondents, the levels were categorized into ranges based on the mean score. Notably, 36.7% of respondents fell within the range of 4; while the other two are 35.0% under 0 to 3; and, 28.3% fell under the range 5 to 6.

Table 4A

Distribution of the respondents according to level of Home Care Management in terms of Vaccine and Prophylactic Interventions

Rating	Frequency	Percent
0 to 3	21	35.0
4	22	36.7
5 to 6	17	28.3
Min.=.00	Max.=6.00	Mean=3.82
		S.D.=1.49

Respondents' Home Care Management Practices in terms of Adjunct Interventions

Table 5 shows the distribution of the respondents according to their responses on items under Adjunct Interventions. The distribution of responses shows the adherence of respondents on adjunct interventions. Adjunct interventions included using of air purifiers, humidifiers, misters or vaporizers, exposing to UV light from sun or other artificial sources, using of disinfectant foggers and electrostatic sprayers for surface disinfection, practicing steam inhalation, and using of essential oils and aromatherapy. The table illustrates that out of 100%, 71.7% answered yes in practicing steam inhalation as an adjunct intervention to manage symptoms while in home isolation for COVID-19, making it the most adhered interventions under this category. The least adhered adjunct intervention was using essential oils and aromatherapy with 55.0% out of 100%.

Table 5

Distribution of the respondents according to their responses under Adjunct Interventions

Item	Yes	No
	(%)	(%)
Adjunct Interventions	71.7	28.3

1. Have you ever practiced steam inhalation as an adjunct intervention to manage symptoms while in home isolation for COVID-19?		
2. Have you ever used disinfectant foggers and electrostatic sprayers for surface disinfection as an adjunct intervention while in home isolation for COVID-19?	68.3	31.7
3. Have you ever used air purifiers, humidifiers, misters or vaporizers in the home as an effective adjunct intervention for COVID-19 home isolation?	61.7	38.3
4. Have you ever exposed yourself to UV light from the sun or other artificial sources as an adjunct intervention to prevent the progress of the infection and the spread of COVID-19 while in home isolation?	58.3	41.7
5. Have you ever used essential oils and aromatherapy as an adjunct intervention to help ease your symptoms of COVID-19 while in home isolation?	55.0	45.0

Respondents' Level of Home Care Management Practice in terms of Adjunct Interventions

Table 5A shows the distribution of respondents according to the level of Home Care Management in terms of Adjunct Interventions. The maximum level of Adjunct Interventions across all items was 5, which implied that these practices were most frequently utilized. Conversely, the minimum level of infection control was 0, indicating that the practice was not utilized.

The range of adjunct intervention scores is shown in Table 5A, with a high level of 5 and a low level of 0.00. The mean score, which represents the average level of adjunct interventions among respondents, was computed to be 3.15.

To better comprehend the distribution of adjunct interventions levels among respondents, the levels were categorized into ranges based on the mean score. Notably, 40.0%, with the frequency of 24 respondents fell within the range of 4 to 5; while the other two are 35.0%, with the frequency of 21 respondents under 0 to 2; and, 25.0%, with the frequency of 15 respondents fell under the range 3.

Table 5A

Distribution of the respondents according to level of Home Care Management in terms of Adjunct Interventions

Rating	Frequency	Percent
0 to 2	21	35.0
3	15	25.0
4 to 5	24	40.0
Min.=.00	Max.=5.00	Mean=3.15
		S.D.=1.34

Respondents' Home Care Management Practices in terms of Complementary and Alternative Interventions

Table 6 shows the distribution of the respondents according to their responses under complementary and alternative interventions. Most of the respondents confirmed that they indeed performed saltwater gargle with a total of 76.6% who answered yes while only 23.3% who answered no. Sixty-three point three percent (63.3%) of the respondents affirmed that they used traditional herbal medicine as an effective complementary intervention to relieve respiratory symptoms while 36.7% voted no stating that they did not use any herbal medicine to relieve respiratory symptoms. Respondents denied undergoing acupuncture, chiropractic adjustment or homeopathic remedies, as well as using sound therapy or energy healing practice, such as Reiki as an intervention for COVID-19 home isolation. There were

75% who voted for no in using acupuncture, chiropractic adjustment or homeopathic remedies and 25% voted yes; whereas, 63.3% voted for no in using sound therapy or energy healing practices and 36.7% voted for yes. Lastly, 83.3% respondents confirmed the use of dietary supplements, such as vitamins and minerals, as intervention for COVID-19 home isolation, and only 11.7% did not.

Table 6

Distribution of the respondents according to their responses under Complementary and Alternative Interventions

Item	Yes (%)	No (%)
Complementary and Alternative Interventions		
1. Have you ever used dietary supplements, such as vitamins and minerals, as a complementary intervention while in home isolation for COVID-19?	88.3	11.7
2. Have you ever performed saltwater gargle?	76.7	23.3
3. Have you ever used traditional herbal remedies as an effective complementary intervention to relieve respiratory symptoms? Have you ever performed saltwater gargle?	63.3	36.7
4. Have you ever undergone sound therapy or energy healing practices, such as Reiki, as an effective complementary intervention for COVID-19 home isolation?	36.7	63.3

5. Have you ever undergone acupuncture, chiropractic adjustment or homeopathic remedies (are substances used that cause adverse symptoms in a healthy person can cure the same symptoms in a sick one. Steelsmith, 2023.) as a complementary intervention while in home isolation for COVID-19?	25.0	75.0
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Respondents' Level of Home Care Management Practice in terms of Complementary and Alternative Interventions

Table 6A shows the analysis of the data, reflecting the distribution of the respondents according to the level of home care management in terms of complementary and alternative interventions.

Based on the analysis of the data presented below, the level of home care management in terms of complementary and alternative interventions varies, with the scores ranging from 0 to 5, 0 being the minimum score and 5 being the maximum. The mean score was 2.90, indicating the average level of home care management in these interventions.

To further understand the distribution, the levels were categorized based on the mean score. Specifically, 31.7% fell into the 4-5 range; 33.3% fell into the 3 range; and, the remaining 35% fell into the 0-2 range.

In summary, most respondents reported using saltwater gargle as an alternative home care management practice during COVID-19. Additionally, they confirmed using traditional herbal remedies and dietary supplements, including vitamins and minerals as home care interventions during the pandemic. However, the majority denied using acupuncture, chiropractic adjustments, sound therapy, and energy therapy healing practices.

Table 6A

Distribution of the respondents according to level of Home Care Management in terms of Complementary and Alternative Interventions

Rating	Frequency	Percent
0 to 2	21	35.0
3	20	33.3
4 to 5	19	31.7
Min. = .00	Max. = 5.00	Mean = 2.90
		S.D. = 1.15

Perceived Therapeutic Effects

Table 7 illustrates the distribution of the respondents according to their responses under the evaluation of the Perceived Therapeutic Effects. The maximum level of perceived therapeutic effects across all items was 5, which implied that the respondents strongly agree. Conversely, the minimum level of perceived therapeutic effect was 0, indicating that the respondents strongly disagree.

Most respondents agreed that they have obtained symptomatic relief when doing home care management practices during their COVID-19 isolation with a total of 51.7%, while 0 respondents disagree. Forty-eight point three percent (48.3%) respondents agree that COVID-19 will be controlled with home care management practices, while 1.7% respondents disagree. Forty-five percent (45%) of the respondents strongly agree that they have confidence that home care management can aid in the battle against COVID-19, while 1.7% disagree. Forty-six point seven percent (46.7%) of the respondents agree that the use of home care management practices is handling the COVID-19 health crisis well, while 0% of the respondents disagree. Forty-five percent (45%) of the respondents strongly agree that home isolation with home care management practice is better for patients with mild

symptoms than administrative isolation, while 1.7% disagree. Forty percent (40%) of the respondents disagree that it's difficult to provide Home Care Management, while 6.7% strongly agree. Sixty percent (60%) of the respondents agree that after home care management practices, the risk of spreading the COVID-19 virus to others has reduced, while 1.7% disagree. Fifty-three point three percent (53.3%) agree that with home care management practices, they have managed the symptoms and promoted comfort, while 0% of the respondents were neutral. Forty-three point three percent (43.3%) of the respondents agree that home care management practices support the body's ability to fight off infection and promote recovery, while 1.7% disagree. Forty-eight point three percent (48.3%) strongly agree that home care management practices reduced the need for hospitalization in some cases, while 3.3% disagree. Thirty-three point three percent (33.3%) of the respondents agreed that home care management reduced the risks of further complications and even dying from the disease, while 3.3% of the respondents both disagree and strongly disagree. Forty-five percent (45%) of the respondents strongly agree that home care management practices provide psychological support for COVID-19 positive isolated individual/s, while 1.7% disagree. Fifty-three point three percent (53.3%) strongly agree that home care management reduced the cost of medical treatment provided in a health institution for individuals who were financially unstable, while 0% disagree. Forty-six point seven percent (46.7%) agree that they have been able to manage symptoms effectively with the prescribed medication during COVID-19 home isolation, while 1.7% disagree. Forty point zero percent (40.0%) agree that there was no currently effective cure for COVID-19, but early treatment and supportive practices at home can help patients recover from the infection , while 3.3% disagree.

Table 7

Distribution of the respondents according to their responses under Evaluation (Perceived Therapeutic Effects)

Items	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	(%)	(%)	(%)	(%)	(%)
Evaluation	53.3	35.0	5.0	0	6.7
1. I believe that home care management reduces the cost of medical treatment provided in a health institution for individuals who are financially unstable.					
2. I believe that home care management practices reduce the need for hospitalization in some cases.	48.3	23.3	18.3	3.3	6.7
3. I have confidence that home care management can aid in the battle against COVID-19.	45.0	30.0	18.3	1.7	5.0
4. I believe that home isolation with home care management practice is better for patients with mild symptoms than administrative isolation.	45.0	40.0	6.7	1.7	6.7
5. I believe that home care management practices provide psychological support for COVID-19 positive isolated individual/s.	45.0	40.0	10.0	1.7	3.3
6. I have been able to manage my symptoms effectively with the prescribed medication during COVID-19 home isolation.	40.0	46.7	5.0	1.7	6.7
7. I believe with home care management practices, I have managed the symptoms and promoted comfort.	38.3	53.3	0	1.7	6.7
8. I have obtained symptomatic relief when I do home care management practices during COVID-19 isolation.	36.7	51.7	5.0	0	6.7

9. I believe that home care management practices support the body's ability to fight off the infection and promote recovery.	36.7	43.3	13.3	1.7	5.0
10. I believe that the use of home care management practices is handling the COVID-19 health crisis well.	35.0	46.7	11.7	0	6.7
11. I believe that there is no currently effective cure for COVID-19, but early treatment and supportive practices at home can help patients recover from the infection?	33.3	40.0	13.3	3.3	10.0
12. I believe that COVID-19 will be controlled with the home care management practices.	31.7	48.3	13.3	1.7	5.0
13. I believe that home care management reduces the risks of further complications and even dying from the disease.	28.3	33.3	31.7	3.3	3.3
14. After home care management practices, I have reduced the risk of spreading the COVID-19 virus to others.	23.3	60.0	8.3	1.7	6.7
15. I believe it's difficult to provide Home Care Management.	6.7	10.0	26.7	40.0	16.7

Respondents' Perceived Therapeutic Effects

Table 7A Illustrates the distribution of the respondents according to their Perceived Therapeutic Effects. Based on the analysis of the data presented below, the respondents' perceived therapeutic effects, with the scores ranging from 1 to 5, 1 being the minimum score and 5 being the maximum. The mean score was 3.95, indicating the average level of perceived therapeutic effects in these interventions,

To better understand the distribution, the levels were categorized based on the mean score. Specifically, 33.3% fell into the 4.26 and above range; 46.7% fell into the 3.76-4.25 range; and, the remaining 20% fell into the 3.75 or below range.

Table 7A

Distribution of the respondents according their Perceived Therapeutic Effects

Rating		Frequency	Percent
3.75 or below		12	20.0
3.76 to 4.25		28	46.7
4.26 or above		20	33.3
Min.=1.00	Max.=5.00	Mean=3.95	S.D.=.78

Relationship between Infection Control and Perceived Therapeutic Effects

Table 8.1 displays the relationship between infection control and perceived therapeutic effects among COVID-19-positive student nurses and faculty. The statistical analysis revealed that there was no relationship between infection control and perceived therapeutic effects among respondents (Spearman's rho = .162, p = .215). This suggested that the use of infection control may not directly influence the perceived therapeutic effects among respondents at a selected private university in Iloilo City.

Table 8.1

Relationship between Infection Control and Perceived Therapeutic Effects

Variable	Infection Control							
	3.75 or below		3.75 to 4.25		4.26 or above		Total	
	f	%	f	%	f	%	f	%
3 to 4	1	11.1	8	88.9	0	0.0	9	100.0

5	11	21.6	20	39.2	20	39.2	51	100.0
Total	12	20.0	28	33.3	20	33.3	60	100.0

Spearman's rho = .162 (no relationship) p = .215 (not significant)

Relationship between Pharmacological Interventions and Perceived Therapeutic Effects

Table 8.2 illustrates the relationship between pharmacological interventions and perceived therapeutic effects among COVID-19 positive student nurses and faculty. The statistical analysis indicated that there was no significant relationship between pharmacological interventions and perceived therapeutic effects among COVID-19 positive student nurses and faculty as demonstrated by Spearman's rho = .003, p = .918. This suggested that pharmacological interventions did not influence the perceived therapeutic effects of the respondents.

Table 8.2

Relationship between Pharmacological Interventions and Perceived Therapeutic Effects

Variable	Pharmacological Interventions							
	3.75 or below		3.75 to 4.25		4.26 or above		Total	
	f	%	f	%	f	%	f	%
0 to 3	3	13.0	13	56.5	7	30.4	23	100.0
4 to 5	9	24.3	15	40.5	13	35.1	37	100.0
Total	12	20.0	28	46.7	20	33.3	60	100.0

Spearman's rho = .003 (no relationship) p = .981 (not significant)

Relationship between Nonpharmacological Interventions and Perceived Therapeutic Effects

Table 8.3 illustrates the relationship between non-pharmacological interventions and perceived therapeutic effects among COVID-19 positive student nurses and faculty. The statistical analysis indicated that there was no significant relationship between non-pharmacological interventions and perceived therapeutic effects among COVID-19 positive student nurses and faculty as demonstrated by Spearman's $\rho = .184$, $p = .160$. This suggested that non-pharmacological interventions did not influence the perceived therapeutic effects of the respondents.

Table 8.3

Relationship between Nonpharmacological Interventions and Perceived Therapeutic Effects

Variable	Nonpharmacological Interventions							
	3.75 or below		3.75 to 4.25		4.26 or above		Total	
	f	%	f	%	f	%	f	%
0 to 3	7	25.9	13	48.1	7	25.9	27	100.0
4	1	5.6	13	66.7	5	27.8	18	100.0
5	4	26.7	3	20.0	8	53.3	15	100.0
Total	12	20.0	28	46.7	20	33.3	60	100.0

Spearman's $\rho = .184$ (no relationship) $p = .160$ (not significant)

Relationship between Vaccine and Prophylaxis and Perceived Therapeutic Effects

Table 8.4 illustrates the relationship between vaccine and prophylaxis and perceived therapeutic effects among COVID-19 positive student nurses and faculty. The statistical analysis revealed that there was a significant relationship between vaccine and prophylaxis and perceived therapeutic effects among respondents (Spearman's $\rho = .424$, $p = .023$). This suggested that vaccine and prophylaxis have influence on the perceived therapeutic effects on the respondents.

Table 8.4*Relationship between Vaccine and Prophylaxis and Perceived Therapeutic Effects*

Variable	Vaccine and Prophylaxis							
	3.75 or below		3.75 to 4.25		4.26 or above		Total	
	f	%	f	%	f	%	f	%
0 to 3	5	23.8	13	61.9	3	14.3	21	100.0
4	3	13.6	11	50.0	8	36.4	22	100.0
5 to 6	4	23.5	4	23.5	9	52.9	17	100.0
Total	12	20.0	28	46.7	20	33.3	60	100.0

Spearman's rho = .424 (strong relationship)

p = .023 (significant)

Relationship between Adjunct Interventions and Perceived Therapeutic Effects

Table 8.5 demonstrates the relationship between adjunct interventions and perceived therapeutic effects among COVID-19 positive students and faculty. The statistical analysis indicated that there was no significant relationship between adjunct interventions and perceived therapeutic effects among COVID-19 positive student nurses and faculty as demonstrated by Spearman's rho = .085, p = .520. This suggested that adjunct interventions did not affect the perceived therapeutic effects of the respondents.

Table 8.5*Relationship between Adjunct Interventions and Perceived Therapeutic Effects*

Variable	Adjunct Interventions							
	3.75 or below		3.75 to 4.25		4.26 or above		Total	
	f	%	f	%	f	%	f	%
0 to 2	6	28.6	7	33.3	8	38.1	21	100.0
3	3	20.0	8	53.3	4	26.7	15	100.0

4 to 5	3	12.5	13	54.2	8	33.3	24	100.0
Total	12	20.0	28	46.7	20	33.3	60	100.0

Spearman's rho = .085 (no relationship) p = .520 (not significant)

Relationship between Complementary Interventions and Perceived Therapeutic

Effects

Table 8.6 displays the relationship between complementary and perceived therapeutic effects among COVID-19-positive student nurses and faculty. The statistical analysis revealed that there was no relationship between complementary and perceived therapeutic effects among respondents (Spearman's rho = .103, p = .434). This suggested that the use of complementary interventions may not directly influence the perceived therapeutic effects among respondents at a selected private university in Iloilo City.

Table 8.6

Relationship between Complementary Interventions and Perceived Therapeutic Effects

Variable	Complementary Interventions							
	3.75 or below		3.75 to 4.25		4.26 or above		Total	
	f	%	f	%	f	%	f	%
0 to 2	5	28.6	6	28.6	10	47.6	21	100.0
3	5	50.0	10	50.0	5	25.0	20	100.0
4 to 5	2	63.2	12	63.2	5	26.3	19	100.0
Total	12	20.0	28	46.7	20	33.3	60	100.0

Spearman's rho = -.103 (no relationship) p = .434 (not significant)

Chapter 5

Summary, Findings, Conclusions, and Recommendations

This chapter presents the summary, findings, conclusions, and recommendations.

Summary

This study was conducted to determine the home care management practices and therapeutic effects on COVID-19 positive student nurses and faculty in a private university in Iloilo City. Specifically, the focus of the study was to: (1) Determine the home care management practices of COVID-19 positive student nurses and faculty; (2) Determine the level of perceived therapeutic effects of home care management practices to COVID-19 positive student nurses and faculty; (3) Determine whether there is a significant relationship between home care management practices and perceived therapeutic effects among COVID-19 positive student nurses and faculty.

The target population and sample size, determined using the purposive and snowball sampling method, comprised of 60 respondents sourced from a private university in Iloilo City. Quantitative descriptive-correlational research design was used in this study and the research instrument utilized was validated and reliable.

Findings

1. Analyzing the distribution of the respondents according to their responses on items under Infection Control, 85% of respondents fell within the range of 5, while the remaining 15% fell under the range of 3 to 4.
2. In terms of pharmacological interventions, it is notable that 61.7% of respondents fell within the range of 5, while the remaining 38.3% fell under the range of 3 to 4.
3. Regarding the non-pharmacological interventions, 45.0% fell within the range of 0 to 3.
4. Regarding vaccine and prophylactic interventions, 36.7% of respondents were categorized in the range of 4; 35.0% were classified within the range of 0 to 3; and, 28.3% were placed in the range of 5 to 6.
5. Among adjunct interventions, of the 24 respondents, 40.0% fell within the range of 4 to 5; while the other two are 35.0%, accounting 21 respondents under 0 to 2; and, 25.0%, with the frequency of 15 respondents fell under the range 3.
6. In terms of complementary and alternative interventions, 35.0% of respondents were classified within the range of 0 to 2; 33.3% were categorized in the range of 3; and, 31.7% fell under the range of 4 to 5.
7. Regarding the perceived therapeutic effects, of the 28 respondents, 46.7% fell within the range of 3.76 to 4.25; while the other 20 respondents, 33.3% were categorized in the range of 4.36 or above; and, the remaining 12 respondents, 20.0% fell within the range of 3.75 or below.

8. The statistical analysis revealed that there was no relationship between infection control and perceived therapeutic effects among respondents (Spearman's rho = .162), and this relationship was not statistically significant ($p = .215$).
9. The statistical analysis indicated that there was no significant relationship between pharmacological interventions and perceived therapeutic effects among COVID-19 positive student nurses and faculty as demonstrated by Spearman's rho = .003, $p = .981$.
10. There was no significant relationship between non-pharmacological interventions and perceived therapeutic effects among COVID-19 positive student nurses and faculty as demonstrated by Spearman's rho = .184, $p = .160$.
11. Statistical analysis revealed that there was a significant relationship between vaccine and prophylaxis and perceived therapeutic effects among respondents (Spearman's rho = .424, $p = .023$).
12. Statistical analysis found no significant relationship between adjunct interventions and perceived therapeutic effects (Spearman's rho = .085, $p = .520$) among COVID-19 positive student nurses and faculty.
13. There was no relationship between complementary interventions and perceived therapeutic effects (Spearman's rho = .103, $p = .434$).

Conclusions

Based on the significant findings of the study, the following conclusions are hereby forwarded:

1. With approximately 85% of respondents falling within the infection control range of 5, this indicated a significant portion of respondents utilized high-level infection control strategies.

2. With around 61.7% of respondents situated within the range of 5 for pharmacological interventions, it suggested a significant portion employing such interventions as part of their home care management practices for COVID-19.
3. With approximately 45.0% of respondents falling within the range of 0 to 3 for nonpharmacological interventions, this indicated that a significant portion of respondents utilized such interventions.
4. With approximately 36.7% of respondents classified within the range of 4, this indicated a moderate level of engagement in vaccine and prophylactic interventions among the respondents.
5. With approximately 40.0% or 24 respondents falling within the range of 4 to 5, this indicated that a significant portion of respondents utilized adjunct interventions as home care management for COVID-19.
6. With approximately 35.0% of respondents classified within the range of 0 to 2, this indicated that the majority of respondents exhibited a low level of engagement in these practices.
7. With approximately 46.7% of respondents falling within the perceived therapeutic effects range of 3.76 to 4.25, this indicated that 28 respondents agreed that home care management practices have perceived therapeutic effects among COVID-19 student nurses and faculty.
8. There was no significant relationship between infection control and the level of perceived therapeutic effects. This suggested that the use of infection control measures may not directly influence the level of perceived therapeutic effects among COVID-19 positive student nurses and faculty.
9. There was no significant relationship between pharmacological interventions and perceived therapeutic effects. This indicated that the use of infection control

measures may not directly influence the level of perceived therapeutic effects among COVID-19 positive student nurses and faculty.

10. There was no significant correlation between non-pharmacological interventions and perceived therapeutic effects. This suggested that the utilization of non-pharmacological interventions might not directly impact the level of perceived therapeutic effects among COVID-19 positive student nurses and faculty.
11. A direct and strong correlation existed between vaccine and prophylactic interventions and the level of perceived therapeutic effects, and this correlation holds statistical significance. This suggested that the utilization of vaccines and prophylaxis was linked to an elevation in the level of perceived therapeutic effects among COVID-19 positive student nurses and faculty, meaning that as respondents used vaccine and prophylaxis more, the level of perceived therapeutic effects increased.
12. There was no significant relationship between adjunct interventions and perceived therapeutic effects among COVID-19 positive student nurses and faculty, indicating that adjunct interventions may not impact perceived therapeutic effects.
13. There was no relationship between complementary interventions and perceived therapeutic effects (Spearman's $\rho = .103$, $p = .434$), suggesting that the use of complementary interventions may not directly influence perceived therapeutic effects among respondents.

Recommendations

The following recommendations offered based on the findings and conclusion of the study:

Department of Health (DOH) Personnel. They may actively promote the adoption of comprehensive home care management practices. By disseminating evidence-based guidelines and offering educational resources, they can empower individuals to effectively

manage symptoms and promote their own well-being in home settings. They should also collaborate with healthcare institutions to ensure the seamless integration of home care practices into patient care pathways.

Student Nurses and Faculty. Their involvement in data collection not only benefited researchers but also reflected positively on them for prioritizing self-care practices in managing symptoms or overall health at home. Additionally, participating offers a chance to enhance understanding of various home care practices and stay informed about evidence-based approaches.

Residents of Local Communities. This study serves as a valuable resource for individuals meeting the criteria of being COVID-19 positive with mild-to-moderate symptoms or exhibiting no symptoms at all. By incorporating these practices, individuals can effectively manage their condition at home; thereby, promoting better health outcomes and reducing the risk of complications. Additional details and information regarding the specific components of the home care management practices, such as infection control measures, pharmacological and non-pharmacological interventions, vaccination and prophylactic strategies, as well as adjunct and complementary interventions, should be provided to enhance understanding and implementation. Moreover, continuous monitoring and updates on emerging evidence-based practices should be integrated into the guidelines to ensure relevance and effectiveness in addressing the evolving challenges posed by the COVID-19 pandemic.

Future Researchers. They could delve deeper into the specific home care management practices identified in this study and their potential therapeutic effects on individuals recovering from COVID-19. By conducting additional research, future

researchers can provide a more comprehensive understanding of the efficacy of these practices and their impact on the recovery process. They could explore the long-term effects of home care management practices on the physical, mental, and emotional well-being of participants. By tracking individuals over time, they can assess the sustained therapeutic effects of home-based interventions and identify areas for improvement in care protocols. They have a valuable opportunity to build upon this study's findings and contribute to advancing knowledge in the field of home-based care. By addressing these, future researchers can further enhance their understanding of effective home care management practices and ultimately improve outcomes for individuals recovering from COVID-19 and other health conditions.

References

- Alishan, S., Ali, F., Iqbal, Z., Ammar, A., Muhammad, A. S., Farooq, F., Mir, A., Salahuddin, N., Saghir, T., & Karim, M. (2022, January 25). *Home management of COVID-19 patients: A successful model in non-severe COVID-19 patients in the developing world*. Cureus. Retrieved April 22, 2024 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8870052/>
- Amalakanti S, , Raman Arepalli KV, , and Koppolu RK. Gender and occupation predict coronavirus disease 2019 knowledge, attitude and practices of a cohort of a South Indian state population. *Indian J Med Microbiol* 2020; 38: 144–151. Retrieved Mar 16, 2023 from <https://www.sciencedirect.com/science/article/pii/S0255085720314808>
- Azlan, A. A., Hamzah, M. R., Sern, T. J., Ayub, S. H., & Mohamad, E. (2020). Public knowledge, attitudes and practices towards COVID-19: A cross-sectional study in Malaysia. *PLOS ONE*, 15(5), e0233668. <https://doi.org/10.1371/journal.pone.0233668>

- Cao J, Tu W-J, Cheng W, Yu L, Liu Y-K, Hu X et al. Clinical features and short-term outcomes of 102 patients with corona virus disease 2019 in Wuhan, China. *Clin Infect Dis*. 2020;ciaa243. Pmid:32239127 Retrieved March 10, 2023 from <https://academic.oup.com/cid/article/71/15/748/5814897?login=true>
- Center, C. R. (2022, February 21). *Definitions & Terminology - Rochester. COVID-19 Resource Center*. Retrieved December 22, 2022 from [https://www.rochester.edu/coronavirus-update/terminology/Community Preparedness Towards Home Care of COVID-19 Patient: A Cross Sectional Study](https://www.rochester.edu/coronavirus-update/terminology/Community%20Preparedness%20Towards%20Home%20Care%20of%20COVID-19%20Patient%3A%20A%20Cross%20Sectional%20Study)
- COVID-19 and Your Health. (2020, February 11). *Centers for Disease Control and Prevention*. Retrieved December 20, 2022 <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html>
- COVID-19 Treatment Guidelines. Retrieved March 10, 2023 <https://www.covid19treatmentguidelines.nih.gov/management/clinical-management-of-adults/nonhospitalized-adults--therapeutic-management/>
- D. (2021, June 9). *How to Treat a COVID-19 Patient at Home: A Checklist*. Makati Medical Center. Retrieved March 14, 2023 <https://www.makatimed.net.ph/blogs/how-to-treat-a-covid-19-patient-at-home-a-checklist/>
- Dalal PK, , Roy D, , Choudhary P, , Kar SK, , and Tripathi A. Emerging mental health issues during the COVID-19 pandemic: An Indian perspective. *Indian J Psychiatry* 2020; 62: S354–S364. Retrieved March 16, 2023 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7659779/>
- De Crescenzo F, Amato L, Cruciani F, Moynihan LP, D'Alò GL, Vecchi S, Saulle R, Mitrova Z, Di Franco V, Addis A, Davoli M. Comparative Effectiveness of Pharmacological

- Interventions for Covid-19: A Systematic Review and Network Meta-Analysis. *Front Pharmacol.* 2021 May 3;12:649472. doi: 10.3389/fphar.2021.649472. PMID: 34012398; PMCID: PMC8126885. Retrieve March 16, 2023 from <https://pubmed.ncbi.nlm.nih.gov/34012398/>
- Firouzkouhi, M., Rezaie-Kheikhaie, K., Mortazavi, H., Farzi, J., Masinaienezhad, N., & Hashemi-Bonjar, Z. (2022). Nurses' caring experiences in COVID-19 pandemic: A systematic review of qualitative research. *Health Sciences Review*, 3, 100030. Retrieved April 22, 2024 from <https://doi.org/10.1016/j.hsr.2022.100030>
- Harun HN, Yusof TA, Solhi F. Demand for face masks, hand sanitisers soars. *New Straits Times* Retrieved March 16, 2023 from <https://www.nst.com.my/news/nation/2020/01/561250/demand-face-masks-hand-sanitisers-soars>
- Home Health Care Now. (2021, April). Research Needed for Covid-19 for the Home Care Setting. Retrieved December 21, 2022 from https://journals.lww.com/homehealthcareonline/Citation/2021/03000/Research_Needed_for_COVID_19_for_the_Home_Care.10.aspx
- Kavita, J. S. Thakur, Sushma Saini, Monika Pebma, Karobi Das, and Tarun Narang *Nursing Midwifery Research Journal* 2022 18:3, 137-146
- Kavita, J.S. Thakur, Sushima P., Karobi D., Tarun N., (2022). Community Preparedness Towards Home Care of COVID-29 Patient: A Cross Sectional Study. Retrieved March 16, 2023 from http://journals.sagepub.com/doi/full/10.1177/0974150X221097723?fbclid=IwAR2BKluZQIkPpIC6NWxhcqwwxzfgHpxWXJjQIGdzbSXDPS_1BbWf9urX9aI#bibr14-0974150X221097723
- Lau, L. L. H., Hung, N., Go, D. J., Ferma, J., Choi, M., Dodd, W., & Wei, X. (2020). Knowledge, attitudes and practices of COVID-19 among income-poor households in

- the Philippines: A cross-sectional study. *Journal of Global Health*, 10(1). Retrieved March 10, 2023 <https://doi.org/10.7189/jogh.10.011007>
- MacGregor, H., Hrynicky, T. (2020). Considerations for Home and Community-Based Care for COVID-19. Retrieved March 10, 2023 from <https://www.socialscienceinaction.org/resources/covid-19-considerations-home-community-based-care/>
- Malapela, R., et al. (2022). Use of home remedies for the treatment and prevention of coronavirus disease: An integrative review. Wiley Online Library. Retrieved March 16, 2023 from <https://onlinelibrary.wiley.com/doi/10.1002/hsr2.900>
- Medical Conditions Dictionary. (n.d.). *Nursing Student Definition in Medical Conditions Dictionary*. Retrieved December 22, 2022 from <http://medconditions.net/nursing-student.html>
- Mohamad E, Azlan AA. COVID-19 and communication planning for health emergencies. *J Komun Malays J Commun*. 2020;36(1):1–2. Retrieved March 10, 2023 from https://journals.plos.org/plosone/article?id=10.1371%2Fjournal.pone.0233668&fbclid=IwAR1rLrwgugVIDYaVwHFviNe8IVAExpd74QbU5c2kqoOb_xvYfliwCHsylvas#
- Osman, B. et al. (2023). COVID-19 pandemic: perception, attitude, and practices of university students from health sector faculties. *the Egyptian Journal of Bronchology*, 17(1). Retrieved April 22, 2024 from <https://doi.org/10.1186/s43168-023-00177-7>
- Sannusi SN, Ibrahim F, Shaari AH, Subhi N. The use of social media among adolescents in Klang Valley. *J Komun Malays J Commun*. 2019;35(4):101–118. Retrieved March 10, 2023 from https://journals.plos.org/plosone/article?id=10.1371%2Fjournal.pone.0233668&fbclid=IwAR1rLrwgugVIDYaVwHFviNe8IVAExpd74QbU5c2kqoOb_xvYfliwCHsylvas#
- Shankar PR., Palaian S., Vannal V., Sreeramareddy CT. Non-pharmacological Infection Prevention and Control Interventions in COVID019: What does the current evidence

- say? Retrieved March 16, 2023 from
<https://www.ijpvmjournal.net/article.asp?issn=2008-7802;year=2021;volume=12;issue=1;spage=174;epage=174;aulast=Shankar>
- WHO. Coronavirus disease (COVID-19): *Home care for families and caregivers*, Retrieved March 16, 2023 from
<https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-home-care-for-families-and-caregiver>
- Wong KK, Cohen AL, Norris SA, Martinson NA, von Mollendorf C, Tempia S, et al. Knowledge, attitudes, and practices about influenza illness and vaccination: a cross-sectional survey in two South African communities. *Influenza Other Respir Viruses*. 2016;10(5):421–428. Pmid:26987756. Retrieved March 10, 2023 from
<https://onlinelibrary.wiley.com/doi/10.1111/irv.12388>
- World Health Organization. Shortage of personal protective equipment endangering health workers worldwide. Retrieved March 16, 2023 from
<https://www.who.int/news-room/detail/03-03-2020-shortage-of-personal-protective-equipment-endangering-health-workers-worldwide>
- World Health Organization. (2020). Home care for patients with suspected novel coronavirus (COVID-19) infection presenting with mild symptoms, and management of their contacts. Retrieved April 22, 2024, from
<https://iris.who.int/bitstream/handle/10665/331133/WHO-nCov-IPC-HomeCare-2020.2-eng.pdf?sequence=1>

APPENDICES

Appendix A
Validated Research Instrument
Home Care Management Practices and Therapeutic Effects to
COVID-19 Positive Student Nurses and Faculty
in a Private University in Iloilo City
QUESTIONNAIRE

I. Demographic Profile

Directions: Please read the questions carefully before answering the questions. Kindly fill out the questionnaires as honestly as possible.

1. Name (Optional): _____

2. Gender:

Male

Female

3. Age (in yrs. as of your last birthday): _____

4. Educational Attainment:

None

Bachelor's

Master's

Doctorate

Student

Year Level and Section: _____

Faculty

5. Civil Status (Single, Married, Widowed, Divorced, Separated)

II. COVID-19 Information

Have you ever tested positive for symptomatic COVID-19 Virus? _____ Yes or _____ No

If the answer is **YES**, answer the following:

Check below symptoms occurred:

1. Fever (Temperature above 37.5 degree Celcius) _____
2. Pain _____
3. Sore or Scratchy throat _____
4. Loss of taste _____
5. Loss of smell _____
6. Runny/ stuffy nose _____
7. Body weakness/fatigue _____
8. Diarrhea _____
9. Cough
10. Skin rashes _____
11. Difficulty of breathing _____
12. Others (please specify) _____

Have you been isolated and took self-care management at home? _____ Yes or _____ No

If the answer is **YES**, answer the questions below.

III. Health History

1. Is home care management providing care for a person suspected with COVID-19 and caring for yourself at home?
_____ Yes or _____ No
2. Have you been monitoring your symptoms regularly, practicing respiratory hygiene and proper cough etiquette during COVID-19 home isolation?
_____ Yes or _____ No
3. Have you been monitoring your vitals signs regularly (such as oxygen saturation levels, temperature, blood pressure, etc.) at home during COVID-19 home isolation?
_____ Yes or _____ No
4. Have you been regularly communicating with your healthcare provider and updating them on your symptoms during COVID-19 home isolation?
_____ Yes or _____ No
5. Have you been seeking medical attention if you experience any emergency symptoms such as difficulty breathing or chest pain during COVID-19 home isolation?
_____ Yes or _____ No

IV. Home Care Management Practices to Covid-19 during Isolation

Yes or No

A. Infection Control

1. Have you been avoiding contact with people outside of your household, gatherings and crowded places during COVID-19 isolation?
_____ Yes or _____ No
2. Have you been following proper respiratory etiquette (covering mouth when coughing or sneezing) during COVID-19 isolation?
_____ Yes or _____ No

3. Do you disinfect surfaces and surroundings frequently to prevent the spread of infection and occupy a clean and well-ventilated room during isolation?
_____ Yes or _____ No
4. Do you and your family members perform preventative measures like hand washing, face masks, face shields or PPE, social distancing and disposing waste properly can help minimize the spread of the COVID-19?
_____ Yes or _____ No
5. Have you or your family members ever cleaned, disinfected and sanitized your reusable tools in accordance with recommended precautions before being used on other members of the family?
_____ Yes or _____ No

B. Pharmacological

1. Are you taking any prescription and been following the instructions for taking your medications during COVID-19 isolation?
_____ Yes or _____ No
2. Have you experienced any side effects from your medications as well as any adverse reactions or interactions from combining medications during COVID-19 isolation?
_____ Yes or _____ No
3. Have you been taking any over-the-counter medications or supplements during COVID-19 isolation?
_____ Yes or _____
4. Have you been seeking professional guidance on medication use and been avoiding self-medication with unproven treatments during COVID-19 isolation?
_____ Yes or _____ No
5. Have you been monitoring your medication supply and planning accordingly and taking necessary precautions to avoid medication shortages during COVID-19 isolation?
_____ Yes or _____ No

C. Nonpharmacological Interventions

1. Have you been using relaxation techniques such as meditation or deep breathing exercises during COVID-19 home isolation?
_____ Yes or _____ No
2. Have you been practicing regular exercise or physical activity and engaging in hobbies or activities that you enjoy during COVID-19 home isolation?
_____ Yes or _____ No
3. Have you been maintaining a regular sleep routine during COVID-19 home isolation?
_____ Yes or _____ No
4. Have you been following a healthy diet, increased fluid intake and avoiding excessive alcohol during COVID-19 home isolation?
_____ Yes or _____ No

5. Have you been seeking support from mental health professionals or support groups or been using technology to stay connected with family and friends during COVID-19 home isolation?
 _____ Yes or _____ No

D. Vaccine and Prophylactic Interventions

1. Can prophylactic interventions, such as taking vitamin supplements or herbal remedies, replace the need for COVID-19 vaccination while in home isolation?
 _____ Yes or _____ No
2. Does being in home isolation prevent the progress and spread of COVID-19 to others even if a person is not vaccinated?
 _____ Yes or _____ No
3. Is it safe to receive a COVID-19 vaccine if a person has recently recovered from COVID-19 and is still in home isolation?
 _____ Yes or _____ No
4. Is it safe to administer a COVID-19 vaccine to someone who is currently experiencing COVID-19 symptoms while in home isolation?
 _____ Yes or _____ No
5. Can prophylactic interventions completely eliminate the risk of contracting COVID-19 while in home isolation?
 _____ Yes or _____ No
6. Have you and your family members been vaccinated with boosters before the isolation?
 _____ Yes or _____ No

E. Adjunct Interventions

1. Have you ever used air purifiers, humidifiers, misters or vaporizers in the home as an effective adjunct intervention for COVID-19 home isolation?
 _____ Yes or _____ No
2. Have you ever exposed yourself to UV light from the sun or other artificial sources as an adjunct intervention to prevent the progress of the infection and the spread of COVID-19 while in home isolation?
 _____ Yes or _____ No
3. Have you ever used disinfectant foggers and electrostatic sprayers for surface disinfection as an adjunct intervention while in home isolation for COVID-19?
 _____ Yes or _____ No
4. Have you ever practiced steam inhalation as an adjunct intervention to manage symptoms while in home isolation for COVID-19?
 _____ Yes or _____ No
5. Have you ever used essential oils and aromatherapy as an adjunct intervention to help ease your symptoms of COVID-19 while in home isolation?
 _____ Yes or _____ No

F. Complementary and Alternative Interventions

1. Have you ever performed salt water gargle?
 Yes or No
2. Have you ever used traditional herbal remedies as an effective complementary intervention to relieve respiratory symptoms?
 Yes or No
3. Have you ever undergone acupuncture, chiropractic adjustment or homeopathic remedies (are substances used that cause adverse symptoms in a healthy person can cure the same symptoms in a sick one. Steelsmith, 2023.) as a complementary intervention while in home isolation for COVID-19?
 Yes or No
4. Have you ever undergone sound therapy or energy healing practices, such as Reiki, as an effective complementary intervention for COVID-19 home isolation?
 Yes or No
5. Have you ever used dietary supplements, such as vitamins and minerals, as a complementary intervention while in home isolation for COVID-19?
 Yes or No

IV. Evaluation (Perceived Therapeutic Effects)

1. I have obtained symptomatic relief when I do home care management practices during COVID-19 isolation?
 Strongly Disagree Disagree Neutral Agree Strongly Agree
2. I believe that COVID-19 will be controlled with the home care management practices?
 Strongly Disagree Disagree Neutral Agree Strongly Agree
3. I have confidence that home care management can aid in the battle against COVID-19?
 Strongly Disagree Disagree Neutral Agree Strongly Agree
4. I believe that the use of home care management practices is handling the COVID-19 health crisis well?
 Strongly Disagree Disagree Neutral Agree Strongly Agree
5. I believe that home isolation with home care management practice is better for patients with mild symptoms than administrative isolation?
 Strongly Disagree Disagree Neutral Agree Strongly Agree

6. I believe it's difficult to provide Home Care Management?
___ Strongly Disagree ___ Disagree ___ Neutral ___ Agree ___ Strongly Agree
7. After home care management practices, have I reduced the risk of spreading the COVID-19 virus to others?
___ Strongly Disagree ___ Disagree ___ Neutral ___ Agree ___ Strongly Agree
8. I believe with home care management practices, I have managed the symptoms and promoted comfort?
___ Strongly Disagree ___ Disagree ___ Neutral ___ Agree ___ Strongly Agree
9. I believe that home care management practices support the body's ability to fight off the infection and promote recovery.
___ Strongly Disagree ___ Disagree ___ Neutral ___ Agree ___ Strongly Agree
10. I believe that home care management practices reduce the need for hospitalization in some cases?
___ Strongly Disagree ___ Disagree ___ Neutral ___ Agree ___ Strongly Agree
11. I believe that home care management reduces the risks of further complications and even dying from the disease?
___ Strongly Disagree ___ Disagree ___ Neutral ___ Agree ___ Strongly Agree
12. I believe that home care management practices provide psychological support for COVID-19 positive isolated individual/s?
___ Strongly Disagree ___ Disagree ___ Neutral ___ Agree ___ Strongly Agree
13. I believe that home care management reduces the cost of medical treatment provided in a health institution for individuals who are financially unstable?
___ Strongly Disagree ___ Disagree ___ Neutral ___ Agree ___ Strongly Agree
14. I have been able to manage my symptoms effectively with the prescribed medication during COVID-19 home isolation?
___ Strongly Disagree ___ Disagree ___ Neutral ___ Agree ___ Strongly Agree
15. I believe that there is no currently effective cure for COVID-19, but early treatment and supportive practices at home can help patients recover from the infection?
___ Strongly Disagree ___ Disagree ___ Neutral ___ Agree ___ Strongly Agree



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



CERTIFICATION OF RESEARCH INSTRUMENT VALIDATION
(QUANTITATIVE RESEARCH)

This is to certify that the study entitled: “Home Care Management Practices and Therapeutic Effects to COVID-19 Positive Student Nurses and Faculty in a Private University in Iloilo City”, has undergone instrument validation. Necessary changes have been checked and approved.

This certification is issued upon the request of the authors: Kent Jumel A. Siruelo, Katerine Nicole V. Soriano, Faith D. Sorianosos, Stantelle Mei L. Sosmena, Dexcy Ayessa B. Subaldo, Sue Valerie V. Sugide, Ayako K. Sugimoto. As an expert of this subject, I have reviewed the instruments and its contents as to its appropriateness and accuracy based on the problem statement, objectives, conceptual framework, and operational definition of terms.

Issued this 19th day of June 2023 to the above-mentioned student researchers in compliance with their requirements in their research subject.

Respectfully,

RITA E. PENASO
Validator

NOVIE JOY C. SOLEDAD
Validator

ALVIN JOHN H. GUSTILO
Validator

Appendix C 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) TEMPLATE

(VERSION No. 03-2023)

INSTRUCTIONS TO THE RESEARCHER/s: *This form is required for research involving surveys, interviews and focus group discussion among adult participants. Obtain an electronic copy of this form and supply ALL information in the space provided. Do not change or alter the General statements in BLACK. The words in RED are guide only, after supplying the correct information delete the words/statements in RED. Explain in terms understandable to the participants.*

Submit this form to researchethics@cpu.edu.ph

Adopted from the WHO & PHREB template.

1. KEY INFORMATION ABOUT THE RESEARCHERS

Title of the Study: Home Care Management Practices and Therapeutic Effects to COVID-19 Positive Student Nurses and Faculty in a Private University in Iloilo City

Name of Researcher/s: Siruelo, Kent Jumel A.
Soriano, Katerine Nicole V.
Sorianosos, Faith D.
Sosmena, Stantelle Mei L.
Subaldo, Dexcy Ayessa B.
Sugide, Sue Valerie V.
Sugimoto, Ayako K.

Research Adviser: Prof. Jerry V. Able, MAN, PhD

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 determine the home care management practices and the perceived therapeutic effects on nursing students and faculty members who tested positive for COVID-19. There are few suggestions from WHO and limited studies about home care management to COVID-19 positive patients. However, there is currently no research being done on the actual administration of home care provided to nursing students and faculty with positive COVID-19 findings.

3. PURPOSE OF THE RESEARCH

The purpose of the research study is to determine the home care management practices and the perceived therapeutic effects on COVID-19 positive nursing students and faculty who were not hospitalized and were only isolated at home. The results of this study will provide valuable information on various home care management practices for COVID-19.

4. TYPE OF RESEARCH INTERVENTION/DATA GATHERING INSTRUMENT

The researchers will adapt a questionnaire from the World Health Organization. The questionnaire is to determine the different home care management practices for COVID-19 and its therapeutic effects.

5. PARTICIPANT SELECTION (INCLUSION & EXCLUSION CRITERIA)

You are chosen as a participant based on the following criteria:

- COVID-19 positive nursing students and faculty in a private university in Iloilo City
- Participants who were isolated at home.

- The symptoms of COVID-19 vary from asymptomatic to mild cases.
- Faculty of the College of Nursing (CON)
- Level 2 and 4 nursing students

The following are excluded:

- Those who have been hospitalized.
- With severe symptoms.
- Level 1 nursing students

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. Your questions will be answered to your satisfaction. The study will begin once the informed consent form has been signed. The study will include a survey questionnaire, which will be divided in four parts: demographic information, COVID- 19 information, home care management practices to COVID-19 during the period of isolation, and evaluation which covers the perceived therapeutic effects. Home care management practices will include personal knowledge of medical management. pharmacological non-pharmacological, nutrition/diet mental health support health and hygiene. and environment/infection control. Each participant will be assigned an ID number only. known to the researchers. The participants' name will be optional and filled in by the researcher. The above-mentioned procedure was mainly made and intended for this study. All information gathered during this study will be private and strictly confidential.

8. DURATION OF THE STUDY

You will be given an adapted survey-questionnaire that covers various aspects which include demographic information, COVID-19 information, home care management practices to COVID-19 during the period of isolation, and evaluation which covers the perceived therapeutic effects. The participants will be given 1-2 days to complete the questionnaire.

9. RISKS AND INCONVENIENCES

There is low risk involved in this study. If you are uncomfortable with the questions, you do not have to answer them/proceed. When answering the survey questionnaire, it is possible that certain topics may come up that could cause temporary feelings of anxiety. The research team recognizes the sensitivity of these topics and will strive to create a supportive environment throughout the study. If you feel uncomfortable or distressed, please inform the research team, and appropriate assistance and support will be provided.

4. BENEFITS

This study might help individuals with COVID-19, their community, and society. Benefits of employing home care management techniques include decreased risk of hospitalization, more individualized care, and improved mental health. Benefits to the community include lessened transmission of COVID-19, and lessened strain on healthcare systems. Its benefits to the society as a whole include reduced economic impact, and improved public health outcomes. Furthermore, home care management practices can help reduce the spread of COVID-19 within the community by keeping infected individuals isolated and away from others. By avoiding hospitalization, individuals with mild or moderate COVID-19 symptoms can help reduce the burden on healthcare systems, which can be especially important in areas with limited healthcare resources. Thus, this can be advantageous in terms of lowering the risk of contracting other diseases and lightening the load on the healthcare system. It also enables patients to get care in the convenience of their own homes that is more individualized and catered to their specific needs.

11. REIMBURSEMENTS

There is no amount that the participant needs to pay in joining this study. There is also no compensation in any form that will be granted to the participant of this study.

12. CONFIDENTIALITY

The information you provided is solely for this study's purpose. 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 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 the absence of any actual conflicts of interest in the study's conduct. The researchers' dedication throughout the entire procedure of this study upheld the highest standards of fairness and honesty. Financial and personal affiliations, such as groups or institutions, that could potentially influence the research's objectives or outcomes are absent. The stated declaration promotes the study's credibility and the researchers' commitment to unbiased inquiry.

15. STORAGE AND DISPOSAL OF RESEARCH DATA/MATERIALS

The electronic copy of the data will be kept in a computer that only the researcher(s) has/have access to. Hard copies will be stored in a locked filing cabinet that only the researcher(s) will have access to for a period of time which will be stated in the study protocol and will be destroyed after that period at the end of this study.

16. SHARING OF RESULTS/DISSEMINATION PLAN

The results of this study will be presented in a thesis defense. It may also be presented more broadly through various channels such as academic conferences, educational seminars, and online platforms where participant confidentiality is carefully maintained. Every effort will be made to ensure that individual participants cannot be identified.

17. WHO TO CONTACT

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

Lead Researcher: **STANTELLE MEI L. SOSMENA**

Address: **Brgy. Balabag, Pavia, Iloilo**

Contact Number: **09458493242**

Email address: stantellemei.sosmena-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 on 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 STANTELE MEI L. SOSMENA

Signature of Researcher/ person taking the consent _____

Date: 08/05/2023

Appendix D



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: **Home Care Management Practices and its Perceived Therapeutic Effects to COVID-19 Positive Nursing Students and Faculty in a Private University in Iloilo City**, prepared and submitted by **Kent Jumel A. Siruelo, Katerine Nicole V. Soriano, Faith D. Sorianosos, Stantelle Mei L. Sosmena, Dexcy Ayessa B. Subaldo, Sue Valerie V. Sugide, Ayako K. Sugimoto** in partial fulfillment of the requirements for the degree of BACHELOR OF SCIENCE IN NURSING, has been presented in a Proposal Review on March 24, 2023.

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

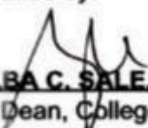
This proposal is now recommended for ethical review.


JERRY V. ABLE, MAN, PhD
 Research Adviser


RAYMUND H. PARTISALA, MAN, PhD
 Panel Member


GEOFFREY C. LEYSA, MAN, PhD
 Panel Member

Approved by:


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

Appendix E



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



BUDGET

Item No.	Details	Amount
	I. Personnel Services	
	Validators' Fee	900.00
	Board of Ethics Review	1,500.00
	Statistician	4,000
	Grammarian	2,000
	Total of Personnel Services:	8,400.00
	II. Maintenance & Other Operating Expenses	
	Supplies and Materials (Needed Equipment)	300.00
	Office Supplies (Paper, Ballpens, Folders, etc.)	500.00
	Printing, Photocopying, and Binding	500.00
	Other Professional Services (Tokens)	200.00
	Total of Maintenance and Other Operating Expenses:	1,500.00
	III. Indirect Cost	
	Utilities (E.g. Gasoline, Electricity, Fare, etc.)	1,500.00
	Total of Indirect Cost:	1,500.00
	SUMMARY	
	Total for Personnel Services	8,400.00
	Total for Maintenance and Other Operating Expenses	1,500.00
	Total for Indirect Cost	1,500.00
	GRAND TOTAL:	11,400.00

Appendix F



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: November 17, 2023

RERB Code: 2023-326-UG-SOSMENA et al.

Protocol Title: "HOME CARE MANAGEMENT PRACTICES AND ITS PERCEIVED THERAPEUTIC EFFECTS TO COVID-19 POSITIVE NURSING STUDENTS AND FACULTY IN A PRIVATE UNIVERSITY IN ILOILO CITY"

Version No. 02

Researcher/s: **SIRUELO, KENT JUMEL A.**
SORIANO, KATERINE NICOLE V.
SORIANOSOS, FAITH D.
SOSMENA, STANELLE MEI L.
SUBALDO, DEXCY AYESSA B.
SUGIDE, SUE VALERIE V.
SUGIMOTO, AYAKO K.

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 **November 17, 2023** to **November 17, 2024**.

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

- √ Progress Report on or before **December 17, 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: 11/17/23

Appendix G RERB Progress Report

 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

INSTRUCTIONS TO THE RESEARCHER/s:

This form is required thirty (30) days after your Data Collection. Obtain an electronic copy of this form and supply All information required in the space provided. This form shall be signed by the researcher and adviser before submission to researchethics@cpu.edu.ph

GENERAL INFORMATION

Title of Study	Home Care Management Practices and Therapeutic Effects to COVID-19 Positive Student Nurses and Faculty in a Private University in Iloilo City		
RERB Protocol No.	2023-326-UG-SOSMENA et al.	Study Site	Central Philippine University
Name of Researcher	Stantelle Mei L. Sosmena		
Contact No.	09458493242	Email Address	stantellemei.sosmena-20@cpu.edu.ph
Co-researcher (if any)	Siruelo, Kent Jumel A. Soriano, Katerine Nicole V. Sorianosos, Faith D. Subaldo, Dexcy Ayessa B. Sugide, Sue Valerie V. Sugimoto, Ayako K.		
Institution	Central Philippine University		
Address of Institution	Lopez Jaena, St., Jaro, Iloilo City		
Ethical clearance effectivity period:	November 17, 2023 to November 17, 2024		

PROGRESS REPORT

1. Start of study: November 2023
2. Expected end of study: May 2024
3. Number of enrolled participants: 45
4. Number of required participants: 60
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:



Stantelle Mei L. Sosmena

Signature Over Printed Name

Date: March 28, 2024



Kent Jumel A. Siruelo

Signature Over Printed Name

Date: March 28, 2024



Katerine Nicole V. Soriano

Signature Over Printed Name

Date: March 28, 2024



Faith D. Sorianosos

Signature Over Printed Name

Date: March 28, 2024



Dexcy Ayessa B. Subaldo

Signature Over Printed Name

Date: March 28, 2024



Sue Valerie V. Sugide

Signature Over Printed Name

Date: March 28, 2024



Ayako K. Sugimoto

Signature Over Printed Name

Date: March 28, 2024

Adviser:





Jerry V. Able, PhD

Signature Over Printed Name

Date: March 28, 2024

CPU-RERB

Appendix H RERB Final Report

 <div style="display: inline-block; text-align: center;"> RESEARCH ETHICS REVIEW BOARD CENTRAL PHILIPPINE UNIVERSITY Lopez Jaena St., Jaro, Iloilo City, Philippines 329-1971 to 79 local 3336 </div> 	
FINAL REPORT FORM	RERB Form No. 13-1
	Version No. 01
	Date of Effectivity: 17 May 2023

INSTRUCTIONS TO THE RESEARCHER/s:

This form is required upon completion of the study. Obtain an electronic copy of this form and supply all information required in the space provided. This form shall be signed by the researcher and adviser before submission to researchethics@cpu.edu.ph

GENERAL INFORMATION

RERB Protocol Number	2023-326-UG-SOSMEN A et al.	Date (DD/MM/YYYY)	05/30/2024
Protocol Title	Home Care Management Practices and Therapeutic Effects to COVID-19 Positive Student Nurses and Faculty in a Private University in Iloilo City		
Principal Investigator/s	Sosmena, Stantelle Mei L.		
Department/College	College of Nursing		
Contact No.	09458493242	*Email Address	stantellemei.sosmena-20@cpu.edu.ph
Co-investigator/s (if any)	Siruelo, Kent Jumel A. Soriano, Katerine Nicole V. Sorianosos, Faith D. Subaldo, Dexcy Ayessa B. Sugide, Sue Valerie V. Sugimoto, Ayako K.		
Contact No.	09270759663	Email Address	katerinenicole.soriano-20@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>November 17, 2023</u> To: <u>November 17, 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 type="checkbox"/> Others, specify <u>Descriptive-Correlational Study</u>
Review Status	<input type="checkbox"/> Full Board <input checked="" type="checkbox"/> Expedited

FINAL REPORT

1. Start/end of the Study: November 2024 - May 2024

2. Number of enrolled participants: 45
3. Number of required participants: 60
4. Number of participants who withdraw: 0
5. Deviations from the approved protocol: None
6. Issues/problems encountered: None
7. Summary of findings: <p>This study was conducted to determine the home care management practices and therapeutic effects on COVID-19 positive student nurses and faculty in a private university in Iloilo City. Specifically, the focus of the study was to: (1) Determine the home care management practices of COVID-19 positive student nurses and faculty; (2) Determine the level of perceived therapeutic effects of home care management practices to COVID-19 positive student nurses and faculty; (3) Determine whether there is a significant relationship between home care management practices and perceived therapeutic effects among COVID-19 positive student nurses and faculty.</p> <p>A survey questionnaire was administered to 60 participants selected through purposive sampling. Both descriptive and inferential analyses were conducted. The analysis of respondents' distribution in infection control shows that 85% fall within the range of 5, with the remaining 15% in the range of 3 to 4. For pharmacological interventions, 61.7% fall within the range of 5, while 38.3% are in the range of 3 to 4. In non-pharmacological interventions, 45% fall within the range of 0 to 3. Regarding vaccine and prophylactic interventions, 36.7% are in the range of 4, 35% in the range of 0 to 3, and 28.3% in the range of 5 to 6. Among adjunct interventions, 40% of 24 respondents fall within the range of 4 to 5, 35% of 21 respondents fall within the range of 0 to 2, and 25% of 15 respondents fall within the range of 3. For complementary and alternative interventions, 35% are classified within the range of 0 to 2, 33.3% in the range of 3, and 31.7% in the range of 4 to 5. Regarding perceived therapeutic effects, 46.7% of 28 respondents fall within the range of 3.76 to 4.25, 33.3% of 20 respondents in the range of 4.36 or above, and 20% of 12 respondents in the range of 3.75 or below.</p> <p>Statistical analysis reveals no significant relationship between infection control and perceived therapeutic effects (Spearman's rho = .162, p = .215). Similarly, there is no significant relationship between pharmacological interventions and perceived therapeutic effects (Spearman's rho = .003, p = .981), nor between non-pharmacological interventions and perceived therapeutic effects (Spearman's rho = .184, p = .160). However, there is a significant relationship between vaccine and prophylaxis and perceived therapeutic effects (Spearman's rho = .424, p = .023). No significant relationship is found between adjunct interventions and perceived therapeutic effects (Spearman's rho = .085, p = .520), nor between complementary interventions and perceived therapeutic effects</p>

(Spearman's rho = .103, p = .434).

8. Conclusions/Recommendations:

Conclusion:

The study concludes that a significant portion of respondents, 85%, utilize high-level infection control strategies. Additionally, 61.7% of respondents employ pharmacological interventions for COVID-19 home care management. Non-pharmacological interventions are used by 45% of respondents. Moderate engagement is seen in vaccine and prophylactic interventions (36.7%), while 40% use adjunct interventions. However, 35% of respondents exhibit low engagement in complementary and alternative interventions. Regarding perceived therapeutic effects, 46.7% of respondents fall within the range indicating positive perception.

There is no significant relationship between infection control and perceived therapeutic effects, suggesting that infection control measures may not directly influence these effects. Similarly, pharmacological and non-pharmacological interventions do not significantly impact perceived therapeutic effects. However, a strong correlation exists between vaccine and prophylactic interventions and perceived therapeutic effects, indicating that increased use of these interventions is associated with higher perceived therapeutic benefits. Adjunct and complementary interventions do not significantly impact perceived therapeutic effects.

Recommendations:

Department of Health (DOH) Personnel. They may actively promote the adoption of comprehensive home care management practices. By disseminating evidence-based guidelines and offering educational resources, they can empower individuals to effectively manage symptoms and promote their own well-being in home settings. They should also collaborate with healthcare institutions to ensure the seamless integration of home care practices into patient care pathways.

Student Nurses and Faculty. Their involvement in data collection not only benefits researchers but also reflects positively on them for prioritizing self-care practices in managing symptoms or overall health at home. Additionally, participating offers a chance to enhance understanding of various home care practices and stay informed about evidence-based approaches.

Residents of Local Communities. This study serves as a valuable resource for individuals meeting the criteria of being COVID-19 positive with mild-to-moderate symptoms or exhibiting no symptoms at all. By incorporating these practices, individuals can effectively manage their condition at home, thereby promoting better health outcomes and reducing the risk of complications. Additional details and information regarding

the specific components of the home care management practices, such as infection control measures, pharmacological and non-pharmacological interventions, vaccination and prophylactic strategies, as well as adjunct and complementary interventions, should be provided to enhance understanding and implementation. Moreover, continuous monitoring and updates on emerging evidence-based practices should be integrated into the guidelines to ensure relevance and effectiveness in addressing the evolving challenges posed by the COVID-19 pandemic.

Future Researchers. They could delve deeper into the specific home care management practices identified in this study and their potential therapeutic effects on individuals recovering from COVID-19. By conducting additional research, future researchers can provide a more comprehensive understanding of the efficacy of these practices and their impact on the recovery process. They could explore the long-term effects of home care management practices on the physical, mental, and emotional well-being of participants. By tracking individuals over time, they can assess the sustained therapeutic effects of home-based interventions and identify areas for improvement in care protocols. They have a valuable opportunity to build upon this study's findings and contribute to advancing knowledge in the field of home-based care. By addressing these, future researchers can further enhance their understanding of effective home care management practices and ultimately improve outcomes for individuals recovering from COVID-19 and other health conditions.

9. Actions for dissemination of study results:

The researchers published the results of the study by providing an output to the research panels. The research findings can also be presented in local or nationwide research conferences, infographics will be posted on social media to reach academic and non-academic audiences, and during talks and symposiums about COVID-19 and its home care management practices once approved for publication. Through publication in academic journals, presentations at conferences, community engagement, media outreach, and collaboration with stakeholders, the study's findings will reach a diverse audience and contribute to the improvement of home care practices for COVID-19 patients.

Researcher/s:



Stantelle Mei L. Sosmeña

Signature Over Printed Name

Date: May 8, 2024

Appendix I



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



April 5, 2024


CERTIFICATION

This is to certify that the paper entitled **“HOME CARE MANAGEMENT PRACTICES AND ITS PERCEIVED THERAPEUTIC EFFECTS TO COVID-19 POSITIVE NURSING STUDENTS AND FACULTY IN A PRIVATE UNIVERSITY IN ILOILO CITY”** by **Kent Jumel A. Siruelo, Katerine Nicole V. Soriano, Faith D. Sorianosos, Stantelle Mei L. Sosmena, Dexcy Ayessa B. Subaldo, Sue Valerie V. Sugide, and Ayako K. Sugimoto** has undergone Turnitin Similarity Checking with a passing percentage of 16% and has passed the requirements (Chapter 1-5).

Prepared by:


PINKY E. LUTERO-TONGOL
Staff-in-charge

Approved by:


LENNY ROSE P. MUCHO, EdD.
Director, RCECC

Appendix J

**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

March 20, 2023**CERTIFICATION**

This is to certify that the research proposal entitled “**HOME CARE MANAGEMENT PRACTICES AND ITS PERCEIVED THERAPEUTIC EFFECTS TO COVID-19 POSITIVE NURSING STUDENTS AND FACULTY IN A PRIVATE UNIVERSITY IN ILOILO CITY**” by Siruelo, Kent Jumel A., Soriano, Katerine Nicole V., Sorianosos, Faith D., Sosmena, Stantelle Mei L., Subaldo, Dexcy Ayessa B., Sugide, Sue Valerie V. and Sugimoto, Ayako K. has undergone Turnitin Similarity Checking with a passing percentage of 17% and have passed the requirements (Chapter 1-3).

Prepared by:

PINKY E. LUTERO-TONGOL
Staff -in-charge

Approved by:

LENNY ROSE P. MUCHO, EdD.
Director, RCECC

Appendix K

Central Philippine University
College of Nursing
Jaro, Iloilo City

STATISTICIAN'S CERTIFICATION

This is to certify that this research study entitled, "**Home Care Management Practices and Therapeutic Effects to COVID-19 Positive Student Nurses and Faculty in a Private University in Iloilo City**" submitted by **Kent Jumel A. Siruelo, Katerine Nicole V. Soriano, Faith D. Sorianosos, Stantelle Mei L. Sosmeña, Dexcy Ayessa B. Subaldo, Sue Valerie V. Sugide, Ayako K. Sugimoto.**

For the degree of Bachelor of Science in Nursing is certified to have undergone statistical analysis and reviewed by the undersigned.

Issued this 27th day of May, 2024, Central Philippine University, Jaro, Iloilo City, Philippines.

A handwritten signature in black ink, appearing to read 'Tony Ray A. Canaman', written over a horizontal line.

Prof. Tony Ray A. Canaman
Statistician

Appendix L



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

CERTIFICATION

This is to certify that the research study entitled **HOME CARE MANAGEMENT PRACTICES AND THERAPEUTIC EFFECTS TO COVID-19 POSITIVE STUDENT NURSES AND FACULTY IN A PRIVATE UNIVERSITY IN ILOILO CITY** by *Siruelo, K.J., Soriano, K.N., Sorianosos, F., Sosmena, S.M., Subaldo, D.A., Sugide, S.V., and Sugimoto, A.* was checked for grammar and other mechanics of writing.

Issued this 3rd of June, 2024.

A handwritten signature in black ink, appearing to read 'Kerwin G. Luntao', written over a horizontal line.

Asst. Prof. Kerwin G. Luntao
Faculty

Appendix M

Letter for Pilot Study



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



December 8, 2023

MA. CORAZON P. PORRAS, Ed.D.
Dean
CPU, College of Medical Laboratory
Lopez, Jaena St., Jaro, Iloilo City

Dear Ma'am Porras:

Christian Greetings!

We, the Fourth Year Nursing students of Central Philippine University College of Nursing, are currently undertaking a study entitled, "*Home Care Management Practices and its Perceived Therapeutic Effects to COVID-19 Positive Nursing Students and Faculty in a Private University in Iloilo City.*" This is in partial fulfillment of the requirements for Bachelor of Science in Nursing in the course NCM3216 (Nursing Research II).

We are currently in the process of conducting a pilot study in a private university in Iloilo City before we proceed to the actual data gathering. In line with this, we would like to request for your kind permission to include the 3rd and 4th year students in your institution as our respondents in the said pilot study. To help us gather the data we need, we will be sending Google forms to the respondents at a specific time. You may be sure that all of the information collected will be handled in the most confidential manner and used only for research. We shall adhere to ethical principles in this regard.

Thank you very much and we are hoping for your kind approval.

Respectfully yours,



STANELLE MEI L. SOSMENA
Research Group Leader

Approved: 1/23/24
MA. CORAZON P. PORRAS, Ed.D.

Noted by:


DR. JERRY V. ABLE, PhD, MAN, RN
Research Adviser

affirma
ALVIN JOHN H. GUSTILO, MAN, RN
CPUCN Research Coordinator


MELBA C. SALE, MAN, RN
CPUCN OIC, Dean

Appendix M
Statistical Data

Frequency Table

Infection Control

I1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	60	100.0	100.0	100.0

I2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	60	100.0	100.0	100.0

I3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	3	5.0	5.0	5.0
	1.00	57	95.0	95.0	100.0
	Total	60	100.0	100.0	

I4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	7	11.7	11.7	11.7
	1.00	53	88.3	88.3	100.0
	Total	60	100.0	100.0	

I5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	3	5.0	5.0	5.0
	1.00	57	95.0	95.0	100.0
	Total	60	100.0	100.0	

ITOTAL

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3 TO 4	9	15.0	15.0	15.0
	5	51	85.0	85.0	100.0

Total	60	100.0	100.0
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Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
ITOTAL	60	3.00	5.00	4.7833	.55515

Pharmacologic Interventions

P1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	11	18.3	18.3	18.3
	1.00	49	81.7	81.7	100.0
	Total	60	100.0	100.0	

P2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	43	71.7	71.7	71.7
	1.00	17	28.3	28.3	100.0
	Total	60	100.0	100.0	

P3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	15	25.0	25.0	25.0
	1.00	45	75.0	75.0	100.0
	Total	60	100.0	100.0	

P4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	17	28.3	28.3	28.3
	1.00	43	71.7	71.7	100.0
	Total	60	100.0	100.0	

P5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	13	21.7	21.7	21.7
	1.00	47	78.3	78.3	100.0
	Total	60	100.0	100.0	

PTOTAL

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 TO 3	23	38.3	38.3	38.3
	4 TO 5	37	61.7	61.7	100.0
	Total	60	100.0	100.0	

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
PTOTAL	60	.00	5.00	3.3500	1.41211

Nonpharmacologic Interventions**N1**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	20	33.3	33.3	33.3
	1.00	40	66.7	66.7	100.0
	Total	60	100.0	100.0	

N2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	22	36.7	36.7	36.7
	1.00	38	63.3	63.3	100.0
	Total	60	100.0	100.0	

N3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	11	18.3	18.3	18.3
	1.00	49	81.7	81.7	100.0
	Total	60	100.0	100.0	

N4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	2	3.3	3.3	3.3
	1.00	58	96.7	96.7	100.0
	Total	60	100.0	100.0	

N5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	28	46.7	46.7	46.7
	1.00	32	53.3	53.3	100.0
	Total	60	100.0	100.0	

NTOTAL

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 TO 3	27	45.0	45.0	45.0
	4	18	30.0	30.0	75.0
	5	15	25.0	25.0	100.0
	Total	60	100.0	100.0	

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
NTOTAL	60	.00	5.00	3.6167	1.13633

Vaccine and Prophylactic Interventions

V1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	16	26.7	26.7	26.7
	1.00	44	73.3	73.3	100.0
	Total	60	100.0	100.0	

V2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	6	10.0	10.0	10.0
	1.00	54	90.0	90.0	100.0
	Total	60	100.0	100.0	

V3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	24	40.0	40.0	40.0
	1.00	36	60.0	60.0	100.0
	Total	60	100.0	100.0	

V4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	37	61.7	61.7	61.7
	1.00	23	38.3	38.3	100.0
	Total	60	100.0	100.0	

V5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	28	46.7	46.7	46.7
	1.00	32	53.3	53.3	100.0
	Total	60	100.0	100.0	

V6

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	20	33.3	33.3	33.3
	1.00	40	66.7	66.7	100.0
	Total	60	100.0	100.0	

VTOTAL

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 TO 3	21	35.0	35.0	35.0
	4	22	36.7	36.7	71.7
	5 TO 6	17	28.3	28.3	100.0
	Total	60	100.0	100.0	

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
VTOTAL	60	.00	6.00	3.8167	1.48999

Adjunct Interventions**A1**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	23	38.3	38.3	38.3
	1.00	37	61.7	61.7	100.0
	Total	60	100.0	100.0	

A2

		Frequency	Percent	Valid Percent	Cumulative Percent
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Valid	.00	25	41.7	41.7	41.7
	1.00	35	58.3	58.3	100.0
	Total	60	100.0	100.0	

A3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	19	31.7	31.7	31.7
	1.00	41	68.3	68.3	100.0
	Total	60	100.0	100.0	

A4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	17	28.3	28.3	28.3
	1.00	43	71.7	71.7	100.0
	Total	60	100.0	100.0	

A5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	27	45.0	45.0	45.0
	1.00	33	55.0	55.0	100.0
	Total	60	100.0	100.0	

ATOTAL

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 TO 2	21	35.0	35.0	35.0
	3	15	25.0	25.0	60.0
	4 TO 5	24	40.0	40.0	100.0
	Total	60	100.0	100.0	

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
ATOTAL	60	.00	5.00	3.1500	1.33816

Complementary and Alternative Interventions**C1**

	Frequency	Percent	Valid Percent	Cumulative Percent
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Valid	.00	14	23.3	23.3	23.3
	1.00	46	76.7	76.7	100.0
	Total	60	100.0	100.0	

C2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	22	36.7	36.7	36.7
	1.00	38	63.3	63.3	100.0
	Total	60	100.0	100.0	

C3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	45	75.0	75.0	75.0
	1.00	15	25.0	25.0	100.0
	Total	60	100.0	100.0	

C4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	38	63.3	63.3	63.3
	1.00	22	36.7	36.7	100.0
	Total	60	100.0	100.0	

C5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	7	11.7	11.7	11.7
	1.00	53	88.3	88.3	100.0
	Total	60	100.0	100.0	

CTOTAL

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 TO 2	21	35.0	35.0	35.0
	3	20	33.3	33.3	68.3
	4 TO 5	19	31.7	31.7	100.0
	Total	60	100.0	100.0	

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
CTOTAL	60	.00	5.00	2.9000	1.14537

Evaluation (Perceived Therapeutic Effects)

E1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	4	6.7	6.7	6.7
	3.00	3	5.0	5.0	11.7
	4.00	31	51.7	51.7	63.3
	5.00	22	36.7	36.7	100.0
	Total	60	100.0	100.0	

E2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	3	5.0	5.0	5.0
	2.00	1	1.7	1.7	6.7
	3.00	8	13.3	13.3	20.0
	4.00	29	48.3	48.3	68.3
	5.00	19	31.7	31.7	100.0
	Total	60	100.0	100.0	

E3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	3	5.0	5.0	5.0
	2.00	1	1.7	1.7	6.7
	3.00	11	18.3	18.3	25.0
	4.00	18	30.0	30.0	55.0
	5.00	27	45.0	45.0	100.0
	Total	60	100.0	100.0	

E4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	4	6.7	6.7	6.7
	3.00	7	11.7	11.7	18.3
	4.00	28	46.7	46.7	65.0
	5.00	21	35.0	35.0	100.0
	Total	60	100.0	100.0	

E5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	4	6.7	6.7	6.7
	2.00	1	1.7	1.7	8.3
	3.00	4	6.7	6.7	15.0
	4.00	24	40.0	40.0	55.0
	5.00	27	45.0	45.0	100.0
	Total	60	100.0	100.0	

E6

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	10	16.7	16.7	16.7
	2.00	24	40.0	40.0	56.7
	3.00	16	26.7	26.7	83.3
	4.00	6	10.0	10.0	93.3
	5.00	4	6.7	6.7	100.0
	Total	60	100.0	100.0	

E7

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	4	6.7	6.7	6.7
	2.00	1	1.7	1.7	8.3
	3.00	5	8.3	8.3	16.7
	4.00	36	60.0	60.0	76.7
	5.00	14	23.3	23.3	100.0
	Total	60	100.0	100.0	

E8

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	4	6.7	6.7	6.7
	2.00	1	1.7	1.7	8.3
	4.00	32	53.3	53.3	61.7
	5.00	23	38.3	38.3	100.0
	Total	60	100.0	100.0	

E9

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	3	5.0	5.0	5.0

	2.00	1	1.7	1.7	6.7
	3.00	8	13.3	13.3	20.0
	4.00	26	43.3	43.3	63.3
	5.00	22	36.7	36.7	100.0
	Total	60	100.0	100.0	

E10

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	4	6.7	6.7	6.7
	2.00	2	3.3	3.3	10.0
	3.00	11	18.3	18.3	28.3
	4.00	14	23.3	23.3	51.7
	5.00	29	48.3	48.3	100.0
	Total	60	100.0	100.0	

E11

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	2	3.3	3.3	3.3
	2.00	2	3.3	3.3	6.7
	3.00	19	31.7	31.7	38.3
	4.00	20	33.3	33.3	71.7
	5.00	17	28.3	28.3	100.0
	Total	60	100.0	100.0	

E12

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	2	3.3	3.3	3.3
	2.00	1	1.7	1.7	5.0
	3.00	6	10.0	10.0	15.0
	4.00	24	40.0	40.0	55.0
	5.00	27	45.0	45.0	100.0
	Total	60	100.0	100.0	

E13

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	4	6.7	6.7	6.7
	3.00	3	5.0	5.0	11.7
	4.00	21	35.0	35.0	46.7

	5.00	32	53.3	53.3	100.0
	Total	60	100.0	100.0	

E14

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	4	6.7	6.7	6.7
	2.00	1	1.7	1.7	8.3
	3.00	3	5.0	5.0	13.3
	4.00	28	46.7	46.7	60.0
	5.00	24	40.0	40.0	100.0
	Total	60	100.0	100.0	

E15

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	6	10.0	10.0	10.0
	2.00	2	3.3	3.3	13.3
	3.00	8	13.3	13.3	26.7
	4.00	24	40.0	40.0	66.7
	5.00	20	33.3	33.3	100.0
	Total	60	100.0	100.0	

ETOTAL

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3.75 OR BELOW	12	20.0	20.0	20.0
	3.76 TO 4.25	28	46.7	46.7	66.7
	4.26 OR ABOVE	20	33.3	33.3	100.0
	Total	60	100.0	100.0	

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
ETOTAL	60	1.00	5.00	3.9522	.78153

Relationship between Infection Control and Perceived Therapeutic Effects
ITOTAL * ETOTAL Crosstabulation

	ETOTAL			Total
	3.75 OR BELOW	3.76 TO 4.25	4.26 OR ABOVE	

ITOTAL L	3 TO 4	Count	1	8	0	9
		% within ITOTAL	11.1%	88.9%	0.0%	100.0%
	5	Count	11	20	20	51
		% within ITOTAL	21.6%	39.2%	39.2%	100.0%
Total		Count	12	28	20	60
		% within ITOTAL	20.0%	46.7%	33.3%	100.0%

Correlations

			IT	ET
Spearman's rho	IT	Correlation Coefficient	1.000	.162
		Sig. (2-tailed)	.	.215
		N	60	60
	ET	Correlation Coefficient	.162	1.000
		Sig. (2-tailed)	.215	.
		N	60	60

Relationship between Pharmacological Interventions and Perceived Therapeutic Effects

PTOTAL * ETOTAL Crosstabulation

			3.75 OR BELOW	ETOTAL 3.76 TO 4.25	4.26 OR ABOVE	Total
PTOTAL L	0 TO 3	Count	3	13	7	23
		% within PTOTAL	13.0%	56.5%	30.4%	100.0%
	4 TO 5	Count	9	15	13	37
		% within PTOTAL	24.3%	40.5%	35.1%	100.0%
Total		Count	12	28	20	60
		% within PTOTAL	20.0%	46.7%	33.3%	100.0%

Correlations

			ET	PT
Spearman's rho	ET	Correlation Coefficient	1.000	.003
		Sig. (2-tailed)	.	.981
		N	60	60
	PT	Correlation Coefficient	.003	1.000
		Sig. (2-tailed)	.981	.
		N	60	60

Relationship between Nonpharmacological Interventions and Perceived Therapeutic Effects

NTOTAL * ETOTAL Crosstabulation

			3.75 OR BELOW	ETOTAL 3.76 TO 4.25	4.26 OR ABOVE	Total
NTOTAL	0 TO 3	Count	7	13	7	27
		% within NTOTAL	25.9%	48.1%	25.9%	100.0%
	4	Count	1	12	5	18
		% within NTOTAL	5.6%	66.7%	27.8%	100.0%
	5	Count	4	3	8	15
		% within NTOTAL	26.7%	20.0%	53.3%	100.0%
Total	Count	12	28	20	60	
	% within NTOTAL	20.0%	46.7%	33.3%	100.0%	

Correlations

			ET	NT
Spearman's rho	ET	Correlation Coefficient	1.000	.184
		Sig. (2-tailed)	.	.160
		N	60	60
	NT	Correlation Coefficient	.184	1.000
		Sig. (2-tailed)	.160	.
		N	60	60

Relationship between Vaccine and Prophylactic Interventions and Perceived Therapeutic Effects

VTOTAL * ETOTAL Crosstabulation

			3.75 OR BELOW	ETOTAL 3.76 TO 4.25	4.26 OR ABOVE	Total
VTOTAL	0 TO 3	Count	5	13	3	21
		% within VTOTAL	23.8%	61.9%	14.3%	100.0%
	4	Count	3	11	8	22
		% within VTOTAL	13.6%	50.0%	36.4%	100.0%
	5 TO 6	Count	4	4	9	17
		% within VTOTAL	23.5%	23.5%	52.9%	100.0%
Total	Count	12	28	20	60	

	% within VTOTAL	20.0%	46.7%	33.3%	100.0%
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Correlations

				ET	VT
Spearman's rho	ET	Correlation Coefficient		1.000	.424*
		Sig. (2-tailed)		.	.023
		N		60	60
	VT	Correlation Coefficient		.424*	1.000
		Sig. (2-tailed)		.023	.
		N		60	60

*. Correlation is significant at the 0.05 level (2-tailed).

Relationship between Adjunct Interventions and Perceived Therapeutic Effects ATOTAL * ETOTAL Crosstabulation

		ETOTAL			Total	
		3.75 OR BELOW	3.76 TO 4.25	4.26 OR ABOVE		
ATOTAL	0 TO 2	Count	6	7	8	21
		% within ATOTAL	28.6%	33.3%	38.1%	100.0%
	3	Count	3	8	4	15
		% within ATOTAL	20.0%	53.3%	26.7%	100.0%
	4 TO 5	Count	3	13	8	24
		% within ATOTAL	12.5%	54.2%	33.3%	100.0%
Total	Count	12	28	20	60	
	% within ATOTAL	20.0%	46.7%	33.3%	100.0%	

Correlations

				ET	AT
Spearman's rho	ET	Correlation Coefficient		1.000	.085
		Sig. (2-tailed)		.	.520
		N		60	60
	AT	Correlation Coefficient		.085	1.000
		Sig. (2-tailed)		.520	.
		N		60	60

Relationship between Complementary and Alternative Interventions and Perceived Therapeutic Effect

CTOTAL * ETOTAL Crosstabulation

		ETOTAL	Total
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			3.75 OR BELOW	3.76 TO 4.25	4.26 OR ABOVE	
CTOTAL L	0 TO 2	Count	5	6	10	21
		% within CTOTAL	23.8%	28.6%	47.6%	100.0%
	3	Count	5	10	5	20
		% within CTOTAL	25.0%	50.0%	25.0%	100.0%
	4 TO 5	Count	2	12	5	19
		% within CTOTAL	10.5%	63.2%	26.3%	100.0%
Total	Count	12	28	20	60	
	% within CTOTAL	20.0%	46.7%	33.3%	100.0%	

Correlations

			ET	CT
Spearman's rho	ET	Correlation Coefficient	1.000	-.103
		Sig. (2-tailed)	.	.434
		N	60	60
	CT	Correlation Coefficient	-.103	1.000
		Sig. (2-tailed)	.434	.
		N	60	60

Appendix P
Schedule of Activities

Research Activities	Date
Consultation with Research Adviser	Nov 2022 - Jan 2023
Revision of Papers	Jan - March 2023
Approval from Advisers	March 2023
Plagiarism Scanning	March 2023
Submission for Pre-Oral Defense	March 2023
Pre-Oral Defense	May 2023
Revision of Papers (Post-Pre-Oral)	May - July 2023
Ethics Review	August - October 2023
Data Gathering	October 2023 - December 2023
Data Analysis	November 2023 - December 2023
Consultation with Research Adviser	November 2023 - February 2024
Expected Final Defense	December 2023 - May 2024

Appendix Q

CURRICULUM VITAE



Overview

Name: Siruelo, Kent Jumel A.
 Age: 23 years old
 Address: Delgado ST. Zarraga Iloilo
 Kentjumel.siruelo-19@cpu.edu.ph

Current Year Level: BSN Level 3
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 Email:

Education

<u>NAME OF INSTITUTION</u>	<u>EDUCATIONAL ATTAINMENT</u>	<u>SCHOOL YEAR ATTENDED</u>
Sacred Heart Academy	Elementary	2013-2014
Iloilo National High School	Junior High School	2017-2018
Iloilo National High School	Senior High School	2019-2020
Central Philippine University	Undergraduate- BSN	2020-Present

Relevant Experience

No experience
 Adviser:

Research Adviser: Prof. Jerry V. Able

Education: Doctor of Philosophy in Education Major in Educational Management

Relevant Experience: Research Adviser in Central Philippine University for almost 1 year

CURRICULUM VITAE

**Overview**

Name: Soriano, Katerine Nicole V.
 Age: 22 years old
 Address: Brgy. Tigbauan, Maasin, Iloilo

Current Year Level: BSN Level 3
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Education

<u>NAME OF INSTITUTION</u>	<u>EDUCATIONAL ATTAINMENT</u>	<u>SCHOOL YEAR ATTENDED</u>
CenterPhil Montessori Learning Center Inc. Cabatuan National	Elementary	2013-2014
Comprehensive High School Cabatuan National	Junior High School	2017-2018
Comprehensive High School Central Philippine University	Senior High School	2019-2020
	Undergraduate- BSN	2020-Present

Relevant Experience

Terminal Research Requirement, Research 2, Cabatuan National Comprehensive High School (2019-2020) "Anti-angiogenic Activity of Carabao Grass (*Paspalum conjugatum*) Leaf Extract Using In Ovo *Anas platyrhynchos* Chorioallantoic Membrane (CAM) Assay

Adviser: Ms. Ruth Comodero

Research Adviser: Prof. Jerry V. Able

Education: Doctor of Philosophy in Education Major in Educational Management

Relevant Experience: Research Adviser in Central Philippine University for almost 1 year

CURRICULUM VITAE

**Overview**

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Email:

Education

<u>NAME OF INSTITUTION</u>	<u>EDUCATIONAL ATTAINMENT</u>	<u>SCHOOL YEAR ATTENDED</u>
Shepherd's Way Christian Academy	Elementary	2013-2014
Leonora S. Salapantan National High School	Junior High School	2017-2018
Central Philippine University	Senior High School	2019-2020
Central Philippine University	Undergraduate- BSN	2020-Present

Relevant Experience

Terminal Research Requirement, Research 2, Central Philippine University (2019-2020)

"ANTIBACTERIAL ACTIVITY OF STINKING PASSION FLOWER (*Passiflora foetida*, Linnaeus, 1753) LEAF AND STEM EXTRACTS TO *Staphylococcus aureus* (Ogston, 1880)

Adviser: Engr. Nelson V. Golez

Research Adviser: Prof. Jerry V. AbleEducation: Doctor of Philosophy in Education Major in Educational ManagementRelevant Experience: Research Adviser in Central Philippine University for almost 1 year

CURRICULUM VITAE

**Overview**

Name: Sosmena, Stantelle Mei L.

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Age: 21 years old

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Education

<u>NAME OF INSTITUTION</u>	<u>EDUCATIONAL ATTAINMENT</u>	<u>SCHOOL YEAR ATTENDED</u>
	Elementary	2013-2014
	Junior High School	2017-2018
	Senior High School	2019-2020
	Undergraduate- BSN	2020-Present

Relevant Experience

Terminal Research Requirement, Research 2, St. Paul University Iloilo (2019-2020)
 "EFFECTIVENESS OF PULVERIZED MALUNGGAY LEAVES (MORINGA OLEIFERA) ON
 WOUND HEALING COMPARED TO THE COMMERCIAL POVIDONE-IODINE"

Adviser: Mr. John Romie Delaliarte

 Research Adviser: Prof. Jerry V. Able

Education: Doctor of Philosophy in Education Major in Educational ManagementRelevant Experience: Research Adviser in Central Philippine University for almost 1 year

CURRICULUM VITAE

**Overview**

Name: Subaldo, Dexcy Ayessa B.
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Current Year Level: BSN Level 3
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Education

<u>NAME OF INSTITUTION</u>	<u>EDUCATIONAL ATTAINMENT</u>	<u>SCHOOL YEAR ATTENDED</u>
St. Paul School Barotac Viejo, Iloilo inc.	Elementary	2013-2014
Barotac Viejo National High School	Junior High School	2017-2018
University of San Agustin	Senior High School	2019-2020
Central Philippine University	Undergraduate- BSN	2020-Present

Relevant Experience

Terminal Research Requirement, Research 2, University of San Agustin (2019-2020)
 "Toxicity of the Synergistic activity of Azithromycin and Eleusine indica ethanolic leaf extract using Brine Shrimp Lethality Assay (BSLA)"

Adviser: Mr. Hermogenes Gacho

Research Adviser: Prof. Jerry V. Able

Education: Doctor of Philosophy in Education Major in Educational Management

Relevant Experience: Research Adviser in Central Philippine University for almost 1 year

CURRICULUM VITAE

**Overview**

Name: Sugide, Sue Valerie V.

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Education

<u>NAME OF INSTITUTION</u>	<u>EDUCATIONAL ATTAINMENT</u>	<u>SCHOOL YEAR ATTENDED</u>
Iloilo Scholastic Academy	Elementary	2013-2014
Iloilo Scholastic Academy	Junior High School	2017-2018
Iloilo Scholastic Academy	Senior High School	2019-2020
Central Philippine University	Undergraduate- BSN	2020-Present

Relevant Experience

Terminal Research Requirement, Research 2, Iloilo Scholastic Academy (2019-2020)

"Senior High School Learners' Level of Satisfaction Towards Iloilo Scholastic Academy"

Adviser: Mr. Rodgen M. Jabor

Research Adviser: Prof. Jerry V. AbleEducation: Doctor of Philosophy in Education Major in Educational ManagementRelevant Experience: Research Adviser in Central Philippine University for almost 1 year