

Lasallian Research Forum

L A SALLE UNIVERSITY

Ozamiz City

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Message of the Dean



In today's world, Research has become an integral part of the nursing profession and its importance is reflected particularly on the changes made in the nursing education. Nurses need to be objective, purposeful, reflective and questioning.

Nursing research provides the scientific basis for the practice of the profession. Using multiple philosophical and theory-based approaches as well as diverse methodologies, nursing research focuses on the understanding and treatment of the symptoms of

acute and chronic illness and prevention of delayed onset of disease or disability or slowing the progression thereof; finding effective approaches to achieve and sustain optimal health and improvement of the clinical settings in which care is provided.

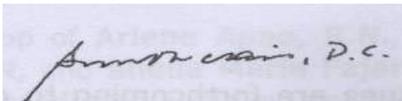
Essentially, the paper on the "Non-Compliance to Regimen among OPD Patients of Mayor Hilarion, Sr. Regional Training and Teaching Hospital: Basis for Health Teaching Programs" (Maria

Rosario Nazareno) is a critical appraisal of the nursing practices in order to improve the quality of care provided for the patients.

The results and findings of the researches on “Problems Encountered and Coping Strategies of Male Gay Students of the College of Nursing” (Jiddo Andrei Maranda); “Physical Assessment Competency of Fourth Year Level Nursing Students of La Salle University” (Joannie Sha Sha Sagario); “The Morale of the Third-Year Student Nurses at LSU SY 2008-2009 ” (Rodette Betsy Pactolin); “Third Year La Salle University Nursing Students’ Perceptions of Psychiatric Duty” (Gretchen Fernandez); and “Sources of Clinical Instructors’ Stressors” (Kris Ellaine Marcojos) could give insights to the administration and Nursing faculty/Clinical Instructors in assisting nursing students to discover the essence of the profession/vocation they have chosen.

It is in this regard that I congratulate all of the researchers for their valuable contributions in the Nursing research field. Such contribution would greatly help the medical practitioners face the challenges of the times.

Indeed, I am very happy with your accomplishments. CONGRATULATIONS AND GOD BLESS!!! **Animo La Salle!**



Sr. Marilyn B. Bacsain, D.C.

**Physical Assessment Competency of Fourth Year Level Nursing
Students of La Salle University**

Joannie Sha Sha R. Sagario

Abstract

This study determined the physical assessment competency of the fourth year nursing students of La Salle University for the school year 2008 – 2009. A two-part survey questionnaire was used to reflect the respondents' profile, the gender and NCM (RLE) grade. Part two was made up of a series of questions evaluating the student's performance in conducting a physical assessment.

1. Introduction

Nursing care has been an important aspect of the medical field from the very beginning. Before, the nursing profession was only for females. Nowadays, males go into the field of nursing. Over time, it has evolved from just simply caring for the sick into a professional practice of mastering the art and science of nursing. In addition, the concern is not only the sick individual but also taking into consideration the family and the whole community. Furthermore, the focus has also shifted from physical care to holistic care.

The diagnosis of health problems and complications of a certain disease or illness entails an accurate and complete assessment of the patient. The practice of patient assessment is an essential aspect in the ability to provide an effective nursing intervention. It is the foundation upon which complete nursing care is based.

Assessment is the first step of the nursing process in which the nurse should carry out a complete and thorough nursing assessment of

every patient's needs. Usually, an assessment framework, based on a nursing model is used.

The purpose of this step is to establish subjective and objective data that are strongly indicative of a health problem. These problems are expressed as either actual or potential nursing problems. For example, a patient who has been rendered immobile or confined to a complete bed rest by a recent myocardial infarction may be assessed as having the "potential for impaired skin integrity related to immobility".

A nursing assessment includes a physical examination. It is the observation or measurement of signs, which can be seen or measured, or symptoms such as pain and dizziness, which can only be felt by the patient. The techniques used in physical assessment may include inspection, palpation, percussion, and auscultation of body parts and organs.

Physical assessment is the process by which a health care provider like a nurse investigates the body of a patient for signs of disease. It generally follows the taking of the medical history — an account of the signs and symptoms as experienced and verbalized by the patient. Together with the complete medical history of the patient, the physical assessment aids in determining the correct diagnosis and devising the appropriate treatment plan for the management of the patient's illness.

For nursing students, lectures in their nursing subjects provide the basic clinical assessment skills required of the nursing profession. Over time, most develop their own way of doing the physical assessment which is more comfortable for them to use, and consequently along the way pick up little things to add while still observing its principles. However, as observed in the clinical area, there is a lack of assessment skills and in observing the ideal procedure among registered nurses. It is in this light that this present study will determine the competency level of fourth year level nursing students of

La Salle University. Consequently, this study will evaluate as well the effectiveness of the school curricula and of the teachers based upon the knowledge and skills the students have.

Review of Related Literature

Nursing assessment is a systematic process of collecting and utilizing data obtained from the patient and the results of physical examinations and diagnostic test that are relevant in diagnosing health problems. It is the first step of the nursing process and it includes physical assessment. Thorough planning of an effective health management depends on the accurate and complete collection of data for analysis and decision-making with regard to nursing care.

Although providers have varying approaches as to the sequence of body parts, a systematic examination generally is a cephalocaudal and proximodistal approach. It starts from head down to the toes and from the medial to the distal part of the body. Afterwards, specific tests may follow (such as a neurological investigation, orthopedic examination) or specific tests when a particular disease is suspected (e.g. eliciting kerning's sign in meningitis).

According to Gaylene, Bouska and Altman with accurate and efficient health assessment process, normal variant and abnormal data are identified. With the cues and evidences obtained during the history and physical examination the healthcare provider can now formulate a differential diagnosis, a list of potential causes of the symptoms. Specific diagnostic tests generally confirm the cause, or if not, shed light on other, previously overlooked causes. The nurse can identify serious or life threatening signs and critical assessment findings that require immediate attention.

A complete physical examination includes evaluation of general patient appearance and specific organ systems. According to Black, Hawkes, and Keene, the nurse must practice and develop a system that

is convenient to use. For an accurate physical assessment, the nurse must know both the techniques and the parameters of normal findings.

Most elements of the physical examination have not been subjected to clinical trials to test their usefulness in identifying signs of disease. A 2003 study of patients in hospital featured in wikipedia, found that a quarter of them had signs identifiable on physical examination that were relevant to their diagnosis and treatment.

Successful data gathering depends, to the large extent, on the nurse's ability to communicate effectively with the patient. In line with this, Pelliteri (2003) stated that learning ability varies a great deal depending on the stage of development and the past experiences in the specific area of learning. Furthermore, Owen and Straton (1999) found that females prefer cooperation, open – ended, and organized activities, while males prefer competition and individualism. Although, these studies showed that females give more favorable reviews of their learning experiences than their male counterpart, Deak (2002) stated that men and women can do the same things even if they take different roads to get there. Furthermore, Gerits (2005) stated that female nurses may need more extensive training on how to become not too involved while male nurses may need more extensive training on problem solving and stress tolerance.

Lont (1992) indicated the lack of chest auscultation assessment skills attended by nurses. Results clearly backed – up previous studies that physical assessment skills were learnt on the job but more importantly, a high number of nurses revealed that they were never taught.

Norwood (2005) conducted a study to investigate physical assessment skills taught in undergraduate nursing programs and the physical assessment skills used by practicing nurses. The result

revealed that 92.5% of the skills were taught and practice in class and 7.5% were taught but not practiced.

Kerr (1997) added that students usually do not have enough opportunity to practice and develop their physical assessment skills, notably auscultation. One reason was having a lack of authentic learning resources. Based on the study, students preferred to learn the more invasive clinical skills such as physical assessment in a learning environment that has high levels of authenticity and sense of purpose but with low levels of stress.

Theoretical/ Conceptual Framework of the Study

The concept of the study is based on the fact that the physical assessment is a critical aspect in nursing. Timely and accurate assessment is necessary to ensure that life-saving interventions are provided to clients appropriately.

Figure 1 presents the conceptual framework of the study. The independent variables show the profile of the respondents which includes their gender and their NCM 105(RLE) grade. This will reflect how personal factors impact to the respondents' ability to perform physical assessment properly and safely.

The independent variables will measure the level of competency of the respondents of the procedure and techniques of physical assessment skills.

Independent Variable

Dependent Variable

<ul style="list-style-type: none"> • Gender • NCM102 RLE Grade 	<p>Physical Assessment Competency</p>
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Figure 1. Conceptual Framework of the Study
Statement of the Problem

This study attempts to determine the physical assessment competency of the fourth year nursing students of La Salle University for the school year 2008 – 2009. Specifically, it seeks to answer the following questions:

1. What is the profile of the respondents according to:
 - 1.1 Gender
 - 1.2 NCM 105 (RLE) grade
2. What is the level of physical assessment competency as perceived by the respondents themselves?
3. Is there a significant difference between the respondents' level of physical assessment skills when grouped according to profile?

Scope and Limitation of the Study

This study focused on the level of the physical assessment skills of the fourth year nursing students of LSU – College of Nursing in Ozamiz City, Misamis Occidental of the school year 2008 – 2009. The study was conducted during the whole month of March 2009, Mondays to Fridays when they have their hospital duties.

Significance of the Study

This study gathered information regarding the level of physical assessment skills of the fourth year nursing students of La Salle University. The results of the study offer benefits to the following:

The Students. This study is important since it will provide them an opportunity for their physical assessment skills to be evaluated. Moreover, the students will benefit with additional knowledge for their future in the professional world.

The Clinical Instructors. The results of the study will provide the faculty and teachers with empirical data which can be used as reference in academic instructions. Additional information regarding the student's skills and performance in the clinical area can help them in planning succeeding exposures for areas in physical assessment that needed to be enhanced.

The Dean and School Administrators. The results will benefit the College for this will serve as additional reference materials for the different programs. Moreover, the information may be used as a guide in its efforts to attain educational excellence and to provide quality education and training for their nursing students.

To Future Researchers. The study will serve as a related literature for those who may be interested to investigate a similar study with different sets of variables.

Definition of Terms

1. **Auscultation.** This is listening to sounds produced by the body through the use of stethoscope.
2. **Competency.** It refers to the adeptness in gathering vital information about the patient's health status
3. **Inspection.** This is the process of observation that uses the sense of sight.

4. **Palpation.** This is the assessment of the body parts through the sense of touch.
5. **Percussion.** This involves tapping the body with the finger tips to evaluate the size, borders, and consistency of the body organs.
6. **Physical Assessment.** It refers to data gathering activities to obtain the health status of the patient.

2. Methodology

This section deals with the research method, research locale, the respondents of the study, the instruments and procedure in data gathering, and the statistical treatment used in analyzing data.

Research Locale

La Salle University (LSU), located in Ozamiz City, Misamis Occidental, is a member school of the De La Salle Philippines. It was opened in 1929 by the Society of Jesus in the Philippines, years later the Columban Sisters took over but in 1994 it was turned over to the De La Salle Brothers. In 2004, it opened doors to nursing students and thus born the College of Nursing. In 2006, LSU was granted university status under the able presidency of Br Narciso Erguiza, Jr, FSC. At the time of this study, the College of Nursing, headed by Sr. Marilyn Bacsain, had 374 nursing students.

Research Design

This study utilized the descriptive-correlational approach to identify the level of competence of the fourth year nursing students and to determine whether student factors such as gender and NCM 105 (RLE) grade had an impact on their competency skills in performing physical assessment on their patients.

Respondents of the Study

The respondents of the study were the Block 1 fourth year nursing students of La Salle University selected through purposive sampling.

Research Instruments

The study used a survey questionnaire divided into two parts. Part one reflected the respondents' profile which included the gender and NCM105 (RLE) grade. Part two was a series of questions that evaluated the student's performance in conducting a physical assessment. Respondents were asked about their performance of the procedures and techniques of physical assessment.

Statistical Treatment

For the analysis and interpretation of data, descriptive statistics was used to describe the basic features of the data in the study. Each of the variables in the study was interpreted through frequency distribution, central tendency and degree of dispersion. Moreover, Regression Analysis was used to determine the relationships of the independent and dependent variables.

3. Results and Discussions

This section shows the data gathered, interpreted and presented in Tables 1 to 6.

Respondents' Profile

Table 1 presents the percentage distribution of the respondents' gender.

Table 1: Distribution of Respondents According to Gender

Gender	Frequency	Percent
Female	21	70.0
Male	9	30.0
Total	30	100.0

The Table shows that there were 21 females that constituted 70 percent of the total respondents and 9 males that constituted the remaining 30 percent who participated in this present study. Centuries ago most of the nurses were females. The presence of male students in the nursing course is a positive sign for the profession. For the record, the population of the fourth year nursing students during the second semester of school year 2008 – 2009, totalled 126, where 40 are males and 86 are females.

Table 2 shows the percentage distribution of the respondents according to their NCM 105 RLE grade.

Table 2: Distribution of Respondents According to NCM 105 RLE Grade

NCM 105 RLE	Frequency	Percent
86.00	3	10.0
87.00	6	20.0
88.00	12	40.0
89.00	4	13.3
90.00	2	6.7
91.00	1	3.3
92.00	1	3.3
93.00	1	3.3

Total	30	100.0
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Twelve of the respondents that constituted the largest percentage had a grade of 88 in their NCM 105 RLE. Only one respondent had a grade of 93 which was the highest grade among the respondents. The NCM 105 RLE Grade is based on the knowledge, skills and attitude of the students. One nursing skill of paramount importance is the physical assessment skills. Effective nursing care is based on thorough assessment of the patient.

Respondents' Physical Assessment Skills

Table 3 presents the level of physical assessment skills of Block 1 fourth year nursing students of La Salle University.

Table 3: Level of Physical Assessment Skills

Procedure	A	S	R	N	AWM	QI
1. *Wash hands	27	3	0	0	1.10	E
2. *Identify client and explain procedure.	25	5	0	0	1.17	E
3. *Provide for privacy by closing curtain around client.	20	10	0	0	1.33	E
4. *Use proper body mechanics by raising bed and lower side rail during assessment procedure	8	20	2	0	1.80	S
5. *Assess orientation by asking client name, date, place and situation.	18	11	1	0	1.43	E
6. Assess pupils for size, equality, and reaction to light by dimming overhead light and using penlight over each eye.	2	4	13	1	2.23	S
7. Assess oral mucous membranes for moisture and color. Note any dentition	5	15	9	1	2.20	S
8. Assess skin for color, temperature, moisture and intactness during all of the assessment.	16	10	3	1	1.63	E
9. Assess skin turgor by pinching a small amount of skin over anterior portion of hand.	14	12	4	0	1.67	E
10. Assess capillary refill by gently squeezing	16	10	4	0	1.60	E

over nail bed or tip of finger and noting time of color return.						
11. Have client squeeze your first two fingers of both hands and assess hand grasps for equality and strength	2	11	10	7	2.73	F
12. Palpate radial pulses bilaterally and assess for strength.	15	10	4	1	1.70	E
13. Request client to take deep breaths through mouth while you auscultate breath sounds over anterior and posterior chest.	9	15	6	0	1.90	S
14. Auscultate heart sounds for rhythm and strength at the midclavicular line and fifth intercostals space.	16	11	2	1	1.60	E
15. Starting in the RLQ and moving to RUQ, LUQ, LLQ assess abdomen by inspecting, auscultating bowel sounds and palpating over each area.	6	10	13	1	2.30	S
16. *Raise upper side rail to provide for safety while you assess the client's lower extremities.	20	8	2	0	1.40	E
17. Inspect lower legs for any redness, tenderness or swelling of calf area while inspecting skin integrity.	15	11	4	0	1.63	E
18. Palpate dorsalis pedis bilaterally to assess for pulse quality.	4	12	12	2	2.40	S
19. Press firmly with thumb for five seconds over the dorsum of the foot, behind the medial malleolus and over shin to assess for any edema.	6	12	11	1	2.23	S
20. Assess foot push strength by having client push feet against your hands.	3	6	13	8	2.87	F
21. Once assessment completed place bed in lowest position.	11	14	5	0	1.80	S
22. *Wash hands and document findings.	26	4	0	0	1.13	E
Overall Weighted Mean					1.81	S

Table 3 shows that item 1 “wash hands,” obtained an average weighted value of 1.10 which is interpreted as always performed. It has the highest mark but it is only a procedure that must be performed before doing the physical assessment to the patient. This is followed by

items 22, 2, 3 and 4 which are all standard procedures before doing any procedure to a patient. Items 10 and 14 have the highest average weighted value of 1.60 in the physical assessment proper. It is interpreted as always performed and scored excellent. This means that most of the respondents have mastered this skill. On the other hand, item 20 obtained an average weighted value of 2.87 which is interpreted as rarely done and scored fair. The findings show that items on the level of physical assessment skills have an overall weighted mean of 1.81, which is interpreted as sometimes performed by the respondents. This means that the level of physical assessment skills of the respondents is satisfactory.

Table 4 presents the summary assessment on respondents' level of physical assessment skills.

Table 4: Distribution of Respondents According to their Physical Assessment Skill

Physical Assessment Skill	Frequency	Percent
Always performed	12	40.0
Sometimes performed	17	56.7
Seldom performed	1	3.3
Never performed	0	0
Total	30	100

Table 4 reveals that majority (56.7%) of the respondents sometimes performed physical assessment. This is interpreted as satisfactory. On the other hand, one claimed he/she seldom performed physical assessment.

Table 5 presents the significant difference in the Respondents' level of physical assessment skills when grouped according to gender.

Table 5: Significant Difference in the Respondents' Level of Physical Assessment Skills when Grouped According to Gender

Gender	Physical Assessment Skill				Total
	always performed	sometimes performed	rarely performed	never performed	
Female	6	15	0	0	21
Male	6	2	1	0	9
Total	12	17	1	0	30

H0: There is no significant difference on the respondents' level of physical assessment skills when grouped according to age.

Significant test:

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	7.311(a)	2	.026
Likelihood Ratio	7.701	2	.021
N of Valid Cases	30		

As shown in the Table, of the 21 female respondents, only 6 always performed the physical assessment while of the 9 male respondents, 6 always performed the physical assessment. It can be seen in Table 5 that the chi-square value is 7.311 and a p-value of 0.026, which is less than $\alpha = 0.05$ level of significance, thus the null hypothesis is rejected. There is a significant difference on the respondents' level of physical assessment skills when grouped according to age. The finding implies that the respondents' level of physical assessment skills is influenced by the respondents' gender.

Table 6 depicts the significant difference in the respondents' level of physical assessment skills when grouped according to NCM 105 RLE Grade.

Table 6: Respondents' Level of Physical Assessment Skills when Grouped According to NCM 105 RLE Grade

NCM 105 RLE Grade	Physical Assessment Skill				Total
	always performed	sometimes performed	rarely performed	Never performed	

86.00	0	2	1	0	3
87.00	2	4	0	0	6
88.00	4	8	0	0	12
89.00	2	2	0	0	4
90.00	1	1	0	0	2
91.00	1	0	0	0	1
92.00	1	0	0	0	1
93.00	1	0	0	0	1
Total	12	17	1	0	30

H0: There is no significant difference on the respondents' level of physical assessment skills when grouped according to NCM 105 RLE grade.

Significant test:

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	15.368(a)	14	.353
Likelihood Ratio	13.053	14	.522
Linear-by-Linear Association	7.092	1	.008
N of Valid Cases	30		

As shown in Table 6, majority of the respondents who have a grade of 88 in their NCM 105 RLE grade sometimes perform the physical assessment to their patients. The respondents who have a grade of 91 to 93 always perform the physical assessment. There is only one respondent who rarely performs physical assessment and has a grade of 86. It can be seen in table 6 that the chi-square value is 15.368 and a p-value of 0.353, which is greater than $\alpha = 0.05$ level of significance; thus, the null hypothesis is not rejected. There is no significant difference on the respondents' level of physical assessment skills when grouped according to their NCM 105 RLE grade.

4. Summary, Conclusion, and Recommendations

This study attempted to determine the physical assessment competency of the fourth year level nursing students of La Salle University for the school year 2008 – 2009. Specifically, it sought answers to the following: (1) the profile of the respondents according to gender and NCM 105 (RLE) grade, (2) the level of physical assessment competency as perceived by the respondents themselves, (3) significant difference between the respondents' level of physical assessment skills when grouped according to profile.

A survey questionnaire divided into two parts was used. Part one showed the respondents' profile which included the gender and NCM 105 (RLE) grade. Part two employed a series of questions that evaluated the student's performance in conducting a physical assessment. Respondents were asked about their performance of the procedures and techniques of physical assessment.

Findings

Majority of the respondents were female. Twelve of the respondents had a grade of 88 in their NCM 105 RLE. Only one respondent got a grade of 93 which was the highest grade among the respondents.

The findings show that items on the level of physical assessment skills have an overall weighted mean of 1.81, which is interpreted as sometimes performed by the respondents. However, item 10 "Assess capillary refill by gently squeezing over nail bed or tip of finger and noting time of color return" and 14 "Auscultate heart sounds for rhythm and strength at the midclavicular line and fifth intercostal space" have the highest average weighted value of 1.60 in the physical assessment proper. It is always performed and means that most of the respondents have mastered this skill.

Conclusion

The respondents' gender influences their physical assessment skill. On the other hand, the respondents' NCM 105 RLE grade does not affect their physical assessment skill.

Recommendations

Based on the findings, it is recommended that:

1. The students should
 - a. Hone their physical assessment skills through constant practice and widen their knowledge about physical assessment on anatomy and physiology.
 - a. Be consistently reminded to learn to follow proper procedures in conducting physical assessment of patients
2. the third and fourth year students' case presentations be continued to enhance their assessment skills
3. both faculty and researchers be vigilant in supervising student nurses
4. research on related topic be done to serve not only as feedback to students but also to improve their nursing skills

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The Morale of LSU Third-Year Student Nurses SY 2008-2009

Rodette Betsy C. Pactolin

Abstract

After five years since its birth, the College of Nursing, La Salle University – Ozamiz is still struggling to build a stronger foundation. It has faced a lot of challenges on the part of the administration and faculty as well as on the students. Given all these challenges, some questions need to be answered: Are the students satisfied with the areas of service rendered by the College? Have the expectations of the students been met? How are they in terms of student morale? This current study aims to answer these questions.

1. Introduction

The organizational structures of Philippine colleges and universities vary distinctly. Yet, they also bear similarities. Public and private educational institutions incorporate key authority structures, including a governing board, a president or chancellor, and a cohort of administrative leaders for the academic, administrative, and student affairs.

Each school or college within a university is under the direction of a dean. An associate dean provides support to the dean. A chairperson or department head supervises specific departments of instruction. Faculty members are ranked, in descending order, as professor, associate professor, assistant professor, and instructor.

In the College of Nursing (CON) of La Salle University – Ozamiz (LSU – Ozamiz), a dean heads the College. A clinical coordinator is assigned for the first- and second-year levels, while only one clinical coordinator is appointed for the third and fourth years.

These coordinators oversee the academic and non-academic affairs of the students in their respective levels. The faculty members follow the same path of ranking as mentioned in the preceding paragraph.

As with the other college units of La Salle University - Ozamiz, the dean of CON completes a three-year term. However, the Nursing program was under the College of Arts and Sciences in its first year and was administered by a program head. The first dean completed her term of office, and an incumbent dean is finishing her first year. In five years since its birth in 2004, the College has gone through three different administrations and along with this turn-over of administrations are changes in the policies, rules, and governance of its affairs. These changes create an impact on the students, since they are continually adapting to the different sets of system.

The College, being the newest addition to the University, is still struggling to build a stronger foundation. It is still in the process of refinement in the administrative and academic aspects. Difficulties undoubtedly hound new institutions. The College is no exception. Especially, in the second administration, there had been verbal reports of delayed endorsement of hospital duties. Furthermore, some students had also complained about the partiality of the dean towards the higher year – level students, about delayed grades, and other concerns that ultimately led to the filing of a letter of complaint addressed to the University president. The researcher’s own encounter with some students revealed that they long to transfer to other schools of Nursing had there been no problem with the accreditation of their subjects. A few cited loyalty and cheaper tuition for staying in the College despite their many concerns.

With the present administration, those concerns were addressed, from changes of the grading system to hospital duty scheduling to rules of student conduct. In light of the problems of the past as well as the present stemming from the new ways of the College, the researcher ponders whether the students are satisfied with their college experience.

How are they in terms of morale? In what specific areas of service does the College excel or fail? Hence, the motivation for the conduct of this survey in the College of Nursing.

Review of Literature

Morale is a complex term. It has been defined in various ways by researchers. It has been defined in relation to occupation as in job morale; for instance, teacher morale. If some create the concept of teacher morale, the others create the concept of student morale.

Morale is simply defined by Bohrer and Ebenrett (referred to in Evans, 1998:23) as “a prevailing temper or spirit in the individuals forming a group.” Furthermore, morale does not represent a single dimension, rather it comprises many components or factors (Guion, 1958, in Evans, 1998:26). These factors can be cohesiveness in class, dissatisfaction with school, willingness to study, and observing discipline (Misumi, 1985, in Long III, 2007:38).

It is also described as high or low, poor or good. High morale depends on the achievement of a high level of satisfaction (Guba, 1958, in Evans, 1998:25). Moreover, in the study of Cleigh on morale among teachers and students in the United States (1971, in Demelino, 1981:19), a situation of poor morale is characterized by suspicion, tension, frustration, under functioning, and poor relationships with peers and authority. Conversely, a situation of good morale is characterized by feelings of trust, relaxation, happiness, effective learning, productiveness, and good relationships.

Student morale, as used in this study, refers to the level of satisfaction of the students with respect to the services rendered by the College. More often than not, student morale is associated with student satisfaction as shown in the following pages.

One of the most notable is Cardall's (2006) research on the morale of Dental students. According to him, students with higher morale appear more likely to make contributions to their school and recommend their school to others. Whereas, Miller (2003, in Billups, 2008:2) finds that colleges with higher satisfaction levels enjoy higher retention and graduation rates. Bryant (2006, in Billups, 2008:1) affirms that when he said that dissatisfied students often become drop-outs.

Moreover, researchers underscore the value of student surveys in the progress of educational establishments. Elliott & Shin (2002, in Billups, 2008:2) emphasizes that successful institutions realize that it is better to invest at the onset to retain their students by identifying what enhances student satisfaction. Meanwhile, Bryant (2006, in Billups, 2008:1) supports that campuses that systematically measure and act on measures of students satisfaction appear to enjoy the greatest levels of institutional and student success.

Clearly, an initial survey on the student morale of the student nurses in the College of Nursing, LSU is imperative, not only in light of the great changes in the College affairs, but as a means of evaluating the effectiveness of the services being offered as well as a means instrumental to the success of its studentry.

This research anchors itself on the Disconfirmation Theory. According to this theory, "satisfaction is the differential between an individual's expectation about the outcome of a process before experiencing the process and the actual outcome as perceived by the individual (Oliver, 1993, in Franklin & Shemwell, 1995:6). Applying the theory to the context of this study, it will mean that student satisfaction results when their expectations about the college services are met. In turn, student satisfaction being one of the components of student morale, affects the latter. The relationship of the concepts is illustrated.

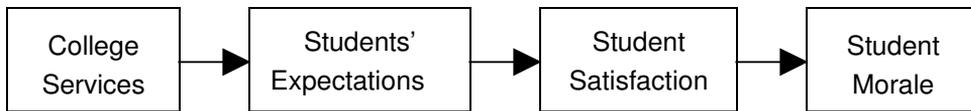


Figure 1. Schematic Diagram of the Study

Statement of the Problem

This study aims to assess the student morale of 3rd-year students of the College of Nursing, La Salle University – Ozamiz during the Second Semester of the Academic Year 2008 – 2009. Specifically, the study seeks to answer the following questions:

1. What is the student morale of the respondents in terms of level of satisfaction on the following areas of services:
 - a. scheduling of classes
 - b. scheduling of RLE rotations
 - c. classroom instruction
 - d. dissemination of information
 - e. facilities
2. What are the indicators of the areas of service rendered by the College of Nursing that the respondents are most dissatisfied in?

Scope and Delimitation

This survey focuses on assessing the student morale of 3rd year students, regular or irregular, who are presently enrolled in the College of Nursing, during the Second Semester of Academic Year 2008 – 2009. The investigation is carried out in the second week of March 2009. The period of data collection is carefully chosen to be at the closing end of the school year insomuch as to timely evaluate the services of the College during this specific year. In addition, this study

measures the student morale of the respondents in terms of their degree of satisfaction on the problematic areas identified by them.

The research excludes students who are 3rd- and 4th-year transferees or shiftees, for they do not share the same experiences with the old enrollees of the College who are greatly affected by the different systems of administration. In the same vein, the 1st- and 2nd-year students are not part of this study. The 4th-year students are likewise excluded because they are graduating and it will be the 3rd-year students who will directly benefit from the results of the study. To add, this inquiry concentrates on one aspect of student morale which is the student satisfaction of the services offered by a school. This does not probe either all the areas of service rendered by the College. Rather, it narrows the scope to the five areas deemed poor by the participants during the initial interview. These areas are the (1) scheduling of classes, (2) scheduling of Related Learning Experience (RLE) rotations, (3) classroom instruction, (4) dissemination of information, and (5) facilities. Under each area are three statements which reflect the concerns raised by the participants in the same interview.

Significance of the Study

The outcome of the study benefits the following:

1. The College of Nursing. Student morale reflects the student satisfaction of services rendered by the College. In this sense, assessing the student morale of student nurses in La Salle University – Ozamiz is one method of evaluating specific areas of service provided by the present administration. Thus, the results of the study can serve as a basis for policy-making or refinement in the future and eventually, lead to the betterment of the College.
2. Class advisers and instructors. The product of the survey can guide them to focus attention to the specific needs of the students.

3. Students. This inquest gives venue for expressing their concerns and inculcates the value of critical awareness of their immediate environment.
4. Researchers. This is a turning point that drives them to conduct similar studies to continually gauge the student morale of student nurses in LSU – Ozamiz with the end in view of bolstering their student morale as well as the image of the College.

Definition of Terms

The list of key terms below is carefully defined operationally as necessary for this particular study.

1. Administration – refers to a group of people who manages the College of Nursing. It includes the dean and her clinical coordinators.
2. Class Adviser – refers to the faculty member assigned to a specific block of students whose main function is to monitor the progress of the students in their academic and non-academic life.
3. Clinical Area – refers to the setting wherein the Nursing internship takes place. This can either be a barangay or any ward / special area of a hospital.
4. Clinical Coordinator – refers to the faculty member appointed to overlook the general academic and non-academic affairs of students in a year level and who reports to the dean and other superiors.
5. Critical Awareness – refers to the state of being mindful and evaluative of the situation, events or issues affecting the individual.
6. Dean – refers to the head of the College of the Nursing, who administers, plans, leads, and reports to higher-ranking University authorities.

7. Instructor – refers to the faculty member who teaches in the classroom and/or clinical area. Irregular
8. Students – refer to currently enrolled learners who do not adhere to the prescribed number of academic units per semester and summer.
 - a. Old Enrollees – refer to students who have continuously studied in the College since their first year in postsecondary education up to the present.
 - b. Regular Students – refer to currently enrolled learners who adhere to the prescribed number of academic units per semester and summer. Related Learning Experience – refers to the exposure of students in clinical areas primarily for development of nursing skills.
 - c. Shiftees – refers to currently enrolled students who have transferred from another college unit in the University to the College of Nursing.
 - d. Student Nurses – refer to the students studying in the College of Nursing, La Salle University – Ozamiz.
 - e. Transferees – refer to currently enrolled students in the College who have taken up subjects in other schools, colleges, or universities in their first years of postsecondary education
9. Rotation – refers to the period of exposure of the student nurses in various clinical areas which covers 8 hours a day for five days.
10. Student Morale – refers to the level of satisfaction of the students with respect to the services rendered by the College.
11. Student Satisfaction – refers to the learner’s state of being able to derive gratification of a desire or need.

2. Methodology

This section presents the research locale, design, population sampling, and respondents of the study, research instruments, data analysis, and statistical treatment.

Research Locale

The study is conducted in the College of Nursing located in the Heritage Campus, one of the two campuses of the College Department of La Salle University - Ozamiz located in Valconcha St., Aguada, Ozamiz City. From its conception in 2004, the College has gone through a lot of administrative changes, having been administered by a program head and two dean's one after the other. At present, it is being headed by a dean coming from the religious order of Daughters of Charity.

Research Design

This research is basically a quantitative study, utilizing a survey as its approach. This attempts to measure the student morale of junior student nurses. A combination of interview and questionnaire was employed to gather data regarding the research problem.

The first round of interview was done to identify the students' areas of concern. After which, a questionnaire was provided to measure the student morale in terms of satisfaction of the respondents. Subsequently, the result of the survey was validated through another round of interview.

Respondents of the Study

Purposive sampling was used in order to arrive at the root of the concerns of those junior student nurses. The most vocal about their concerns were approached and interviewed. Next step was the administration of questionnaires to a specific block of students to represent the 3rd-year studentry.

The respondents were regular or irregular 3rd-year and 4th-year students currently enrolled in the second semester of the AY 2008 – 2009 in the College, LSU-Ozamiz City. They were neither shiftees nor transferees. 31 junior student nurses answered the questionnaire and participated in the interviews. 97% of the total participants were regular, the rest were irregular. Majority of the respondents were female and age ranged from 18 – 24 years. To add, 66% resides outside the City of Ozamiz.

Research Instruments

Preliminarily, an interview was conducted using an interview guide. A researcher-made questionnaire was constructed based on the outcome of the initial interview. This type of questionnaire was prepared in order to address directly the concerns of the students. It was composed of two sections. The first section was utilized to derive the demographic profile of the respondents; the second contained a list of areas of service rendered by the College earlier on identified by the interviewees as problem concerns namely, the scheduling of classes, scheduling of RLE rotations, classroom instruction, dissemination of information, and facilities. Under each area were three statements which reflected the responses of the participants in the preliminary interview. These responses were rephrased into positive statements to parallel the rest of the options and to achieve uniformity. Each statement under each area was rated as follows:

- | | |
|-----------------------|--------------------|
| 1 – Very Dissatisfied | 4 – Satisfied |
| 2 – Dissatisfied | 5 – Very Satisfied |
| 3 – Average | |

A face-validation of the researcher-made questionnaire was done by the investigator’s colleagues in the CON, LSU-Ozamiz. More importantly, it was content-validated by the research and statistics advisers of the same. Once again, an interview was conducted to verify

the results of the survey questionnaire and to probe into the concerns of the respondents.

Data Analysis

From the data gathered through the researcher-made questionnaire, the investigator determined the student morale of the respondents. The weighted means were computed to reveal the average student morale of the respondents according to the satisfaction-dissatisfaction continuum utilized in this study. The Likert scale for the satisfaction-dissatisfaction continuum is shown below.

1.0 – 1.8	Very Dissatisfied (VD)	3.7 – 4.5	Satisfied (S)
1.9 – 2.7	Dissatisfied (D)	4.6 – 5.0	Very Satisfied (VS)
2.8 – 3.6	Average/neutral (A)		

In like way, the student morale is determined, as follows.

1.0 – 1.8	Very Low	3.7 – 4.5	High
1.9 – 2.7	Low	4.6 – 5.0	Very High
2.8 – 3.6	Average		

Finally, interview was carried out to verify the outcome of the study and to arrive at the root of the problem.

Statistical Treatment

Descriptive statistics was used in this survey. Percentages, mode and range were employed to create an accurate picture of the respondents. On the other hand, frequencies, cross-tabulation, and weighted averages were applied to figure out the student morale in terms of student satisfaction among the participants.

3. Results and Discussion

The initial interview revealed that the respondents had problems with the scheduling of classes, scheduling of RLE rotations, classroom instruction, dissemination of information, and facilities. In this section, results that center on these areas are shown and discussed.

Table 1 gives the student morale in terms of level of satisfaction on the first area of service provided by the College.

Table 1: Student Morale in Terms of Level of Satisfaction on Scheduling of Classes

A. Scheduling of Classes	VD	D		A	S	VS	Total	Weighted Mean
	1	2	3	4	5			
1. The classes are well-spaced.	2	18	4	7	0	31	2.52	
2. Each lecture day is fully packed with classes.	11	14	2	3	1	31	2.00	
3. There is ample break between classes.	4	15	6	6	0	31	2.45	
Over-all Weighted Mean							2.32	

Table 1 indicates that the respondents were dissatisfied on all three indicators regarding the scheduling of classes.

Perhaps, the student nurses expected to be given as much free time as they had in their first two years in College. What happened was on the contrary and hence, they were dissatisfied. The scheduling of classes was actually patterned after that of the University of St. La Salle where its students experience 7-10 hours in school. The third year in Nursing is in fact a crucial time for students. This is the time when they undergo a more grueling studying and training. It can make or break them. Furthermore, since they were dissatisfied, they had poor morale in this area.

Table 2 shows the results of the respondents in terms of level of satisfaction on scheduling of RLE rotations.

Table 2: Student Morale in Terms of Level of Satisfaction on Scheduling of RLE Rotations

B. Scheduling of RLE Rotations	VD	D	A	S	VS	Total	Weighted Mean
	1	2	3	4	5		
1. Rotation schedule is set in advance.	1	8	5	11	6	31	3.42
2. Schedule is fixed.	3	11	11	3	3	31	2.74
3. The student nurses are well-rotated to the different clinical areas.	10	7	9	5	0	31	2.29
Over-all Weighted Mean							2.82

The respondents were neutral with how the rotations plan was set in advance. However, they were dissatisfied with the changing schedule and unequal exposure to the different clinical areas. On the whole, they were neutral on the scheduling of RLE rotations.

The expectations of the respondents on this particular area are not quite met. They are neither satisfied nor dissatisfied. This may be explained by the fact that the majority of them live outside the City of Ozamiz, and that they are probably hoping that the rotation schedule is fixed so that they will be on time for their duties in the hospital or community and avoid missing these duties. Moreover, it is important for these students to be rotated to the various clinical areas on an equal basis. This is especially true in the special areas (Delivery Room, Operating Room) for the purpose of fulfilling required cases by the Philippine Regulation Commission in taking the board examination. Unfortunately, these expectations have not always been met. And thus, the average student morale on scheduling of RLE rotations.

Table 3 shows the results on the student morale in terms of level of satisfaction on classroom instruction.

Table 3: Student Morale in Terms of Level of Satisfaction on Classroom Instruction

C. Classroom Instruction	VD	D	A	S	VS	Total	Weighted Mean
	1	2	3	4	5		
1. The lecturers used a variety of teaching strategies.	0	3	9	17	2	31	3.58
2. The audio-visual aids employed are helpful.	0	0	7	17	7	31	4.00
3. Lecture hours are too long and draining.	23	4	0	1	3	31	1.61
Over-all Weighted Mean							3.06

The respondents of this study had varying levels of satisfaction on the three indicators. They were satisfied that the lecturers made use of helpful audio-visual aids, neutral on the teaching strategies employed, but very dissatisfied about the long and draining lecture hours.

Instructional quality is of primary importance to students, and it is the core of higher education. It is a never-ending endeavor for educators. With the use of power point presentations, the lecturers of the College have reached the expectations of the students satisfactorily. It is worthwhile to note that some of them have utilized diagrams and pictures to bring the medical concepts to life in the presentations. Yet, the teaching strategy usually utilized is lecture which, in turn, can make the lecture hours seem very long and draining. The last two indicators have pulled down the over-all weighted mean to a rating of neutral. And, this reflects the respondents' morale of the participants in this aspect.

This statistical finding is disappointing, particularly in view of the seminars and Master's in Education program set for the probationary faculty. These staff development activities placed emphasis on active learning pedagogies and the availability of new

approaches to fostering higher levels of student engagement in the classroom.

Table 4 displays the student morale in terms of level of satisfaction on dissemination of information.

Table 4: Student Morale in Terms of Level of Satisfaction on Dissemination of Information

D. Dissemination of Information	VD	D	A	S	VS	Total	Weighted Mean
	1	2	3	4	5		
1. Announcements are well-communicated to the student nurses.	1	8	10	11	1	31	3.10
2. Announcements are given on short notice.	1	15	12	1	2	31	2.61
3. The College made use of prints and verbal announcements to communicate important information.	0	3	9	15	4	31	3.65
Over-all Weighted Mean							3.12

The respondents felt dissatisfied that announcements were given on short notice. In totality, dissemination of information is rated as neutral.

Communication is vital in reaching an understanding among members of an institution and working towards a common end. Even in this department, more work has to be done in order to give the students what is due them. One expects to be informed well ahead of time to be prepared, especially on financial matters. The over-all average rating reflects the institution is not doing so good. To add, the average rating means the respondents had average student morale in this specific department.

Table 5 exhibits the student morale in terms of level of satisfaction on facilities.

Table 5: Student Morale in Terms of Level of Satisfaction on Facilities

	VD	D	A	S	VS		Weighted
E. Facilities (Bus, library, classrooms)	1	2	3	4	5	Total	Mean
1. The bus can accommodate all student nurses.	11	6	6	8	0	31	2.35
2. The library has enough functional computers and Photocopying machines.	18	6	4	2	1	31	1.77
3. The classroom is tidy and presentable.	5	4	13	7	2	31	2.90
Over-all Weighted Mean							2.34

Table 5 discloses that the respondents were very dissatisfied with the dysfunctional computers and photocopying machines in the library. On the whole, they were dissatisfied with the facilities of the College.

With the high tuition that the respondents pay, it is inevitable that they expect state-of-the-art facilities. There is also increasing demand for and consumption of, online resources by these students. Regrettably, the College runs short of these expectations. Since their expectations have not been completely fulfilled, their level of student satisfaction was dissatisfied and so their student morale is low.

Table 6 presents the top five indicators with the lowest weighted mean.

Table 6: Top Five Indicators with the Lowest Weighted Mean

	Weighted
Indicator	Mean
1. Lecture hours are too long and draining.	1.61
2. The library has enough functional computers and photocopying machines.	1.77
3. Each lecture day is fully packed with classes.	2.00

4. The student nurses are well-rotated to the different clinical areas.	2.29
5. The bus can accommodate all student nurses.	2.35

Table 6 bares the respondents’ dissatisfaction with the lecture hours and dysfunctional computers and photocopying machines. Also two indicators belonged to the area of service, namely, the facilities.

Three of the areas of service (scheduling of RLE rotations, classroom instruction, dissemination of information) received an average student morale in terms of level of student satisfaction and the other two obtained a low student morale. If high student satisfaction is related to institutional effectiveness (Elliot & Shin, 2002, & Bryant, 2006, in Billups, 2008:1-2), then the College administration as well as its faculty has not been faring well in carrying its tasks with respect to the areas of service under study.

4. Summary, Conclusion, and Recommendations

The present study endeavored to assess the student morale of 3rd-year students of the College of Nursing, La Salle University – Ozamiz during the Second Semester of the Academic Year 2008 – 2009. Specifically, the study sought answers to the following questions: (a) What is the student morale of the respondents in terms of level of satisfaction on scheduling of classes, scheduling of RLE rotations, classroom instruction, dissemination of information, and facilities; and (b) What are the indicators of the areas of service rendered by the College of Nursing that the respondents are most dissatisfied in? In addition, this quantitative study employs the survey approach through interview and questionnaire.

Three of the areas of service (scheduling of RLE rotations, classroom instruction, dissemination of information) received an average student morale in terms of level of student satisfaction and the

other two (scheduling of RLE rotations and facilities) obtained a low rating. Further, the respondents are most dissatisfied in the following indicators: 1) Lecture hours are too long and draining, 2) The library has enough functional computers and photocopying machines, 3) Each lecture day is fully packed with classes, 4) The student nurses are well-rotated to the different clinical areas, and 5) The bus can accommodate all student nurses.

Conclusion

Three areas of service attained an average and two areas got low student morale in terms of level of satisfaction. This statement suggests that the expectations of the respondents are not well met. Furthermore, this mirrors the inefficacy with which the College extended its services on the areas of interest, namely, the scheduling of classes, scheduling of RLE rotations, classroom instruction, dissemination of information, and facilities.

Recommendations

Basing on the outcome of this present research, the following points are recommended.

1. Further research should be undertaken to investigate other areas of service in order to obtain a complete picture of the situation. Moreover, student morale of all year levels should be periodically monitored for this reflects the effectiveness of the areas of service provided by the College as well as serves as an indicator of student success.
2. Class advisers and instructors should promptly take steps to improve classroom instruction by means of employing a variety of teaching strategies. Likewise, they, together with the administrative body, should communicate announcements well

ahead of time and complement spoken announcements with printed materials.

3. The College administration should initiate action to address the concerns of the students through refining the rules, policies, or development plan governing the scheduling of classes, scheduling of RLE rotations, classroom instruction, dissemination of information, and facilities.

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Problems Encountered and Coping Strategies of the Male Gay Students at the College of Nursing

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Abstract

This study sought to explore in depth the problems encountered by the gay college students, how they face these issues, their views about themselves, and the overall impact of these experiences. The researcher employed a qualitative research design and incorporated the tools of a case study. Specifically, in using this in depth-method the researcher operated through focused and structured individual interview questionnaire in exploring the participants' responses.

1. Introduction

Homosexuality has been a feature of human culture since earliest history. In the course of the 20th Century, homosexuality became a subject of considerable study and debate in Western societies, especially after the modern gay rights movement began in 1969. Once viewed by authorities as a pathology or mental illness to be cured, homosexuality is now more often investigated as part of a larger impetus to understand the biology, psychology, politics, genetics, history and cultural variations of sexual practice and identity. The legal and social status of people who engage in homosexual acts (identified as gay or lesbian) varies enormously across the world, and in some places remains hotly contested in political and religious debate.

The social, moral, and religious issues and problems that homosexuals have to deal with have cause them strong fears of negative responses and eventual rejection of their environment that subjected them to internal conflicts in acknowledging their homosexuality. Along with the fears of social environment is the "coming out" process which is especially the most risky and difficult decision gays have to make, putting them through various emotional

upheavals as they explore their sexuality. But despite these, self acceptance that they are gay and such disclosure have granted them, satisfying experiences, physically, socially and psychologically.

The idea of homosexuality and homosexual behavior may be more tolerated in our present society, but where gay men get to live openly, they are still continually subjected to ridicule, prejudice and hatred. A recent survey undertaken in the year 2000 by Christina G. Nellos and her colleagues at the University of California revealed that gay men and women now appear to be as likely as heterosexuals to say they are happy in life. Cochran (2000) noted that improvements in how heterosexuals view gays and lesbians may play a role, why gays now appear to be happy as heterosexuals. "Perhaps it's a better environment in which to be gay than it used to be," (Reuters Health, 2005)

However, the US secretary of Health and Human Services identified gay and lesbian adolescents as being two or three times more likely to attempt suicide than their non-homosexuals peers, accounting as much as 30% of all adolescent completed suicide. Further, their results pointed out that adolescents who indicated same-sex attraction also scored higher on related indicators of suicide, namely substance abuse and depression (Russel and Joyner, 2004)

It is certainly with this concern in mind that the study is conceptualized. The researcher seeks to generate facts for readers to comprehend the humanity of gays which hopefully should inspire individuals to pause and reflect on their views and attitudes toward human differences. Hence, the need for this study to conduct a qualitative research on gay students of La Salle University-College of Nursing. Intensive case studies, matters of life experiences and views will be explored from the gay respondents.

This investigation focuses both on the positive and negative aspects of being gays, on problems they have encountered and strategies they have used to cope, as well as on their satisfactions and

dissatisfactions. The study is concerned with what or how the respondents perceive the impact of homosexuality on themselves and their respective families and the rest of their social world they move in. It is also for the purpose of uncovering unrealistic notions and ideas that need to be dispelled through representing the real-life issues of the gay respondents.

Review of Related Literature

This section consists of related studies about gays, their experiences and views about themselves and about their sexuality.

It is essential to understand that for many individuals, homosexuality is a reality and it is something they must live with. The unfortunate thing, however, is that for many coming to realize their non-heterosexual identity, most typically adolescents, it is often combined with heightened levels of depression, suicide attempts and completions, substance abuse, as well as countless family-and relationship-related woes that they carry through life.

Literature noteworthy in the understanding of the theoretical foundation of this research has been summarized and presented below.

Sexual Orientation

Sexual Orientation is one component of a person's identity, which is made up of many other components, such as culture, ethnicity, gender, and personality traits. Sexual orientation is an enduring emotional, romantic, sexual or affectional attraction to another person. It is easily distinguished from other components of sexuality including biological sex, gender, identity and the social gender role. Sexual orientation exists along a continuum that ranges from exclusive homosexuality to exclusive heterosexuality and includes various forms of bisexuality. Persons with homosexual orientation are sometimes referred to as gay (both men and women) or as lesbians (only women).

Sexual orientation is different from sexual behavior because it refers to feelings and self-concept. According to Davis (2000) persons may or may not express their sexual orientation in their behaviors. Many adolescents-as well as many adults-may identify themselves as homosexual or bisexual without having had any sexual experience. Other young people have had sexual experiences with a person of the same gender, but do not consider themselves gay, lesbian, or bisexual. This is particularly relevant during adolescence because it is a time for experimentation-a hallmark of this developmental period

There are many different ideas and theories that have been put forth over the years. One idea holds that homosexuals are simply born that way. Recent evidence suggests that biology, including genetic or inborn homosexual factors, play a significant role in a person's sexuality (McDonald, 1990). Studies of identical twins that are separated at birth and raised in different homes have been performed and replicated. It has been found that in many cases of identical twins, that if one twin is homosexual, the other twin is also homosexual. This lends to the theory that sexuality has very strong genetic component, and is not purely determined by life experiences

Another theory reasons that gay men and lesbians have weak genes. In 1991, Simon Le Vay, a neuroanatomist at the Salk Institute, examined the brain tissue from 41 people. He found that INAH3 (a structure within the hypothalamus) is twice as large in the heterosexual men as in homosexual men. He also found a similar difference between heterosexual men and heterosexual women. This study suggests that sexual orientation is a biological substrate. Others propose that the cause is developmental lag.

Some believe that the personalities of the parent affect the development of the Child's sexual orientation. For example, there is a widespread belief that a male becomes gay if he has strong mother and a weak father. Dr. Baar (in McDonald, 1990) commented that there is some evidence to indicate that the emotional climate of the home in

which the mother is a stereotypical feminist is perhaps unconsciously hostile to men. She is the dominant personality, the head of the house, while the father is weak and passive, having surrendered his natural position as head of the family to the wife, out of fear of her aggressiveness, contempt and ridicule. Aumann (1991) believes a child becomes gay because the parent of the opposite sex has been cruel to them.

McDonald (1990) contends that most lesbian and gay youths have known about their feelings towards same sex from a very young age. Many do not blame their parents for their sexual orientation. Nor for that matter do the youths believe that they have been taught to be lesbian or gay by others who are older than them. They just know what their feelings are and that they are attracted socially, affectionally, and sexually to members of their own sex

Boys and girls on the threshold of puberty begin to make friendships with others of the same sex, when they are not yet self confident enough to approach the other sex. If for some reason a boy is afraid of encounters with the opposite sex and remains oriented toward his own sex, he may become a homosexual. Aumann (1991) says that generally, the homosexual finds it hard to step out of the environment in which his own sex predominates and dares to do so only to a minimal degree.

Many individuals have described coming out as one of the most significant experiences of their lives (Rhoads, 1994). Many students have used words such as, “a great relief”, or an experience that is, freeing,” empowering,” “frightening,” and challenging,” to illustrate their coming out process

Adjustment Issues

Psychology is far from an exact science and the scientific study of adjustment is one of the least studied areas in the entire field.

Psychologists do know a great deal about factors that interfere with adjustment and what cause maladjustment. But according to Derlega (1981) they are not in agreement as to what adjustment is or what characteristics the so-called normal or adjusted person process. Some psychologists view adjustment as a process; others view it as an achievement. Derlega claims that adjustment as a process suggests that individuals must continually meet and deal with the challenges in life while adjustment as an achievement implies that adjustment is an end state characterized by certain desirable qualities. Nonetheless, he concludes that both of these views are of value.

Many people believe those homosexuals are easily identifiable. For example, a male homosexual [gay man] is a pretty identifiable immaculately groomed, effeminate man. A female homosexual [lesbian] has shorthair, wears jeans and men's shirts, and has a tough, masculine air about her. While it is true that some lesbians and gay men do fit these stereotypes, there are many homosexual people who do not. Many people have not thought specially enough about what these young people may experience in their lives, even though they may wish to be supportive or even think of themselves as supportive and accepting.

Homosexuality can go unnoticed. Most homosexuals do not openly talk to strangers about their sexual desires and partners. McDonald (1990) claims this is more true of lesbians and gay men, and this reticence makes sense when people consider how much public perception of one's sexuality matters in society.

The negative viewpoint of homosexuality has had disastrous an effect says Herek (2002). It has promoted names such as fag, queer, sissy, cock-sucker, and fairy as acceptable language to describe any acts which may classify the person as a suspected homosexual. These names and the discrimination a homosexual person experiences parallels names and ostracism are used against other minority groups. Homosexualities are and have been in the past saturated with public

scorn. Today public awareness and gay rights advancements have defeated some scorn but has not eliminated it. Herek (2002) says society's new acceptance causes conflict and confusion for embedded hatred is now unacceptable.

Gay, lesbian, and bisexual adolescents follow a developmental path that is both similar to and quite different from that followed by heterosexual adolescents. All teenagers face certain developmental challenges, such as developing social skills, thinking about career choices, and fitting into a peer group. Gay, lesbian, and bisexual youth must also cope with prejudice, discriminatory, and violent behavior and messages in their families, schools, and communities. Such behavior and messages negatively affect the mental health and education of lesbian, gay, and bisexual young people. These students are more likely than heterosexual students to miss school due to fear, being threatened by other students, and having their property damaged at school. For these reasons, the experience of gay, lesbian, and bisexual teenagers is often one of isolation, fear of stigmatization, and lack of peer or familial support.

Gay, lesbian, and bisexual youth have few opportunities for observing positive modeling by adults due to the general cultural bias that makes gay, lesbian, and bisexual people largely invisible. It is this isolation and lack of support that accounts in part for the higher rates of emotional distress, suicide attempts, and risky sexual behavior and substance use that gay, lesbian and bisexual students report compared to heterosexual students. Because of their legitimate fear of being harassed or hurt, gay, lesbian, or bisexual youth are less likely to ask for help. Thus, it is important that their environments be as open and accepting as possible, so these young people will feel comfortable sharing their thoughts and concerns. To be able to provide an accepting environment, school personnel need to understand the nature of sexual orientation development and be supportive of healthy development for all youth.

An article by Herek (1986) entitled “On heterosexual masculinity” shows consideration to the proposition that to be “a man” in contemporary American society is to be homophobic – that is, to be hostile toward homosexual persons in general and gay men in particular. Males that are homosexual face societal and personal rejection. The stigma of being “a fag” causes many men to question their own masculinity. This is a socially constructed viewpoint that a male cannot be a man if he is gay. Similarly, Sabo (2000) says that “Homophobic beliefs and emotions in young males are intricately tied to their development of gender identity.” Acceptance of oneself as being homosexual is a lifelong process. Society still holds many stigmas of what a fag is or does. This directly affects a person who is attracted to the same sex and therefore internalizes it as wrong. To overcome these barriers one must construct their own perception of homosexuality that is acceptable to them.

Is it normal for gay and lesbian youth to pray to God for death because they don't want to be gay? Many gay and lesbian youth do pray for this. Does this sound like a person making a choice to be a gay or lesbian? The Religious Right must think so because they believe that sexual orientation is a choice and they are forcing their views on everyone else in the name of God. If God doesn't want people to be gay or lesbian then why doesn't God change gay and lesbian people as many have requested through prayer? God must in reality love gay and lesbian people as they are. Jesus Christ did not once condemn gay and lesbian people and He did not once even mention homosexuality, instead He focused his ministry on love and compassion. Bass (1996) declares that if Christ did not mention it then He must not have considered it an issue. The Religious Right is in reality hurting the mission of Jesus Christ because they are driving many gay and lesbian people away from Christ.

Some biblical scholars believe that the Bible condemns homosexuality, others do not. Different denominations use the Bible as a basis for their faith, yet beliefs between these churches can be quite

diverse. Obviously, the Bible can be interpreted in different ways. Out of the 31, 173 verses contained in the Bible, there are less than a dozen that allegedly deal with the topic of homosexuality. The meaning of these verses remains fairly obscure to many Biblical scholars, especially in the context of living committed relationships. Jesus Himself said nothing, which leads many people to believe that the subject of homosexuality was not a concern. Interestingly enough, according to Blumenfeld and Raymond (1988) the word homosexual did not appear in any translation of the Bible until 1946. Likewise, there are words in the Greek language for same-sex sexual activities, yet they never appear in the original text of the New Testament.

Some justifications as to why homosexuality is judged to be deviant stems from the premise that homosexuality disrupt the natural order and are therefore a sin. This perception is still the basis for many people who hold homophobic and religious beliefs. However, “deviance resides in audience judgments or reactions, not in the act itself or inside the actor” (Troiden, 1988:14). The threat of homosexuality disrupting the natural order and therefore the family unit causes moral panic.

A national two-year study of gay and lesbian experiences released at the 2003 National Multicultural Conference and Summit in January showed a significant positive relationship between people’s outness and their use of and satisfaction with social support available to them. Most respondents reported going to religious services never or rarely, and 69 percent reported changing their religious affiliations (toward more welcoming denominations or away from organized religions) as adults (Farberman, 2003).

“Coming out” is the process of disclosing one’s sexual orientation, and it is described as a lifelong process. “No matter how many people know about one’s sexual orientation, there will be others to whom that individual will have to come out” (Rhoads, 1994). This process is different for every teenager; however, most adolescents

disclose their sexual orientation to others in the following order: other gay, lesbian, and bisexual peers close heterosexual peers, close family members, and finally, parents. Although there are many models of the coming out process that have been described, in a general pattern the stages are:

1. Self-acknowledgement – This stage is characterized by the individual’s learning how to accept oneself and/or admit one’s own homosexuality or bisexuality. Many students involved in Rhoads’ project reported that they even made attempts to modify their sexual behavior in order to be straight. Self-acknowledgement of one’s sexual orientation is regarded as an important step in ending self-denial and claiming a sense of gay or bisexual identity.
2. Disclosure Decisions – This stage is characterized by the individual’s questioning when (if ever) and to whom he or she will disclose their sexual orientation. Telling family and friends can be very risky for many individuals, especially when they fear that others will reject them (Gluth, 1994). Many, if not most, lesbian, gay, and bisexual people self-disclose by age 21 (D’ Augelli, 1991). Many homosexual and bisexual individuals have reported that they first disclosed their sexual orientation to someone, usually a friend by age 16 or 17, followed by disclosure to a parent approximately one year later (Maugen et. al., 2002). Many individuals have reported coming out to homosexual peers first because they anticipate a lesser threat of rejection (Gluth, 1994). As an individual develops stronger social networks, he or she generally becomes more self-confident and self-accepting. As a result, he or she can learn to feel more comfortable disclosing his or her sexual orientation with those whom the threat of rejection is greater, e.g., family and friends.

3. Disclosure to Parents – Many students have reported viewing this experience as being crucial to their developing a healthy sense of themselves as gay or bisexual people (Rhoads, 1994). For other students who may not have close relationships with their parents, coming out does not seem so imperative. Many students may receive support and affirmation when they come out to their parents. However, many may not be so fortunate. Many individuals describe a period of tension with one or both of their parents. Often this tension decreases over time and parents become more accepting. Sometimes, time does not serve to lessen the tension between the student and his or her parents. In extreme cases, some individuals are disowned by their disapproving parents and/or other family members. Nevertheless, a poor familial relationship can lead to greater stress for a homosexual or bisexual individual. Generally, individuals who have come out to their families have described a process in which their parents seemed to have to go through their own process of learning to accept their children’s gay or bisexual identity.

Conceptual Framework

Adjusting to college life can be a difficult process for any student. However, when a student also struggles with accepting and disclosing their own homosexuality or bisexuality, their college experience can become more complicated and challenging. College students typically further develop their sense of identity as they gain greater independence from parents and family. The stressful nature of this process may be increased due to the integration of a gay, lesbian, or bisexual sexual orientation, especially in situations where family and friends do not know of the person’s sexual orientation.

In the course of history, the preference for members of one’s gender for purposes of sexual gratification has commanded much

interest and concern. Some modern societies are very much open with the idea but for most, they condemn it.

With the discovery of their sexual orientation, gay college students of LSU-College of Nursing have faced several adjustment issues. Prior to college, some of them already experienced struggles in searching for their identity and in understanding their sexuality. Through interviews common themes between the subjects background and development were exposed and analyzed with much emphasis on their family background, developmental experiences, sexual orientation as well as their relative issues of adjustment, coping strategies and satisfactions and dissatisfactions.

The adjustment issues in this study concerns with the social, moral and religious matters following the acceptance and disclosure of the sexual identity that male homosexuals encounter and struggle in the context of their family and social experiences in the school. Relevant to the experiences of gay college students at LSU-College of Nursing are the issues of adjustments involving their perceived social response that is often associated with fears of unacceptance and negative responses, the internal and social conflicts of their belief system regarding their views of homosexuality, their religious convictions and that of the society, self acceptance, and lastly in building relationships with heterosexuals and homosexuals alike. Most often, these issues have caused problems and concerns to male homosexual students and the coping strategies engaged to face these, may it be social-support, behavioral or affective were subsequently studied and understood and how all these reflect the psychological, physical and social satisfaction or dissatisfactions that the homosexual subjects have acquired associated with their sexual identity.

And so, by conducting a qualitative study of male homosexuals at LSU-College of Nursing, the researcher explored in depth the real-life issues and experiences of gay college students, how they face these issues, their views about themselves, about homosexuality, and about

the world and the overall impact of these experiences on their satisfaction.

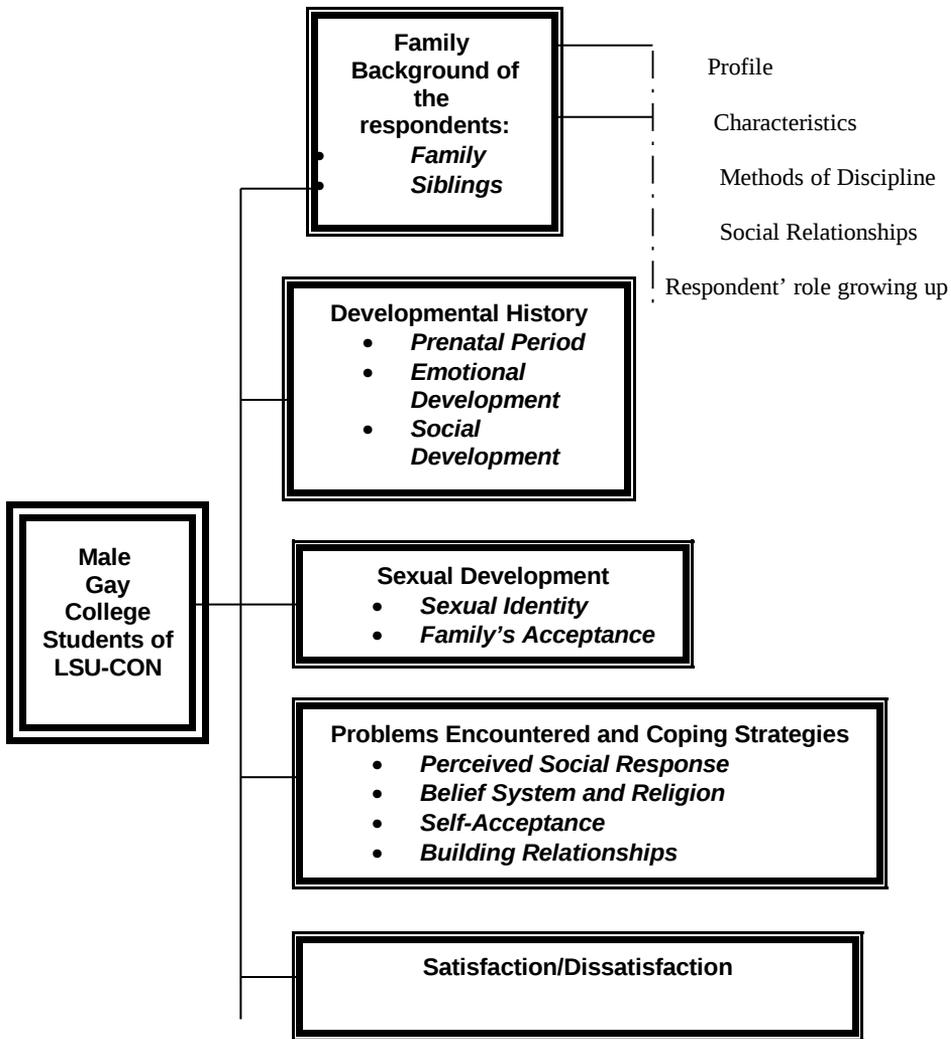


Figure 1: The schematic Diagram

The family background includes descriptions of parents, siblings and other significant figures as well as their social relationship with one another most especially towards the respondents. At one hand, the development history covers conditions during prenatal period, their emotional development and social development. In their sexual development, the male homosexual's identity and the major events upon the respondents' disclosure are exposed, in order to view the relative experiences brought about by their being homosexuals.

Statement of the Problem

This study explores the life experiences of male homosexual college students of LSU-College of Nursing from their own voices to provide a basis for a deeper understanding of the similarities and differences that characterize today's gay population. Specially, it seeks to answer the following.

1. What is the profile of the respondents' parents and siblings?
 - a. What are the outstanding characteristics/behaviors of their parents which the respondents like or do not like?
 - b. What is the social relationship of their parents towards their spouse, children and relatives?
 - c. What was the respondents' role when he was growing up?
2. What is the developmental history of the respondent? What was the mother's condition during pregnancy? What was the family's attitude towards the respondent?
 - a. What is the emotional development of the respondent?
 - b. What are the experiences that lead to fear, cooperative/hostile behavior and moods of the respondent?
 - c. Who were the respondents' favorite playmates, toys they liked and games they preferred?
3. What is the respondents' sexual identity? With what gender do they prefer to be identified? What/who are the sources of influence?

4. How were they accepted by their parents, siblings, and relatives? How and when did their family discover? What are their reactions and ways of acceptance?

5. What are the concerns, issues and coping strategies employed by the respondent considering his homosexuality?
 - a. What are the perceived social responses of male homosexuals towards:
 - Oneself
 - Parents
 - Siblings
 - Others
 - b. What is their belief system and religion?
 - c. How do male homosexuals accept, see, or feel about their selves being a homosexual?
 - d. How do male homosexuals describe their social relationship with male, female, and gay friends? Are they attracted with the opposite sex? With the same sex? What are their experiences?
 - e. How are male homosexuals performing in school? What problems do they encounter in school? What are their aspirations?

6. What are their satisfactions and dissatisfactions?
 - a. What are the happy experiences, benefits, and special talents of being gay?
 - b. What bad experiences did they have being gay? What negative views or comments of others demean their personality?

Scope and Delimitation

This study was conducted to determine the problems encountered and coping strategies employed by male gay students. It involved the 2nd yr and 3rd yr College of Nursing students enrolled in the second semester of SY 2008-2009. The respondents were selected through purposive sampling, on the basis of the specified description for this research. Furthermore, the research is focused on the respondents' family background, developmental history, sexual development, and adjustment issues.

Significance of the Study

This study was undertaken hoping that it would help the following:

To students and families: By knowing the circumstances that brought about gay students' sexuality, family members would figure out the reason why their loved ones chose to risk exposing their sexuality to a larger community. Moreover, this study will help other gay students realize that there are other people struggling with the same questions.

The community: For the members to gain greater understanding of the circumstances and thus prompt us to increase the empathy of the families and other people toward gays. Likewise, this research may provide informative and useful tools in understanding gay behaviors and homosexuality essential to an effective guidance and counseling program for homosexuals in different Colleges and Universities.

Definition of Terms

The following is the conceptual and operational definition of variables explored in this study

1. Adjustment issues - factors that intervene or that cause dilemma in accepting one's homosexuality. In this study, it may comprise of a

perceived social response, belief system and religion, self-acceptance and building relationships.

2. Affective - known as emotion-focused coping strategy; the Lazarus' (1998) term for responding to stress in an emotional manner especially using defense mechanisms.
3. Behavioral - known as problem-focused coping strategy; the Lazarus term for cognitive of fairly facing our trouble and trying to solve them.
4. Coping Strategies - means/ways people use in dealing with stressful situations
5. Emotional-focused Coping - coping strategy directed towards managing, regulating the emotional response to a stressful situation so as to lessen physical or psychological impact; sometimes called palliative coping (Lazarus, 1998). In this study, it refers to the male homosexual student's emotional management of their problems and concerns brought about by their homosexuality.
6. Homosexuality - sexual preference for a member of one's own sex.
7. Male Homosexual - a male individual who is attracted to other men.
8. Perceived Social Response - homosexual's view point of what might be the response of society regarding one's homosexuality.
9. Problem-focused Coping - cognitive appraisal model; the coping strategy directed towards eliminating, managing, or improving a stressful situation (Lazarus, 1998). In this study, it refers to the male homosexual student's problem and concerns brought about by their homosexuality.
10. Satisfaction - a state of pleasantness and well being consequent upon having achieved a goal. In this study, it refers to the gratification of their psychological, physical, and social needs.

11. Sexual Orientation - an enduring emotional, romantic, or affectional attraction to another person.
12. Social support - useful coping resource provided by other people such as encouragement.

2. Methodology

The research employed a qualitative research design. It incorporated the tools of a case study such as in depth-method through focused and structured individual interview questionnaire in exploring the participant's responses. Each respondent was considered a case study. This method was appropriate for the intent of this research was utmost confidentiality in the midst of lengthy, individual interviews with the respondents.

Respondents of the Study

Eight gay respondents were drawn from the total population of 2nd year and 3rd year students enrolled in LSU -CON during the school year 2008-2009, and those who explicitly flaunt or display their gay behaviors. Through purposive sampling, the respondents were selected on the basis of the specified description for this research.

Research Instrument

A researcher-designed interview questionnaire was used to gather pertinent information aimed in this research. It was constructed on the basis of a case study interview guide by N.D Sandberg (1977).

The customized interview questionnaire included questions regarding the adjustment issues of male homosexual students, coping strategies and satisfaction and dissatisfaction. The questionnaire comprised five parts: Part I covered questions regarding the

respondents' family background - descriptions of parents, siblings and other significant family figures and respondents role while growing up. Part II: Developmental History, covering conditions during prenatal period, emotional development, and social development. Part III: Sexual Development included questions that explored the respondents' sexual identity as well as the major events upon the respondent's disclosure. Part IV: Concerns and Issues and Coping Strategies employed in being a Homosexual. This part was further subdivided into four adjustment issues faced by male gay students namely: perceived social response, belief system and religion, self acceptance and building relationships; as well as concerns in school adjustments and educational aspirations and plans. Part V: Satisfaction and Dissatisfaction, a review of the negative and positive experiences of the respondents as being gay.

Research Procedure

Initially, official letters were personally given to individual gay candidates for the purpose of soliciting consent. The selected gay students were then oriented about the nature and purpose of the study including the consent to use a tape recorder during the interview session with the assurance of confidentiality of their responses. Each respondent was separately interviewed that lasted for 30 minutes.

During the interview, the whole conversation was recorded from start to end. The researchers used the modified questionnaire in guiding them throughout the interview. After having interviewed 6 respondents, the data recorded for each respondent were then transcribed and tabulated to take note of common themes of their responses.

Transcription of responses from every respondent was done. Content Analysis in every part of the questionnaire was performed by organizing the gay respondent's answers according to the specified categories of Family Background, Developmental History, Sexual

Development, Adjustment Issues and Coping Strategy, and Satisfaction and Dissatisfaction.

Family background responses of gay respondents were clustered according to the following; profile of father, mother and siblings, positive and negative characteristics and their relationship with one another were sorted. While content in the responses on developmental history were categorized as to their prenatal period, emotional development and social development. Moreover, data on each adjustment issues were dealt separately. These were perceived social response, belief system and religion, self-acceptance and building relationships of the respondents, satisfaction and dissatisfaction in respect to their concerns and the kind of coping strategies employed in dealing with each of them.

3. Results and Discussions

This section covers the presentation of findings. Tabulation of the respondents' background and developmental history are presented as well as information collected regarding the respondents' sexual identity, concerns and issues and their satisfaction and dissatisfaction in being a homosexual.

Each of the respondents is represented as individual cases employing pseudo names to ensure confidentiality. Tabulation of the respondents' statements was done to point out the common themes across their responses. Part 1: Family Background of the Gay Respondents is presented in Table 1 for the Description of the Respondent's Siblings and Table 1.2 for the Respondent's Role Growing Up. Table 2 presents the Developmental History of the gay respondents, while on Part 3: Sexual Development, Table 3 shows responses concerning the gay respondents' Sexual Orientation. Furthermore, Part 4: Concerns and Issues and Coping Strategies

Employed Being a Homosexual consists of Table 4 for the respondents' Perceived Social Response, Table 4.1 composing their responses on Belief System and Religion, Table 4.2 regarding the respondents' Self-Acceptance, Table 4.3 for Building Relationships and Table 4.4 as to the respondents' Education. Lastly, Part 5: Satisfactions and Dissatisfactions is exhibited on Table 5.

Group-Data Analysis and Family Backgrounds of Gay Respondents

Table 1: Description of Gay Respondents' Parents

FATHER					Characteristics	
	Age	Educational Attainment	Occupation	Other info	Positive	Negative
Case 1: <i>Nicky</i>	52	College Graduate	Business owner		Understanding accepting Disciplinarian lenient	Strict
Case 2: <i>Baby Sucker</i>	52	High School graduate	None		Generous to children Caring; Disciplinarian	Drinks
Case 3: <i>Jamie</i>	57	College Graduate	Business		Caring; Generous	Drinks, occasionally
Case 4: <i>Renee</i>	40	High School Undergrad	Employed		Very generous; Open-minded	Hot-headed Drunkard
Case 5: <i>Mel</i>		College Level	Farmer	murdered	Responsible; Bold and powerful	Quick-tempered
Case 6: <i>Tuesday</i>	43	High School Undergrad	Truck driver/Business	Has another family	None	Strict Scandalous Disrespectful Mean, fears no one
Case 7: <i>Eveth</i>	40	College graduate	Loan Collector		Caring; Generous Understanding	
Case 8: <i>Ophelia</i>	39	College Level	Employed		Understanding Very supportive	Proud
Father's Social Relationship with:						
	Wife		Children		Relatives	Methods of Discipline

Case 1: <i>Nicky</i>	Seldom has conflicts with; reconciles easily	Fair	Distant	Viability
Case 2: <i>Baby Sucker</i>	Close Solves conflicts through discussion	Asks suggestions if problems concern them Fair Initiate bonding activities	Very close (frequently visited)	One-on-one talks
Case 3: <i>Jamie</i>	Consult wife in decision-making	Gives advice	Not close	Verbally
Case 4: <i>Renee</i>	Harmonious relationship	Gives advice	Close	Verbal Spanking
Case 5: <i>Mel</i>	Jealous type	Encourages them to be independent	Close to relatives on his side	Verbally
Case 6: <i>Tuesday</i>	Separated	Loving to two of his children	Disrespectful	Verbally Physically assaults
Case 7: <i>Eveth</i>	Keeps open communication	Relates well	Pleasant Treats them like brothers and sisters	Verbally
Case 8: <i>Ophelia</i>	Pleasant Jealous type	Encourages and stresses the importance of schooling Gives Advice	Not close especially on the father's side pretentious	Verbally

MOTHER					Characteristics	
	<i>Age</i>	<i>Educational Attainment</i>	<i>Occupation</i>	<i>Other information</i>	<i>Positive</i>	<i>Negative</i>
Case 1: <i>Nicky</i>	53	College Graduate	None/ Housewife		Caring Protective	Too conservative (comments on the decency of respondent's way of clothing)
Case 2: <i>Baby Sucker</i>	49	College Graduate	General Accounting Clerk		Does not get angry Very forgiving Caring Good provider	Secretive of her problems Nagger
Case 3: <i>Jamie</i>	48	College Graduate	Business		Encourages them to be	Nagger

					more independent	
Case 4: <i>Renee</i>	39	College Graduate	none		Helpful; Has good sense of humor	Nagger
Case 5: <i>Mel</i>		High School Undergrad	Beautician		Respectful Pleasant Good mother	“terror” when upset (throws whatever she gets hold of)
Case 6: <i>Tuesday</i>	40	Second year high school	Self-employed	Has another family	Caring; Thoughtful Provides what one wants	Create stories Jumps easily to conclusion
Case 7: <i>Eveth</i>	38	College undergrad	Overseas Contract Worker		Loving; Caring Understanding Thrifty	Quick-tempered Thrifty
Case 8: <i>Ophelia</i>	41	Vocational course graduate	Beautician / business		Supportive; Emotionally; Expressive; Kind	Assumes responsibility of others

EVETH (<i>Third</i>)				OPHELIA (<i>Third: youngest</i>)	
Ordinal Position	First	Second	Fourth	First	Second
Age	28	24	14	33	30
Sex	Male	Female	Male	Male	Female
Educational Attainment	College graduate	College graduate	Second year high school	College graduate	College graduate
Occupation	Engineer	None	None	Business	Business
<i>Characteristics</i> : Positive	Understanding Accepting	Sophisticated Stylish Liberated	Has excellent time management Responsible Diligent	Down to earth Simple	Approachable
Negative	Silent type Quick-tempered Strikes when very upset	Secretive with problems	Nerdy	Silent type	Nagger
<i>How does she/he relate w/</i>	Close to father (Spends a lot)	Vocal with her needs	Closer to mother	Good dealing	Open

<i>your:</i> Parent	of time with him)		Fears his father		
Each other	Closer to the youngest brother Agreeable to sister	Agreeable to older brother Gets along well to each	Closer to eldest brother	Close	Close
Relatives	Close	Close	Close	Close	close

RENEE (<i>First</i>)			MEL (<i>Second: youngest</i>)		TUESDAY (<i>First</i>)
Ordinal Position	Second	Third	First	First step- sister	Second
Age	15	3	22	4	20
Sex	Female	Female	Male	Female	Female
Educational Attainment	Highschool student		College student		High school graduate
Occupation	None	None	None	None	None
Other information					Married
<i>Characteristics:</i> Positive	Sweet		Responsible	Cute Beautiful Morena	Affectionate Thoughtful Flexible
Negative	Lazy		Quick- tempered	Sluggish/lazy	Nagger, Create stories
<i>How does she/he relate w/ your:</i> Parent	Respectful		Submissive		Good dealing
Each other	Arte		Helpful Close	Close	Can get along
Relatives	Distant		Distant		Relates well

BABY SUCKER (<i>Third</i>)				JAMIE (<i>Third: youngest</i>)
Ordinal Position	Second	Third	Fourth	Second
Age	17	15	10	14
Sex	Male	Male	Female	Female
Educational Attainment	First year college	Third year high school	Grade IV Elementary level	Third year high school
Occupation	None	None	None	None
<i>Characteristics</i> : Positive	None	Kind Respectful	Loving Affectionate	A good listener
Negative	Lazy	Sometimes	Unmotivated to	Lazy

	Naughty	naughty	study Stubborn	Dependent
<i>How does she/he relate w/ your: Parent</i>	Rebellious	Respectful	Affectionate	Has a sense of humor
Each other	Not close	Nice	Relates well Affectionate	Caring dependent
Relatives	Close	Close	Close to those of her same age	Distant

Table 1.2: Respondents' Role Growing Up

	Gay Respondents' Social Relationship with:		
	<i>Parents</i>	<i>Siblings</i>	<i>Other information</i>
Case 1: <i>Nicky</i>	Mother pays special attention Close to mother	Youngest brother envious of him	Has other homosexual relatives
Case 2: <i>Baby Sucker</i>	Close to mother and has learned to adopt her ways	Close to sister Avoids spending time with older brother	Had other gay relatives
Case 3: <i>Jamie</i>	Close to both parents	Close to both Kuya and Ate	
Case 4: <i>Renee</i>	Often complain on the respondent's going home late at night	Conflicts arise with his sister caused by her indolence	Had gay relatives in both sides (inheritance)
Case 5: <i>Mel</i>	Trained by his father at a young age to do housework His mother has changed over years of living with his stepfather	Respectful and understanding on his being a gay	Unpleasant relationship with his stepfather
Case 6: <i>Tuesday</i>	Proud and concerned but the respondent doesn't like being praised	Affectionate and concerned	
Case 7: <i>Eveth</i>	Ever since he was young, his father often used to reprimand him. Problems arise when he becomes unruly.	Respectful and understanding	
Case 8: <i>Ophelia</i>	They made him aware of the problems in the home	Relates problems to him. Seeks advice.	

Discussion (Family Background)

As shown on the Table, most fathers were not able to finish schooling. Only three cases (Cases 1, 3 and 7) had college degrees. Cases 2 and 8 were not able to graduate in high school. Among the 8

respondents, Tuesday's (Case 6) father is only an elementary graduate. Majority work in the private sector; one (Case 4) works in the government; two (Cases 1 and 3) are engaged in business, another is a farmer (Case 5), one (Case 7) a loan collector and last one father (Case 2) does not have a source of income at the moment.

In terms of positive characteristics of the father, four respondents (Cases 2, 3, 4 and 7) described their fathers as generous, while others (Cases 1, 4, 7 and 8) claimed that theirs are understanding. Two (Cases 1 and 2) claimed to have a disciplinarian father while one respondent (Case 5) is a responsible, bold and powerful father. However, one (Case 6) claimed his father had no positive characteristics at all. The negative characteristic their father mostly manifested is being quick-tempered (Cases 1, 4, 5, 6 and 7) and often drinks (Cases 2, 3, and 4). One (Case 8), thought his father proud.

In relating with their spouses, most fathers appeared to have a good relationship with their respective wives. Three among eight fathers (Cases 1, 2 and 3) consulted respective spouses in decision-making. Case 6 had separated parents and one respondent had a stepfather since his father had passed away. Two among eight respondents claimed their fathers get jealous with their spouses (Cases 5 and 8).

In relating with their children, most fathers of the respondents give advice (Cases 3 and 4) and encouragement (Cases 5 and 8). Three (3) fathers relate differently with their children: Case 6 shows love, Case 2 asks if problems bother them, Case 7 relates well with his children. Two fathers (Case 1 and 2) treat fairly their children.

In relating with the relatives, only three fathers (Cases 2, 4, and 5) have a close relationship with them, and two fathers (Cases 3 and 8) not that close. However, one father (Case 1) appears distant while another one (Case 6) appears respectful.

The common method of discipline employed by the fathers was verbal. Tuesday's father employs physical assault, while Baby Sucker's employed the one-on-one method.

Half of the mother respondents' were college graduates. Case 7 was not able to finish college and both Case 5 and 6 were high school undergraduates. Case 8's mother finished a vocational course. Seven out of eight are presently working in the private sector. Case 2's mother works in the government as a general accounting clerk. Three mothers (Cases 3, 5, and 8) have landed in business. One (1) works overseas (Case 7) and two (Cases 1 and 4) are plain housewives.

With regards to positive characteristics of the mother, half of the respondents (Cases 1, 2, 6 and 7) claimed that their mothers are caring. The other half differed on their description of the positive characteristics of their mothers: Case 3 encourages her children to be more independent, Case 4 is helpful, Case 5 is respectful and Case 8 is supportive. On the other hand, majority of them claimed that the negative characteristics of their mothers are their being naggers (Cases 2-7), conservative (Case 1) and assumes others' responsibility (Case 8).

In relating with their spouses, two (Cases 1 and 7) tend loving with their husbands. The other five differed respectively: relates like a friend (Case 2), has an open relationship (Case 3), tends to be cooperative (Case 4), tends to be submissive (Case 5), and tends to be supportive (Case 8). However, one (1) mother is separated from the father of her gay son and now has a new family (Case 6).

In relating with the relatives, two (Cases 2 and 4) had close relationship with them. Jamie's mother had a better relationship with her side than with her husband's side. Tuesday's mother relates well with her relatives and Eveth's mother also has a pleasant relationship. However, Nicky's mother tends to be pretentious in dealing with her relatives; Mel's mother tends to be distant while Ophelia's mother is unaccepted on her husband's side.

Six out of eight mothers practice a common method of discipline: verbal. The other two never reprimands (Case 2) and applies a different method which is more psychological (Case 4).

Half of the respondents are the eldest child of the family. The common number of siblings for each respondent ranges from 1-3. Only one respondent (Case 1) comes from a bigger family of seven children. In terms of educational attainment, siblings of the eight respondents differ so to with occupation.

With regards to positive characteristics of siblings, respondents' answers greatly differ. On the other hand, half of them claimed that the common negative characteristic of their siblings is their laziness.

In relating with parents, each respondent's sibling varies from each other. Two siblings of Case 1 seem not close to his parents, one is thoughtful and caring, the other appears indifferent. The sister next to him is demanding while the youngest is rebellious. The eldest sibling of Case 2 is close to their father, the youngest is closer to their mother while his only sister is vocal with her needs to their parents. Case 3's older brother deals well with their parents and his older sister is open in relating to their parents. Case 4's sister next to him is respectful in relating to their parents. However, the respondent can not give information about their youngest since she is still very young. The eldest sibling of Case 5 is submissive but forwards no information about his two step sisters on their relationship with their parents. In Case 6 describes his sister as having a good relationship with their parents. Case 7 says the brother next to him tends to be rebellious. However, the third one is respectful and their youngest is affectionate to their parents. Lastly, Case 8 claims his only sister has a sense of humor in relating to their parents.

In terms of relating with each other as siblings, Case 1 observes that three of his 7 seven siblings are not as close in relating with each

other. One tends to be kind and loving, one helpful, another hostile. In Case 2, the eldest and the youngest are close to each other. In Cases 3 and 5, both siblings are close to each other. In Case 5, his only sister can get along with the respondent. Two siblings of Case 7 relate well with each other. Only one sibling seems distant. Case 8 describes his sister as caring and dependent. Coopersmith (1967) says that people base their self-image on significance- the extent to which they feel loved and approved of by people important to them.

As to how the siblings connect with their relatives, Case 1 is not close, Cases 2, 3 and 7 appear to have close relationship with the relatives, while Case 4, 5 and 8 tend to be distant. Case 6, claims his sibling relates well with the relatives. In the respondent's role while growing up, two of the respondents are close to the mothers (Cases 1 and 2) or even to both parents (Cases 3 and 8).

Vitz (1999) pointed out that parents can influence their children not only by what they are and what they believe in, but also in what they do. In the growing stages of development, a child's sense of positive self-worth contributes to the child's well-being. This supports Huston's (1995) findings on an improvement in the mother-child relationship following the child's disclosure. Only one had unpleasant relationship with the father (Case 7). In relating with siblings, it appears that most of them are close (Cases 2 and 3), respect and understand the respondent (Cases 5, 7 and 8).

Gay people grow up in all types of home, with all types of families. They are raised in rural areas, large cities and everywhere in between. Gay men and lesbians represent every socioeconomic, ethnic and religious background possible (Troiden 1989).

Table 2: Developmental History

	Prenatal Period				Emotional Development	
	<i>Condition during Pregnancy</i>	<i>Attitudes toward the Respondent</i>	<i>Fears</i>	<i>Cooperative Behavior</i>	<i>Hostile behavior</i>	<i>Moods</i>
Case 1: <i>Nicky</i>	Normal	Conceived child was	Death and dying	Situations which he can	None	Over confident

		expected to be a girl Accepted/ Wanted; Planned		depict his talents programs and other social arrangements; To people he can confide to		Happy-go-lucky Sensitive Secretive of problems
Case 2: <i>Baby Sucker</i>	Normal	Accepted Wanted Planned	Not being able to graduate; Growing old alone; Not being able to support himself in the future	Extra-curricular activities; Mind boggling games; Joins only when invited; When capable of the task; To his gay friends	Backbite; To persons who are superficial plastic; Often resorts to vengeance	Happy-go-lucky; Not showy of one's emotions; Secretive of problems
Case 3: <i>Jamie</i>	Normal	Accepted Wanted Planned	Losing a loved one	Situations that involve dancing and entertainment	Situations with people who are drunk; Tend to control one's temper	Has a sense of humor; Able to control one's temper
Case 4: <i>Renee</i>	Mother saw an <i>engkanto</i> and she was sick for 6 months	Accepted Wanted Planned	Frogs; 'engkanto' / 'sigbin'	Very active in almost every activity in the school	When things are not done the way he wants it to be; To people who are lazy and un-cooperative; Expressed verbally	Happy-go-lucky
Case 5: <i>Mel</i>	Normal	Conceived child was expected to be a girl; Wanted Planned	To go against his mother; 'Balbal'	Community activities; Politics	Situations involving his stepfather; To people who are lazy and un-cooperative; Expressed verbally	Frank
Case 6: <i>Tuesday</i>	Mother took pills to avoid pregnancy	When discovered that she is pregnant, she become worried to have a child of many defects	Death and dying	Works only when obliged or forced to; To authoritative people	Conflict; To his roommate; Tend to play deaf	Moody type

		Unwanted Unplanned				
Case 7: <i>Eveth</i>	No idea	No idea	Not being able to finish schooling	In any given situation; To gay and female friends	Conflict to his brother	Flexible
Case 8: <i>Ophelia</i>	Normal	Anticipated Wanted Planned	Nothing	Anytime	None	Flexible
Social Development						
	<i>Favorite playmates</i>	<i>Toys liked</i>	<i>Games Preferred</i>	<i>Other information</i>		
Case 1: <i>Nicky</i>	Girls	Dolls	Play house and dolls	(Grade 1): enjoyed dancing and begun attracted to the same sex; enjoys watching “Darna”		
Case 2: <i>Baby Sucker</i>	Cousins (boys)	Toy Guns	Play princess Play house	Enjoys watching action movies with a girl playing the leading role		
Case 3: <i>Jamie</i>	No preference	Not fond of toys; prefers sewing dresses	Group games for both male and female sex			
Case 4: <i>Renee</i>	Gays	Kitchen Toy Set	Playhouse and cooking			
Case 5: <i>Mel</i>	Girls	Big Toys Trucks	Playhouse Teacher	Enjoys dancing		
Case 6: <i>Tuesday</i>	No preference	None	Trend at the given time			
Case 7: <i>Eveth</i>	Gays	Dolls Robots Toy Trucks	Playing marble Patintero Hide and Seek			
Case 8: <i>Ophelia</i>	Boys and Girls	Helicopter/ Airplane	Hide and Seek			

Discussion (*Developmental History*)

Table 2 shows that the majority of gay respondents (Cases 1, 2, 3, 5 and 8) were carried to term by their mothers on normal conditions except for cases 4 and 6). In case 4, the respondent’s mother got sick for six months while still pregnant with the respondent. The mother of Case 6 had been taking pills to avoid pregnancy not knowing that she was already pregnant. Birth in both circumstances, however were normal. Case 7 had no idea whatsoever about the circumstances during the pregnancy of his mother. Two (Cases 1 and 5) respondents were expected to be girls during mothers’ pregnancy. Six respondents (Cases

1, 2, 3, 4, 5, and 8) were planned and wanted by their family. Evidently, only Case 6 was an unplanned and unwanted.

In their emotional development, the most common concerns involved the idea of death and dying (Cases 1 and 6), evil spirits or the underworld (Cases 4 and 5), and not being able to graduate in college (Cases 2 and 7). Other fears include the fear of losing a loved one (Case 3), fear of one's future (Case 2) and going against his own mother (Case 5). One respondent (Case 8) fears nothing at all.

Three gay respondents (Cases 5, 6, and 8) had experiences that led to the fear of having been assaulted or offended by others. Others included getting an emergency call about his family (Case 3), receiving a failing grade (Case 7), and an encounter with evil spirits (Case 4). The remaining respondents (Case 1 and 2) claimed having none.

Seven of the respondents (Cases 1, 2, 3, 4, 5, 7, and 8), participated in programs and any extra curricular activities except Case 6 who did so only when forced to. It was apparent that most of the gay respondents (Cases 1, 3, 4, 5, 7 and 8) have the willingness to help. Respondents (Cases 3, 4, 5 and 8) did not choose who they helped and cooperated with. Preference to cooperate only with their gay friends appeared twice (Cases 2 and 7). Case 1 respondent preferred to cooperate with people whom he could confide with, while Case 6 respondent cooperated only to persons who are authoritative.

Common responses revealed that most of the gay respondents (Cases 2, 5, 6, and 7) were hostile in situations of conflict. Other circumstances that led to hostility included being with drunkards (Case 3) and when things were not done as they wanted to (Case 4). Cases 4 and 5 were hostile to people who were lazy and uncooperative. Cases 6 and 7 were hostile to someone close to them. Case 2 indicated hostility with superficial people. Nevertheless, two respondents (Cases 1 and 8) were never hostile at any given circumstances with anyone at all.

As reflected in the Table, it is obvious that most of the gay respondents take things lightly. Majority of the respondents (Cases 1, 2, 3 and 4) live a happy-go lucky life while Case 7 and 8 tend to be flexible in any situation.

In the Social Development, respondents Cases 3, 6 and 8 had no preference as regards gender they enjoyed playing with. However, preference by Cases 1 & 5 involved either female or gay (Cases 4 and 7) friends as their favorite playmates. Only Case 2 played with his male cousins. Majority of the games Cases 1, 2, 4 and 5 enjoyed as children included games girls like to play such as playing house and cooking, playing princess or teacher. Other games often preferred involved group games like hide-and-peek for Cases 3, 7 and 8. In contrast, however, toys often liked by Cases 2, 5, 7 and 8) were those of little boys. Only three (Cases 1, 4 and 7) enjoyed playing “girly” toys while two (Cases 3 and 6) said never had a toy. It was revealed that some of the respondents (Cases 1 and 5) commonly had a passion for dancing while they were still young. While two respondents (Cases 1 and 2) were fond of watching action movies where a girl was playing the heroine.

Richard Greene of the University of California at Los Angeles reports that children who manifested aspects of gender-atypical play indicated a homosexual orientation 75% of the time. Richard Greene’s observations suggest that sexual orientation is in place early in the life cycle. Further, human sexuality researchers, religious liberals, gay and lesbians generally agree that a person’s orientation is determined before reaching school age.

Sexual Development

Table 3: Sexual Orientation

SEXUAL IDENTITY	
Case 1:	Prefers to be identified as gay.

<i>Nicky</i>	He could say so because he is living a ‘colorful life,’ puts on make up, mischievous, ‘manguwag,’ ‘manlaki’ and is comfortable in feminine clothes. He discovered this tendency through his passion in dancing during 1 st grade, as well as his urge to use his mother’s lipstick and wear skimpy clothes. He also developed a huge attraction with a guy when still in Grade 1. Nobody influenced him in his decision to be a gay, he just followed his own feelings.
Case 2: <i>Baby Sucker</i>	Prefers to be identified as a bisexual. For him, the term homosexual connotes a shameful meaning often associated with something promiscuous. During his 2 nd grade, he got infatuated with a certain man and begun fantasizing about him. Sources of influence include his sister and mother. He is particularly close to his mother and admitted to have adopted her ways. Other sources of influence involve other gay relatives as well.
Case 3: <i>Jamie</i>	Prefers to be identified as gay. He could say so because of the way he sees himself. He noticed that he is gay because of his desire in dancing as well as his eager participation in shows. Thus far, nobody had influenced him in his decision to be gay.
Case 4: <i>Renee</i>	He prefers to be identified as gay. Sensed that was different when he was still young. It was his own freewill to be gay. But entertained the fact that in some way or another, having gay relatives in both sides of his parents might have influenced hi to be a gay.
Case 5: <i>Mel</i>	Prefers to be identified as a male, but admitted that he is a gay to avoid being ridiculed. However, he admitted to be a gay because of his actions. He learned this during CASS Paskuhan, he tried what it is like being gay by wearing female clothing. No one had influenced him to be gay and asserted that he already felt this way when still young
Case 6: <i>Tuesday</i>	He preferred to be identified as a male, but attracted to the same sex. Hate effeminate gays, but admitted that he is gay. Experiences include having sex with a neighbor (boy) in Negros, a year older than him when he was still in high school. He could say that it was his neighbor who had influenced him to be gay.
Case 7: <i>Eveth</i>	Prefers to be identified as gay because of the way he moves and feels. He felt this since he was in elementary, having an environment full of gays. Thus sources of influence may include his gay friends.
Case 8: <i>Ophelia</i>	Prefers to be identified as gay. Having no prohibitions in being gay. He got attracted to same sex when he was still 4 years old. Source of influence may be hereditary.

FAMILY ACCEPTANCE

Parent’s

	<i>Age discovered</i>	<i>How discovered</i>	<i>Reaction</i>	<i>Ways of acceptance</i>
Case 1: <i>Nicky</i>	7 years old	Became very ‘kiat’; Indulged in dancing	No reaction	Advised no to go too far
Case 2: <i>Baby Sucker</i>	12 years old	One’s behavior; Confessed when he asked. He was nervous but took the courage to say so	Father fell silent for a while	Tolerance in the way he behaves and dresses around the house; Supported in every decision he makes
Case 3: <i>Jamie</i>	5 years old	Noticed by his passion in sewing dresses	No reaction	Manifested through their gestures; The way they relate to the respondent
Case 4: <i>Renee</i>	Since young	Through his actuations;	Didn’t matter much to them	As long as he keeps his focus on his

		Having playmates mostly girls		studies
Case 5: <i>Mel</i>	Since young	One's ways and actions	His father did not initially accept it; His mother accepted right away	As long as he is not too flamboyant in his being gay; Having the condition of not having any intimate relationship with the same sex
Case 6: <i>Tuesday</i>	No knowledge of one's true identity	No knowledge of one's true identity	No knowledge of one's true identity	No knowledge of one's true identity
Case 7: <i>Eveth</i>	8 years old	One's actuations; having gay playmates; Wears ladies' dress	Shocked; Beaten up by his father	Understand what the respondent feels
Case 8: <i>Ophelia</i>	Since young	Manifested through one's actuations	Nor reaction but told to control one's self	give advice as not to go too much
SIBLINGS' ACCEPTANCE				
	Age discovered	How discovered	Reaction	Ways of acceptance
Case 1: <i>Nicky</i>	7 years old	Through one's actuations; One's passion in dancing	His brother becomes more hostile	Support; Concern
Case 2: <i>Baby Sucker</i>	Elementary years	One's behavior; Confession	Brother was discouraged and tried not to talk to him for some time	They did not deny in public that they had a gay brother
Case 3: <i>Jamie</i>	13 years old	In a show	No reaction	Understanding
Case 4: <i>Renee</i>	9 years old	Through one's actuations	No reaction	Understanding
Case 5: <i>Mel</i>	Since young	Wearing girl's outfit	Didn't liked what he discovered	A gay friend advised him to understand and respect
Case 6: <i>Tuesday</i>	No knowledge of one's true identity but has doubts	His lousy acts	No knowledge of one's true identity	No knowledge of one's true identity
Case 7: <i>Eveth</i>	Since young	Through what they have observed and heard gossips they heard	Ignore	Understand what the respondent feels
Case 8:	Since young	Manifested	Ignore	Understand what the

<i>Ophelia</i>		through one's actuation		respondent feels
RELATIVE'S ACCEPTANCE				
	Age discovered	How discovered	Reaction	Ways of acceptance
Case 1: <i>Nicky</i>	When he was still young	Behavior; Passion in dancing	No reaction	Respect
Case 2: <i>Baby Sucker</i>	Elementary years	Behavior; Confession	No reaction	Enjoys being with him
Case 3: <i>Jamie</i>	8 years old	His mother shared to them some of the clothes he sewed	Just laugh at it	Understanding
Case 4: <i>Renee</i>	Since young	Through one's actuations	No reaction	Understanding
Case 5: <i>Mel</i>	Since young	Through one's actuations	Did not liked it	Accepted him because he is not very flamboyant
Case 6: <i>Tuesday</i>	No knowledge of one's true identity	No knowledge of one's true identity	No knowledge of one's true identity	No knowledge of one's true identity
Case 7: <i>Eveth</i>	Since young	One's actuation	Shocked	Understand what the respondent feels
Case 8: <i>Ophelia</i>	Since young	One's actuation	No reaction	Understand what the respondent feels

Discussion (*Sexual Development*)

As shown in the Table, five respondents (Cases 1, 3, 4, 7 and 8) preferred to be identified as gay for various reasons: a gay has a 'colorful life' (Case 1), the way he sees himself (Case 3), one's freewill (Case 4), the way one moves and feels (Case 7) and having no prohibitions in being gay (Case 8). Cases 5 and 6 hate effeminate gays and would rather be identified male to avoid being ridiculed though they do not deny their true identity. Case 2 preferred to be a bisexual for the reason that homosexual connotes a shameful meaning. Kielwasser (1992) explains that homophobia, an irrational fear of homosexuals or a fear of one's own real or potential homosexuality applies to homosexuals and nonhomosexual alike. And truth is most of

us have grown up hearing negative remarks made, if not derogatory terms thrown to homosexuals.

The passion in dancing (Case 1 and 3) and infatuation (Case 2 and 8) with the same sex were the common situation experienced by most respondents during their childhood years. Two of them had gay relatives (Case 4) and had an environment full of gays (Case 7). One had a sexual experience with a neighbor (Case 6) and another one, was on a certain event memorable for him (Case 5). Four respondents (Cases 1, 3, 4 and 5) claimed no one influenced them to be gay, Cases 2 and 8 thought it as hereditary and the other two were influenced by gay friends (Case 7) and by a neighbor (Case 6). As Bell et. al (1981) pointed out sexual orientation, whether it be heterosexual, homosexual or bisexual does not appear to be something that one chooses. Recent studies suggest that sexual orientation has a genetic or biological component, and is probably determined before or shortly after birth. Like heterosexuals, gays and lesbians discover their sexuality as a process of maturing; they are not recruited, seduced or taught to be homosexual. The only choice most gay or lesbian people have is whether or not to live their lives honestly, or according to society's unrealistic expectations.

With regards to parents' acceptance, most of the respondents' true identity were discovered at a young age, from 5 to 8 years of age, as manifested by one's actuation (Cases 2, 3, 4, 5, 7 and 8), passion for dancing (Case 1) or having gay playmates (Cases 4 and 7). Only Case 2 confessed to his parents his true identity while Case 6 has kept his true identity from his family up to the present.

There is evidence that parents have very little influence on the outcome of their children's sexual orientation under normal upbringing conditions (Reisnisch 1988). However, parent's attitude can influence the way a child chooses to relate to his or her sexuality, whether it be heterosexual or homosexual. The common reactions of parents after they discovered their sons' true identity were acceptance (Cases 1, 3

and 5) and advised the respondent to have self-control (Case 8). But two fathers treated their sons coldly (Cases 2 and 5), and one respondent was beaten up by his father (Case 7). For other students who may not have close relationships with their parents, coming out does not seem so imperative. The oppression and negativity shown by society towards gay men creates a feeling of low self-esteem, isolation and poor psychological well-being which may lead some men into exploitative relationships and risky sexual activity. Rhoads (1994) contends that this experience is viewed as being crucial to their developing a healthy sense of themselves as gay or bisexual people.

Many students may receive support and affirmation when they come out to their parents. However, many may not be so fortunate. Many individuals describe a period of tension with one or both of their parents. Often this tension decreases over time and parents become more accepting of the individual. Sometimes, time does not serve to lessen the tension between the student and his or her parents. In extreme cases, some individuals are disowned by their disapproving parents and or other family members. Nevertheless, a poor familial relationship can lead to greater stress for a homosexual or bisexual individual. Generally, individuals who have come out to their families have described a process in which their parents seemed to have to go through their own process of learning to accept their children's gay or bisexual identity.

Parents' way of acceptance differ: Case 1 and 4 were given advise, Case 2 through tolerance and support, Case 3 through their gestures and the way they relate, Case 5 given conditions and Case 7 through understanding what he feels (Case 7).

On the other side, on the siblings' acceptance, since half of the respondents were eldest (Cases 4, 6, 7 and 8), definitely at a young age siblings had already noticed one's homosexuality. Being younger, siblings simply ignore it. Two of the eight respondents received discouragement from their brothers (Cases 1 and 5) and turned even

more hostile towards them (Case 2). Similarly, siblings' way of acceptance was understanding the respondent (Cases 3, 4, 7 and 8). Relatives' responses were similar with those of the parents' and siblings'.

Not many people are aware that most lesbian and gay youths have known about their feelings for the same sex from a very young age. Many do not blame their parents for their sexual orientation. Nor for the matter do the youths believe that they have been taught to be lesbian or gay by others who are older than them. As McDonald (1990) pointed out these homosexuals just know what their feelings are and that they are attracted socially, affectionally, and sexually to members of their own sex.

Acceptance of oneself as being homosexual is a life long process (Sabo (2000)). Society still holds many stigmas of what a fag is or does. This directly affects a person who is attracted to the same sex and therefore internalizes it as wrong. To overcome these barriers, one must construct his own perception of homosexuality acceptable to him.

Many people may wonder why gay, lesbian, and bisexual teenagers and adults feel the need to "come out," i.e., disclose their sexual orientation to others. Sullivan (1999) holds that this is actually the expression of a normal tendency to want to share personal information about oneself with important others, and should be treated as such by those around the gay, lesbian, or bisexual adolescent. It is healthy for teenagers to share with friends and families their latest crush or how they spent their weekend. This process, however, is often quite difficult for the gay, lesbian, or bisexual adolescent, because there is a strong and well-founded fear of being rejected by others.

Concerns and issues and Coping Strategies Employed

Table 4: Perceived Social Response

Problems and Concerns being a homosexual to:						
	<i>Oneself</i>	<i>Coping Strategy</i>	<i>Parents</i>	<i>Coping Strategy</i>	<i>Siblings</i>	<i>Coping Strategy</i>
Case 1: <i>Nicky</i>	Future; Relationship with the same sex	Having an open relationship if with someone	None	None	None	None
Case 2: <i>Baby Sucker</i>	Prejudice; To be ridiculed; Being disrespected; Inferiority feelings; Studies; Love life	Keeps his self-respect so people may see him as someone respectable and tried behaving in public	Putting family's name into shame	Guards himself in public	Putting the family's name into shame	Guards himself in public
Case 3: <i>Jamie</i>	None	None	None	None	None	None
Case 4: <i>Renee</i>	Self- acceptance	None	None	None	None	None
Case 5: <i>Mel</i>	Insecurity of his face	Tried to find ways of removing pimples on his face	None	None	None	None
Case 6: <i>Tuesday</i>	Money and concern on satisfying one's needs like love	Self- assurance	None	None	None	None
Case 7: <i>Eveth</i>	No one would discriminate	Ignore	Used to disgrace his own father	Persists in showing to them that he really wants to be gay	Fear that this siblings will be ridiculed for having a gay brother	Guarding himself in public
Case 8: <i>Ophelia</i>	Concern for his future of who will take care of him	None	No one would carry the family's name in the	None; there is nothing that he can do	Conflicts arise when both of them got	Persists on his feelings; fight for his feelings

			future	about it	attracted to one guy	
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Table 4.1: Belief System and Religion

	<i>Religion</i>	<i>Practice or not</i>	<i>Religion's Position towards homosexuality</i>	<i>Believes in God</i>	<i>Homosexuality a sin/not</i>	<i>Why</i>
Case 1: <i>Nicky</i>	Roman Catholic	Rarely goes to mass	Doesn't want to comment	Believes and fears God	Sin	In the Bible, God made a man and a woman and never mentioned gay
Case 2: <i>Baby Sucker</i>	Roman Catholic	Never goes to church but prays every night	Conservative view	Believes in God	Sin	In the Bible, God created only man and woman
Case 3: <i>Jamie</i>	Roman Catholic	Practiced	Doesn't want to give comment	Believes in God	Sin	Disobeys the law of God
Case 4: <i>Renee</i>	Roman Catholic	Practiced but seldom	He stressed that it has no position regarding homosexuality at all	Believes in God	Not a sin	God made us human beings and HE didn't ask us to be a woman or a man
Case 5: <i>Mel</i>	Roman Catholic	Active Chairman of Parish Youth Apostolate A catechist	Unfavorable because it is a sin in the Bible	Believes in God	Sin	Disobedience of the law of God
Case 6: <i>Tuesday</i>	Assembly of God	Not practiced Doesn't go to mass	Doesn't care	Believes in God	Sin	Homosexuality is not written in the Bible
Case 7: <i>Eveth</i>	Roman Catholic	Practiced	Favorable (tolerates)	Believes in God	Not a sin	It is God's will Homosexuals has a purpose in this world
Case 8: <i>Ophelia</i>	Roman Catholic	Practiced	Doesn't mind, what is important for him is that one has faith	Believes in God	A sin if one goes beyond the limit	According to the Bible, too much of something is a sin

Table 4.2: Self-Acceptance

	<i>How do you</i>	Accept	Enjoy being a	Proud being	How
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	<i>see/feel about oneself being a homosexual</i>	oneself being a homosexual/not	homosexual /not	gay/not	
Case 1: <i>Nicky</i>	Happy-go-lucky; Confident and happy being gay	Fully accepted	Enjoys every moment	Proud	He has a little and had accomplished something being gay, thus he wanted to show to others that he is a homosexual
Case 2: <i>Baby Sucker</i>	Happy-go-lucky; Flexible; A gay with self-discipline; Mischievous; Maltreats people and underestimates them	Contented and happy	Enjoy	Proud	By showing to others that he is a gay
Case 3: <i>Jamie</i>	Happy being a gay	Accepted	Enjoy Very happy	Proud	Having talents that most people do not have
Case 4: <i>Renee</i>	An individual with a family that is willing to help him, has friends who understand and many people who are willing to help and accept him as he is. He felt lucky and sad because some understand him, others underestimate him	Accepted	Enjoy	Not totally proud because he is often misunderstood by others	Being true to oneself
Case 5: <i>Mel</i>	Religious; Respectful; Neat	Accepted and contented being a gay	Not totally happy because he didn't experienced yet what it truly is like to be a gay	Proud	Is show by his desire in serving the community and would fight for the right of the people
Case 6: <i>Tuesday</i>	Happy being gay Comfortable with the kind of life he has yet	Accepted	Enjoy	Proud	By telling the truth and not denying one's true identity

	still searching for something				Happy with what he is doing
Case 7: Eveth	A human being Very much satisfied of one self at present	Fully accepted	Enjoy	Proud	Showing to others the real him
Case 8: Ophelia	Unique person	Accepted	Enjoy	Proud	By being true to oneself

Table 4.3: Building Relationships

	Social relationship with:							
	Male friends	Problems encountered	Female friends	Problems encountered	Gay friends	Problems encountered	Same sex	Opposite sex
Case 1: Nicky	Lots and usually gets along with them	Males' preference of physical beauty	Lots and believed that females prefer gay friends	None	Enjoys being with them	None	Numerous	Admires at the level of appreciation of beauty
Case 2: Baby Sucker	Has plenty of male friends	None	Only has a few female friends	Annoyance especially when they show hostility and intimidation	One's major group of friends; Deeper than just friends, more like sisters	Rivalry over boys	Yes	None
Case 3: Jamie	Respected him	None	Respected him	None	Very comfortable being with them	Gossips	Doesn't know	Doesn't know
Case 4: Renée	Pleasant none	None	Enjoys being with them	None	More enjoyable being with them	None	Many times	Admires at the level of appreciation of beauty
Case 5: Mel	Has a best friend and treats him as a brother	None	Relates well	None	Facilitates well	Betrayal	Yes	Admires at the level of appreciation of beauty
Case 6:	Few but close	None	Few but close	None	Few but close	None	Stronger than	Yes

<i>Tuesday</i>	friends; Choosy type of person		friends; Choosy type of person		friends; Choosy type of person		with the opposite sex	
Case 7: Eveth	Only a few Short acquaintance	None	Usual companions	None	Usual companions	Betrayal Gossips	Yes, easily falls in love	Attracted but only at the level of appreciation of beauty
Case 8: Ophelia	Many male friends	None	Many female friends	None	Usual companion	Betrayal Gossips	Yes	Admires at the level of appreciation of beauty

	Intimate relationship with:		<i>Experiences</i>	<i>Problems</i>	<i>Ways of coping</i>
	<i>Same sex</i>	<i>Opposite sex</i>			
Case 1: <i>Nicky</i>	Numerous; Used to have more than one lover	None	Longest relationship took 2 ½ yrs; Used to have more than one lover but grew tired; Once had mutual feelings with a good looking gay from another college	Had been assaulted because of lover's jealousy and aversion to Nicky's flirtatious behavior	Over confidence, he assumed that he can endure through it; With the help of his friends Cool off
Case 2: <i>Baby Sucker</i>	Yes	None	Once experienced having a boyfriend that was only forced onto the relationship; Had one experience being truly card for just like a girl	Tends to be very possessive	Usually ends the relationship; If possible, settle things through apology but it is always him who apologizes
Case 3: <i>Jamie</i>	Doesn't know	Doesn't know	None	None	None
Case 4: <i>Renee</i>	Many times	Once	None	None	None
Case 5: <i>Mel</i>	None	One infatuated when he was still in Gr. V	None	None	None; Hoping to have one
Case 6: <i>Tuesday</i>	Yes	None	He was in college already, he had a lover which started in a simple	The lover had a personal problem	Decided to break up which took four months for him to get-over

			acquaintance. Their relationship deepened to a point that they decided to live-in, but before they were able to, they broke up		
Case 7: <i>Eveth</i>	One night stand	None	Had a oral sex (one night stand)which started when he was still 9 years old	When one sexual partner revealed to others that they had engaged in oral sex	Ignore
Case 8: <i>Ophelia</i>	Yes	None	In year 1999, when he was still in high school, a man courted him who happened to be the campus crush. Their relationship lasted for a week	Another gay ____ into the relationship	_____ break up

Table 4.4: Education

	<i>Situation in school</i>	<i>Problems encountered in relation to being gay</i>	<i>Aspirations</i>
Case 1: <i>Nicky</i>	Doing well Graduating student	None	Don't want to think about it
Case 2: <i>Baby Sucker</i>	Doing well Dean's lister	Prejudice and discrimination from teachers and male classmates * keeps himself quiet and speaks only when asked something by the teacher	To become a CPA. But if give a chance to shift, he would choose Marketing course
Case 3: <i>Jamie</i>	Doing fine	None	To finish his course, get a job and to be a professional dancer
Case 4: <i>Renee</i>	Doing fine	None	To have a Master' Degree
Case 5: <i>Mel</i>	Sometimes things goes well, sometimes not	None	Plans to be a teacher
Case 6: <i>Tuesday</i>	Doing fine Graduating student	None	To have Master's and Doctoral Degree
Case 7: <i>Eveth</i>	Doing well	None	To have a Doctoral Degree
Case 8: <i>Ophelia</i>	Doing well	None	To serve the country for 12 years, then work abroad

Discussion (Concerns and Issues and Coping Strategies Employed Being a Homosexual)

The Table reflects the concerns and issues of the male homosexual respondents as well as the strategies they used in facing those concerns and issues.

First, in the adjustment issue Perceived Social Response, most of the respondents' problems dwell on prejudice, discrimination and respect (Cases 2 and 7) as well as concerns for love (Cases 1 and 6), future (Cases 1 and 8), and inferiority feelings (Cases 2 and 5). Only few included money (Case 6), studies (Case 2), and self-acceptance (Case 4). One respondent (Case 3), nonetheless, had no concern at all about oneself. Half of the gay respondents (Cases 3, 4, 7 and 8) just ignored these problems while others used problem-focused coping strategy like guarding himself in public (Cases 2 and 5). Another (Case 6) kept on assuring himself.

Apparently, the problems and concerns of Cases 2 and 7 in being homosexuals are mostly in terms of putting them and the family's name into shame. Hence, Case 2 guards himself in public while Case 7 persistently shows his really wanting to be gay. Case 8 is concerned with who will carry the family name in the future. He rationalizes that he can do nothing about it. Five (Cases 1, 3, 4, 5 and 6) have no concern whatsoever with their parents'. Likewise, the Table shows that a major number of the respondents (Cases 1, 3, 4, 5 and 6) shared no problems and concerns of their being gay to their siblings. Yet, concerns on siblings as stated includes putting the family's name into shame (Case 2), fear of their siblings being ridiculed for having a gay brother (Case 7) and rivalry between the respondent and his sister over one guy (Case 8). Ways of coping were problem-focused like guarding themselves in public (Cases 2 and 7) and persistence on his feelings/fighting for his feelings (Case 8).

All teenagers face certain developmental challenges, such as developing social skills, thinking about career choices, and fitting into a peer group. Gay, lesbian, and bisexual youth must also cope with prejudiced, discriminatory, and violent behavior and message in their

families, schools, and communities. Such behavior and messages negatively affect the health, mental health and education of lesbian, gay, and bisexual young people (Herek, 2002).

Each individual's coping skills determine how well that individual will be able to cope with gay or lesbian self-identification. Older adolescents may be able to handle the stress of an emerging homosexual identity better because they have had more time to develop their coping skills (King, 1995). Some adolescent's subconsciously delay dealing with these issues until they are older. Gay and lesbian youth will often withdraw from their families and parents will not know why (McMillan, 1997).

In the Belief System and Religion, seven (Cases 1, 2, 3, 4, 5, 7 and 8) out of the eight respondents are Roman Catholics. Half of the respondents (Cases 3, 4, 7 and 8) practice their religion while three (Cases 1, 2 and 3) seldom do. Only one (Case 6) admitted that he does not practice his religion at all. Two (Cases 2 and 5) claimed that their religion has an unfavorable position towards homosexuality; two (Cases 1 and 3) did not want to give any comment while another two (Cases 6 and 8) simply do not care as to what their religion's position regarding homosexuality.

Two (Cases 4 and 7) assert homosexuality is not a sin. One reason that it was God's will that one becomes a homosexual, while the other pointed out that God made us human and did not ask us to be either male or female. However, one respondent (Case 8) believed that homosexuality is not a sin only if one does not go beyond the limit.

As alleged by Bass (1996), the Religious Right thinks that a person is making a choice to be gay or lesbian because they believe that sexual orientation is a choice and others are forcing their views on anyone else in the name of God. If God doesn't want people to be gay or lesbian then why doesn't God change gay and lesbian people as many have requested through prayer? God must in reality love gay and

lesbian people as they are. Jesus said to “love your neighbor as yourself” and he meant all of your neighbors. Jesus Christ did not once condemn gay and lesbian people and he did not once even mention homosexuality, instead he focused his ministry on love and compassion.

In the issue of Self-acceptance, it was clear that majority of the respondents (Cases 1, 2, 3, 4, 6 and 7) felt happy being a gay. All gay respondents fully accepted themselves as gay, three of which (Cases 2, 5 and 7) felt satisfied with their decision in being gay. Herek (1986) says acceptance of oneself as being homosexual is a life long process Society still holds many stigmas of what “a fag” is or does. This directly affects a person who is attracted to the same sex and therefore internalizes it as wrong. To overcome these barriers one must construct their own perception of homosexuality that is acceptable to them. However, as maintained by Vitz (1999), self-acceptance is usually sought by finding support systems usually other homosexual people that one can identify with. Many homosexuals go through a period of translation to build a new identity, as they become more accepting of their sexual preference. This may include a short or long period of time in which their homosexuality becomes their master role.

Responses revealed that gay respondents (Cases 1, 2, 3, 4, 6, 7 and 8) enjoy the lifestyle of being gay except for one (Case 5) who is not totally happy, because he believes that he still has not experienced what it is truly like to be a gay. A more recent survey results from the year 2000 reported by Christina E. Nellos and her colleagues from the University of California, Los Angeles that gay men and women now appear to be just as likely as heterosexuals to say that they are happy in life. Obviously, there has been an increase of level of happiness among homosexuals (Susan Cochran, 2003).

Furthermore, though mostly are proud of who they are, one respondent (Case 4) however is not totally proud because of his being misunderstood by others. Often, the respondents show that they are proud by showing to oneself and to others their real sexual identity.

In *Building Relationships*, descriptions of social relationships of male, female and gay friends tend to have a high degree of variation. However, common responses (Cases 1, 2, 3, 4, 5 and 8) show that gay respondents usually have lots of male friends. But two (Cases 6 and 7) admitted to having only a few. Respondents encountered no problems in relating with their male friends except for one (Case 1) who was concerned by the male friends' preference for physical beauty.

In terms of the social relationships with female friends, it was apparent that gay respondents enjoy more of their company compared to that of male peers. Likewise, no problems were encountered by the gay respondent with the female friends. But it is evident, that gay friends usually tend to be the major group of friends of the respondents. They generally were their usual companions.

But as stressed by Troiden (1988), the meeting of other homosexuals does not cause one to be homosexual. It is the active process by which one struggles for self-acceptance and then may seek homosexual peer groups for support. This creates a better understanding of the subculture. In a study done by Bell and Weinbery (1978) "73 percent of gay males... indicated they had very little or no regret about their homosexuality." Though five out of eight respondents (Cases 1, 4, 5, 7 and 8) admitted they had been attracted to the opposite sex, this was only at a level wherein they appreciated the other's beauty. One respondent (Case 6), however, firmly believed that he does indeed get attracted with the opposite sex.

Conversely, attraction with the same sex is much stronger as shown in their responses. More than half of the respondents (Cases 1, 2, 4, 5, 6, 7 and 8) directly admitted that they do get easily infatuated with the same sex. There is one (Case 3), however, who responded that he did not entirely know whether he got attracted to the same sex at all. As indicated by Patterson (2003), the most important factor to remember is that although one might be attracted to someone, the sexual impulse

that often accompanies the attraction is more an indication of a psychological need. That is, a person's sexual appetite is more a function of satisfying a psychological need to be accepted (or to prove that one is not worthless, unnecessary, unloved) than actual karmic obligation. The base reason for a person being inclined towards the same sex, as approved to the opposite sex, is psychological in structure and form.

Satisfaction and Dissatisfaction

Table 5: Satisfaction and Dissatisfaction

	SATISFACTION				
	<i>Happy Experiences</i>	<i>Benefits of Being gay</i>	<i>Special talents, skills and abilities</i>	<i>Affiliations</i>	<i>contributions</i>
Case 1: <i>Nicky</i>	Be in a relationship in which he is truly loved	Living a truly happy and enjoyable life	Dancing; Production officer in any programs in the Institute	KAWINGLA S EC (Executive Council)	Being an artist; Successful in the programs for the student body
Case 2: <i>Baby Sucker</i>	Can be able to express what one wants; Enjoys because of 'kaki-atan'	Flexible; Versatile; Talented; Expressive; Really works hard to get what he wanted	Dancing; Singing; Acting	None	Being a disciplined citizen and nationalistic person; Model of other gays, one that can be respected
Case 3: <i>Jamie</i>	Can join and get along with either sex	One can be very vocal and expressive	Dancing; Designing	Interactive Dance Company; KARIALA	Sharing his talents
Case 4: <i>Renee</i>	Living a lively and enjoyable life; It is a trend nowadays	Having lots of friends	Dancing	KALIMULA N	Being a good citizen
Case 5: <i>Mel</i>	Being chased by dogs together with	Having abilities and talents	Dancing	ANAK-BAYAN; Catechism	Serving the community like catechism

	his gay friends				
Case 6: Tuesday	Encounters a friend with the same condition and situation like him. They relate to each other's struggles.	Able to understand the people why they behave like that; Can adjust with the complex behavior of people	Writing Tagalog stories, poems; Programming	Executive Council	Being a good citizen
Case 7: Eveth	Sex; Getting drunk; Going out with gay friends; 'Manglaki'	Having many friends; Having many talents; Having a very happy life; Creative	Drawing; basketball	None	To help the needy
Case 8: Ophelia	Everyday is a happy day for him	The same benefits gained by male and female sexes	Doing household chores; Make people laugh	A society member of his course	Give ideas to their barangay
DISSATISFACTION					
	Bad experiences		Negative views/ comments from others		
Case 1: Nicky	None		Liar; Vigilant; Covetous		
Case 2: Baby Sucker	While in high school, he was being smocked by some of the male audience for being the only gay among the boys during performance		Vivacious; Covetous		
Case 3: Jamie	Being scoffed at while dancing		Doesn't want to give a comment		
Case 4: Renee	Being scoffed at; Called with names		Flirt		
Case 5: Mel	None		Doesn't want to give a comment		
Case 6: Tuesday	In elementary, in 5 th grade, his classmates were making fun of him while he was asleep. They put a guava on his mouth. He got embarrassed.		People can't identify gays, which people thought gays as one and people don't know how to look at it.		
Case 7:	When his sexual partner revealed to		Maniac;		

Eveth	others that they engage in oral sex. His father had beaten him up.	Nagger/ noisy
Case 8: Ophelia	For him, everything that happened to him has a purpose	Doesn't care

Discussion (*Satisfaction and Dissatisfaction*)

As reflected on the Table, most respondents (Cases 2, 4, 5, 7 and 8) have happy experiences being in the company of their gay friends Case 1's happy experience is being in a relationship in which he is truly loved. Case 3 gets along with both sexes and Case 6 has met someone with the same struggle as his. Being very vocal and expressive (Case 3), having lots of friends (Cases 4 and 5) and many talents (Cases 5 and 6) were the common benefits of being gay. Dancing is the talent that most gay respondents have (Cases 1, 2, 3, 4, and 5). Case 6 is good in writing and Case 7 in sports. Six (Cases 1, 3, 4, 5, 6 and 8) belong to certain organizations. Being good (Cases 1, 3 and 8) is the common responses by most of the respondents in their contribution to the society. Findings of Cochran () show that living as a homosexual in a predominantly heterosexual world may not be as bleak as previous researchers have proposed.

Respondents' bad experiences as depicted in the Table were more of being ridiculed by others (Cases 2, 3, 4, 6, 7 and 8). Their perceptions on the negative views of other people differ. Research has found that the people who have the most positive attitudes toward gay men, lesbians and bisexuals are those who say they know one or more gay, lesbian or bisexual person well. For this reason, psychologists believe negative attitudes toward gay people as a group are prejudices that are grounded in actual experiences but are based on stereotypes and prejudice. Homosexuality is and has been in the past saturated with public scorn but today public awareness and gay rights advancements have defeated some scorn though not totally eliminated it.

4. Summary, Conclusion, and Recommendations

Summary

1. Gay respondents grew up in all types of homes with all types of families. Most parents of the gay respondents were not able to finish schooling. Majority of these parents are working in the private sector. In terms of positive characteristics, most fathers are described by the respondents as generous while mothers are described as caring. On the other hand, negative characteristics of most fathers include being quick-tempered and drinks occasionally while mothers are naggers.

In relating to each other as spouses, parents of the eight respondents show a common theme: husbands consult their wives and keep an open communication and wives also are supportive and submissive to their spouses. In relating to their children, most parents encourage, gives advice and impose fair treatment to them. In relating to relatives, parents differ. The common method of discipline these parents employed is verbal. Half of the respondents were the eldest child of the family. The common number of siblings each respondent had range from 1-3. Only one respondent came from a big family. In terms of educational attainment, siblings of the eight respondents differ, so with occupation. Siblings relating to parents, to each other and to relatives greatly differ. In the respondents' role growing up, it is apparent that parents of the respondents establish close relationship and siblings tend to respect and understand them.

2. In their developmental history, predominantly, mothers' condition during pregnancy of the respondents was normal and so far, majority have been accepted and wanted by their family as a child. Their fears commonly involved the idea of death and dying, evil spirits or the underworld and not to be able graduate in college, while experiences that lead to fear have to do with being offended

or assaulted. Most of them enjoy participating in programs and joining extracurricular activities and at the same time, they do not choose who they cooperate with. On one hand, conflict situations often lead the respondent to be hostile. It was apparent that the gay respondents live a happy-go-lucky life and often described themselves to be flexible.

Through most respondents recall that they do not chose who their favorite playmates were, it was revealed that preference for gay or female friends dominate compared to male friends. Results as well showed that respondents prefer female games. This was supported by Richard Greene's study reporting that gender-atypical play indicates a homosexual orientation. Nevertheless, toys mostly preferred are those of little boys.

Added information reveal that some respondents have a passion for dancing ever since they were young and were fond of watching action movies in which a girl plays the leading role.

3. In their sexual orientation, all of the gay respondents did not deny their true identity but two of them preferred to be identified male or bisexual. Though their reasons greatly differ, most of them claimed that no one influenced them to be gay. It was common among eight respondents that they discovered their sexual identity at an early age. Undeniably, family noticed it through one's actuation. Parents' reaction and ways of acceptance differed. But most siblings and relatives understand the respondent.
4. In the adjustment issue, Perceived Social Response, most of the gay respondents had problems in terms of prejudice, discrimination and respect as well as concerns for love, future and inferiority feelings. Other problems or concerns included money, studies and self-acceptance. Half of the respondents ignored those problems or concerns and the other half differed in their way of coping. In terms of problems and concerns of the respondents for being a

homosexual to their parents were mostly in terms of putting them and the family's name into shame. Three of the respondents' way of coping with regards to problems and concerns for their parents was problem-focused. Majority of the respondents shared no problems and concerns of their being gay to their siblings.

In the Belief System and Religion, all were Roman Catholics except for one who was an Assembly of God. Majority of the respondents practiced their religion. When asked about their thoughts regarding their thoughts regarding their religion's position towards homosexuality, the responses greatly differed but it was suggested that majority of the respondents viewed homosexuality to be unfavorable. All the respondents believed in God and majority of them claimed that homosexuality is a sin with the reason that homosexuality is against the Laws of God. Though a few claim that homosexuality is not a sin, but their reasons behind were incongruent.

In the issue of Self-acceptance, it is apparent that a number of the respondents felt happy being gay and all of them had fully accepted themselves as gay. Responses revealed that gay respondents enjoy the lifestyle of being gay. Moreover, most of them are proud of who they are by showing to oneself and to others their true identity.

In Building Relationships, descriptions of social relationships of male, female and gay friends tend to have differences. However, it is apparent that gay respondents enjoy more the company of female friends compared to that of male peers. But gay friends usually tend to be the major group of friends of the respondents. It is evident that problems commonly encountered with gay friends were caused by betrayal and gossips.

Most of the respondents claimed that they are more attracted to the same sex than to opposite sex. Attraction usually involves the appreciation of the other's beauty. Only one respondent appeared

that he had not yet experienced an intimate relationship with the same sex. But problems in intimate relationships commonly lead break-ups.

Respondents' experiences, problems and ways of coping regarding intimate relationship greatly differ.

So far, all of the respondents are doing well in school. One respondent encountered problems like prejudice and discrimination from teachers and male classmates. Majority of them further plan to get Master's and Doctor's degree.

5. In terms of satisfaction, most respondents have had happy experiences in being in the company of their gay friends. Accordingly, the common benefits they have as gays are having lots of friends, talents and they learn to be flexible. Most respondents are good in dancing and belong to certain organizations. Being a good, law-abiding citizen and sharing one's talent were the common responses most of the respondents give in their contribution to society as gays.

On the other hand, on dissatisfaction, respondents' bad experiences were more of being ridiculed by others. Their perception on the negative views of other people differs

Conclusion

5.
 - a. Parents' characteristics or behaviors towards male homosexuals can influence them in everything they do.
 - b. Attachment to the mother by male homosexuals since their childhood years suggests that such may influence their homosexual orientation.
 - c. Respect and understanding of the siblings given to the homosexual aid in showing their identity.

2.
 - a. Mothers' condition of male homosexuals during pregnancy is normal and family's attitude towards them is favorable in which they are accepted and wanted.
 - b. Most male homosexuals live a happy-go-lucky life.
 - c. Gender-atypical play is manifested during childhood years suggesting that early life experiences indicate a homosexual orientation.
3. Sexual orientation of male homosexuals is both nature and nurture. Sexual identity of male homosexuals can be observed at an early age.
4. Male homosexuals perceived others people's views were commonly based on societal attitudes.
5.
 - a. Male homosexuals attain satisfaction in asserting their identity by showing their talents.
 - b. Stereotyping of other people of male homosexual's sexuality brings dissatisfaction.

It is recommended that:

1. General knowledge of homosexuality and homosexuals be made known to the Guidance Office for effective guidance and counseling programs for male homosexual college students.
2. Increase the awareness of parents regarding male homosexuals so that they can give proper guidance especially to those entering adolescence
3. Further studies should include
 - a. Expansion of the scope of the study
 - b. Comparative studies between male and female homosexuals
 - c. Experiences and struggles of the homosexuals

- d. other areas with regards to issues of adjustments
- e. the family system showing a genogram to determine whether homosexuality runs in the family

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**Third Year La Salle University Nursing Students'
Perceptions on Psychiatric Duty**

Gretchen R. Fernandez

Abstract

Psychiatric nursing is a specialty of nursing profession in which the focus of the nurse is directed toward the promotion of mental health... minimization of effects of mental disorders (Worret et al, 2007). Sixty Nursing students who have had psychiatric duty participated in this study. A researcher-made questionnaire was used in gathering pertinent data for the study. It was made up of statements pertaining to their perceptions about their psychiatric ward duty.

1. Introduction

Integration of theory into practice is an important component of undergraduate education that is ideally maximized through effective clinical placements (Brewer 2001). There are however considerable complexities and considerations of placing students in tertiary organizations to progress learning and ensure the adequate preparation of the undergraduate. While the environment is recognized as a key success factor in effective clinical learning it is multifaceted. The literature recognizes that a supportive environment for students and opportunities for students to practice activities are important in continuous learning. Collaboration between academic and health service sectors is constantly being strengthened to enhance the support for student learning (Durkn, 2002).

Psychiatric nursing is a specialty of nursing profession in which the focus of the nurse is directed toward the promotion of mental health, the prevention of mental disorders and minimization of effects of mental disorders (Worret et al, 2007). According to American Nurses Association, psychiatric nursing must be part of the training of the nursing students. It has been instrumental in providing the foundation of psychiatric mental health nursing practice as we know it today.

Review of Related Literature

Psychiatric nursing provides client care that maintains mental health, prevents potential problems and treats human response to actual problems of mental illness (Stuart, 2006). According to Keltner (1999), the history of psychiatric – mental health nursing is rich and reflects the evolution of societal, economic, legislative and cultural influences and technological advances. Despite their conservative beginnings as custodians of care, the role of psychiatric mental health nurses continues to reflect contemporary socioeconomic and legislative trends and the explosion of technological advances in neuroscience. As these technological advances make an impact on lifestyles and health, cultural factors remain an integral part of society and influence individual health practices and response to life span stressors. Today, the psychiatric- mental health nurse faces the challenge of integrating the intricacies of scientific studies, societal norms, and cultural factors and their effects on human behavior into evidenced based interventions.

The unique contributions of the nurse in caring for the mentally ill have been well documented throughout the ages. The advent of moral treatment involved recognizing and treating the mentally ill as human beings. Nursing care of the mentally ill was extremely limited during the early part of the nineteenth century partly because nurses lacked formal training and education. Custodial care remained the primary mode of treatment within institutions. As Worret et al, (2007) says, training for mental health nurses was significant because it provides care rather than incarceration for treatment of mental illness.

The Cognitive Apprenticeship framework (Conway,1988) focuses on the process of learning and considers the student experience (and student perceptions of the experience) to be at the center of the learning context. It paves way to the three stages of skill acquisition described in the expertise literature: the cognitive stage, the associative stage, and the autonomous stage. In the cognitive stage, learners develop declarative understanding of the skill. In the associative stage,

mistakes and misinterpretations learned in the cognitive stage are detected and eliminated while associations between the critical elements involved in the skill are strengthened. Finally, in the autonomous stage, the learner's skill becomes honed and perfected until it is executed at an expert level.

Holm-Petersen (2007) investigated the attitudes of Danish medical students as to the attractiveness of psychiatry as a career possibility and to assess the impact on such attitudes of actual contact with psychiatry. The findings of his study suggested that psychiatric affiliations can influence students' attitudes to psychiatry. The observed changes in attitudes lead to the presumption that some aspects of the image problem of psychiatry stem from inadequate knowledge of psychiatry as a specialty and the actual work psychiatrists perform.

In a study done by Cynthia M. Stuhlmiller (2003) on *Student Views about Mental Health Nursing*, researcher have identified that both positive and negative views influence nursing students' interest in mental health as field of practice. Nearly all students reported that they would find working in mental health fascinating. Learning about different mental illnesses, and exploring the mystery of mental illness were common responses indicating the positive aspects of mental health nursing. In addition to, working closely with people using skills of communication rather than technological interventions was thought to be potentially more rewarding and making a difference in someone's life was considered by nearly half of the students to be a significant incentive in mental health nursing. On the other hand, researcher have identified also negative and challenging views about psychiatric nursing which includes working with people who were depressed, self-harming, suicidal, aggressive, abusive, violent, and/or uncooperative would be difficult. Students claimed to lack confidence to manage their own anxiety when caring for patients with mental health issues. The students feared that the work would be too emotionally demanding or lose control.

Nursing students have at least a basic level of understanding regarding the origins of mental illness, and their profession commits them to be involved with some individuals who are not mentally healthy. It would seem logical that these individuals would be most supportive and tolerant of those with mental illness and least tolerant of negative stereotypes.

Stigma remains one of the major barriers to promoting mental health nursing. The stigma that is associated with sufferers of mental illness in our health care system is inexcusable Stuhlmiller (2003). Investigators have explored the variety of issues that shape a student's views on promoting students' interest in psychiatric nursing.

Statement of the Problem

The study aims to assess the perceptions of the 3rd year nursing students in La Salle University-Ozamiz City of their psychiatric affiliation. Specifically, this study seeks to answer the following questions:

1. What are the perceptions of the 3rd year nursing students about psychiatric duty?
2. Based on the result, what interventions will be done to promote positive perception and eliminate the negative views?

Scope and Delimitation

This study is limited to finding out the perceptions of the third year nursing students about their psychiatric ward duty. These nursing students were undertaking their practicum at Mercy Community Hospital – Iligan City at the time of this study.

Significance of the Study

The results of this study would be beneficial to the following recipients:

Students. They may find the results beneficial for them to have a positive outlook of their psychiatric ward duty.

Clinical Instructors. They will acquire significant information about the perceptions of third year nursing students of their psychiatric ward duty. Then, they can guide and improve the skills of the students

Patients. They will be the ultimate receiver of the services provided by the practicing nursing students. When student nurses are well provided with knowledge, skills, and attitudes by the institution, then they will perform better in the actual care of the patients. As a result, patients will be helped in any way.

College of Nursing. The findings of the study will provide the basis of program modifications to improve the perceptions of the nursing students of their psychiatric ward duty.

2. Methodology

The study was conducted in the College of Nursing located at La Salle University Heritage Campus. It utilized a descriptive survey method to determine the perceptions of the third year nursing students about psychiatric duty. A researcher-made questionnaire made up of statements pertaining to their perceptions about psychiatric ward duty was distributed to a sample of sixty students out of 103 3rd year nursing students who had had their psychiatric exposure.

The statistical methods used were frequency and percentage to determine the distribution of the responses in each category and to determine the position of the respondents' responses out of the number of responses utilized in the study.

3. Results and Discussions

The following Tables present the perceptions of the respondents regarding psychiatric ward duty.

Table 1: Psychiatric ward duty is fascinating

	Frequency	Percentage %
Agree	60	100
Disagree	0	0
Total	60	100 %

As shown in Table 1, all respondents or 100% of the respondents agreed that one of their perceptions about psychiatric duty is that it is fascinating. This fascinating thought may be due to their excitement of having a new area as part of their duty. According to Stuhlmiller (2003) learning about different mental illnesses, the diversity of people affected, what makes people tick and exploring the mystery of mental illness were common responses indicating the interesting aspects of mental health nursing. Psychiatric ward also has relaxed atmosphere that promotes enjoyment and intrigue to the respondents. This may explain why all the respondents agreed that one of their perceptions about psychiatric ward duty is that it is a fascinating experience.

Table 2: Interacting with people using skills of Communication rather than technological interventions is more rewarding.

	Frequency	Percentage %
Agree	55	92
Disagree	5	8
Total	60	100%

Table 2 shows 55 out of 60 respondents or 92% agreed that one of their perceptions about psychiatric ward duty is that

interacting with people using skills of communication rather than technological interventions is more rewarding. According to the article of Stuhlmiller (2003), to work closely and holistically with people using skills of communication rather than technological interventions was thought to be potentially more rewarding. Using of communication skills is the therapeutic tool in psychiatric nursing (Worret et al, 2007).

Table 3: Working in a mental health makes a positive difference in people’s lives.

	Frequency	Percentage %
Agree	56	93
Disagree	4	7
Total	60	100%

Table 3 presents the tabulation of the patient’s responses in the statement: Working in a mental health makes a positive difference in people’s lives as one of the perceptions of the respondents about psychiatric ward duty. Majority of the respondents (93%) agreed that psychiatric nursing can make a difference to the life a mentally ill client. As one respondent commented, the opportunity to make a difference in someone’s life is considered to be a significant incentive about psychiatric duty. According to Stuhlmiller (2003), being able to positively affect the quality of people’s lives, connect them with support services, and allow them to feel like they can control the life would make mental health nursing attractive.

Table 4: Working with people who were depressed, self-harming, suicidal, aggressive, abusive, violent, and/or uncooperative is difficult.

	Frequency	Percentage %
Agree	45	75
Disagree	15	25
Total	60	100%

The above Table reveals that 75% of the respondents agreed that it is difficult to work with people who are depressed, self-harming, suicidal, aggressive, abusive, violent, and/or uncooperative. This may be true because of the unpredictable behaviors of the psyche patients in the psychiatric ward.

Table 5: Caring for mentally ill patients can cause anxiety

	Frequency	Percentage %
Agree	37	62
Disagree	23	38
Total	60	100%

Table 5 shows 37 out of 60 respondents or 62% agreed that caring for mentally ill patients can cause anxiety. This data is supported by the article of Stuhlmiller (2003). Students claimed lack of confidence to manage their own anxiety when caring for patients with mental health issues. Negative factors also increase the anxiety level of the which include (a) negative beliefs about people with a mental illness (Stevens & Dulhunty, 1992, 1997), (b) fear of people with a mental illness (Davies,1995; Fisher, 2002), (c) negative experience of students in mental health placements (Clinton, 2000), (d) negative attitudes of clinicians toward students (Perese, 2002). In addition, students may have difficulty overcoming their fear and preconceived ideas of mental illness as the reason of causing the anxiety.

Table 6: Affiliating in a psychiatric unit is too emotionally demanding

	Frequency	Percentage %
Agree	14	23
Disagree	46	77
Total	60	100%

Table 6 shows 77% of the respondents disagreed that affiliating a psychiatric unit is too emotionally demanding. This may be true to the respondents as to the workplace along with the non-routine, no task-oriented, and unexpected nature of each day would make it emotionally

relaxing. On the study of Stuhlmiller (2003), students feel welcomed, valued, and supported in the clinical environment of a psychiatric unit.

4. Summary, Conclusion, and Recommendations

This study demonstrated that the 3rd year nursing students perceived their psychiatric exposure as fascinating and rewarding though difficult. It could be emotionally demanding and can even cause anxiety.

The findings of this study support the need to rethink about the clinical skills training in nursing education. It is clear that all themes mentioned by the students play an important role in student learning and nursing education in general. There were some similarities between the results of this study with other reported studies and confirmed that some of the factors are fascinating and rewarding in nursing education. Nursing students expressed their views and mentioned their concerns about the initial clinical anxiety, theory-practice gap, professional role and clinical supervision. Respondents believe that integration of both theory and practice with good clinical supervision will enable them to feel that they are enough to take care of the patients.

The study recommends that the nursing faculty design strategies for more effective clinical teaching to enliven nursing curriculum

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Sources of Clinical Instructors' Stressors

Kris Elaine L. Marcojos

Abstract

The purpose of this descriptive research was to explore the nature of work-related stressors of clinical nursing instructors in La Salle University-Ozamiz City. The research was guided by Hardy and Conway's theory of Role Stress Scale.

1. Introduction

Nursing is, by its nature, a stressful occupation because of exposure to a wide range of potentially stressful situations and conditions. Stressors for nurses consistently include work overload, pressures associated with demands of the contemporary work environment (World Health Organization, 2004), unpredictability of having to complete too many non-nursing tasks, and having to make decisions under pressure.

The increasingly complex world of health care generates the need for nursing staff to learn and perform more complicated skills every day. In an era of cost containment, today's hospitals are demanding efficient and effective delivery of nursing services. Rapid changes in the healthcare system and restructuring of some areas of health care have increased patients' expectations of what nurses should do and provide (Sylvia, 1996). To adequately prepare nurses to function in today's health care environment, it is important that educators have a sound understanding of the stressors and challenges experienced by nurses as they transition into being a clinical instructor. Such information can assist with the development of education and management support programs to assist nurses to function optimally.

Review of Literature

Bartlett and Leary (1999) describe stress as a subjectively real experience, the meaning of which, although generally not exact, is understood by a wide variety of people. Omdahl and O'Donnell (1999) define stress as an imbalance between the perceived external demands on a person and his or her abilities to cope through the employment of cognitive, behavioral, and physiological adaptation.

Stress and threat are concepts used interchangeably in research; however, the conceptual definitions of each are clearly different (Scholtz, 2000). Stress may be perceived as an environmental stimulus that evokes a myriad of emotions. It can be either a positive or a negative stimulus that necessitates adaptation (Lazarus, 1999).

How people respond to differing stressors varies, and stress may manifest itself in different ways. Some people know when their bodies are in a heightened state of excitement, they are aware of their pulse or they have difficulty in swallowing. Others may have more subtle responses, such as difficulty in concentrating or feeling angry or out of control (McConnell, 2000). Black, Hawks, Keens (2001) explain that behavioral responses to stress include decreased ability to think clearly and function, increased tobacco and alcohol abuse, overeating, and disrupted sleep pattern.

Healthy work environments are among the most valuable assets of individuals, communities, and countries. It is seen to be an important moral imperative, not only to ensure the health of workers, but also to contribute to positive productivity, quality of work, work motivation, job satisfaction and to overall quality of life of individuals and society (World Health Organization, 1995).

According to World Health Organization, work related stress occurs in a wide range of work circumstances. A health work environment is one in which the presence and impact of such stressors

are minimized by ensuring the absence of harmful conditions and an abundance of health promoting ones.

Unhealthy work environments are one important factor contributing to the worldwide nursing shortage (World Health Organization, 2004). Identifying strategies for improving health and well-being of health workers is thus crucial at this time. Although nursing is acknowledged to be a stressful profession, there is a need for clinical instructors at all levels to understand the nature of the stress, its potential sources, and the long and short-term effects on health and safety of an individual and organization.

The common stressors identified in many nursing studies include family, health, financial, intellectual, social, spiritual, professional issues, unclear job roles, role conflicts, and work overload (Hardy and Conway, 1988).

Stress in nursing has been well documented in the literature for many years yet it remains a poorly understood problem. The experiences of nurses in the first few years of work as a clinical instructor presents many challenges especially the need to prepare future nurses to practice in the contemporary healthcare setting.

Issues of work related stress and personal stressors are frequently discussed informally among clinical instructors at La Salle University at La Salle University – Ozamiz City, College of Nursing. However, stress in the nursing department especially among clinical instructors has not yet been investigated.

Statement of the Problem

The main purpose of the study is to determine the sources of stress among clinical instructors of La Salle University –Ozamiz City. Specifically, this study aims to answer the following questions:

1. What is the profile of the respondents in terms of (a) gender and (b) marital status?
2. What are the work stressors of the clinical instructors with less than three years experience working in the institution?
3. What are the personal stressors of the clinical instructors with less than three years experience working in the institution?

Scope and Delimitation

This study is limited to finding out the sources of stress of the 23 clinical instructors of the College of Nursing, La Salle University – Ozamiz City, who have been working at the institution for less than three years.

Significance of the Study

The results of this study would be beneficial to the following recipients:

College of Nursing. The findings of the study will provide the basis for program modifications to improve the clinical instructors' perceptions of stress in their working environment.

School Administrator. The findings of this study will provide the school administrators with valuable information that will help them determine the work satisfactions of the clinical instructors.

Clinical Instructors. They can acquire significant information on the stressors encountered at work and working environment that make them more or less vulnerable to stress with regards to how they perceive things.

Future Researchers. The study may motivate others to undertake another study that correlates with certain factors beyond the scope of this study.

2. Methodology

This section outlines the research locale, design, population sampling, respondents of the study, research instrument, data analysis, and statistical treatment.

Research Locale

This study was conducted at the College of Nursing, La Salle University Ozamiz City, in Misamis Occidental. The College of Nursing, located at LSU Heritage Campus, is committed to develop persons who assume responsibilities for personal and professional growth and competencies of their course.

Research Design

This study used a descriptive design to assess clinical instructors' sources of stress and to establish relationship between sources of stress and the profile of the clinical instructors.

Respondents of the Study

The respondents of the study were 23 clinical instructors at LSU, College of Nursing. There are 8 male and 15 female instructors working at the institution for less than three years.

Research Instruments

Respondents were asked to fill in demographic information by simply shading the relevant information that matched their responses.

The demographic information obtained is essential to identify personal and social factors outside of work that may contribute to workplace stress among clinical instructors. Demographic information includes gender, marital status, and length of working experience.

The Role Stress Scale was created by Hardy and Conway (1988) to assess the stressors in nursing instructors. Each item required respondents to rate on a five-point Likert-type ranging from “1, never stressful” and “4, extremely stressful”. The higher the score, the more the respondent agrees that the situation is stressful. Total and sub-scale score can be derived from this instrument. The sub-scales include:

- A. Personal Stressors
 - 1. Peer Relationship
 - 2. Clinical Instructor- Student Relationship
- B. Work Stressors
 - 1. Inadequate Role Occupancy
 - 2. Increasing Work Demands

Respondents were asked to fill in demographic information by simply shading the relevant information that matched their responses. The demographic information obtained is essential to identify personal and social factors outside of work that may contribute to workplace stress among clinical instructors. Demographic information includes gender, marital status, and length of working experience.

Descriptive statistics was used to summarize the variables age, gender, status, and length of service in the institution.

3. Results and Discussion

This section describes the results from the analysis of data. The results include statistical findings regarding demographic information and the sources of stress of the Clinical Instructors.

Table 1 reveals the work stressors of the clinical instructors.

Table 1: Work Stressors of the Clinical Instructors

Items	Work Stressors				Weighted Mean
	Never	Occasionally	Frequently	Extremely	
A. Inadequate Role Occupancy					
1. Involved in nursing education & clinical nursing practice	5	11	3	4	5.75
2. Difficult to facilitate between ideal role expectation and actual reality	6	10	4	3	5.75
3. Transition from old role to new role in your position	6	11	3	3	5.75
B. Increasing Work Demands					
1. Perceived too many unpredictable tasks from the workplace	3	3	10	7	5.75
2. Expected to perform new tasks, finish the amount of work within a limited time frame	0	15	4	4	7.67
3. Expected to have a master's degree	0	3	17	3	7.67
C. Insufficient role support					

1. Lack of support from immediate supervisor	4	15	2	2	5.75
2. Inadequate information from supervisor with regards to work delegation	4	4	11	4	5.75
3. Mental support & suggestions from supervisor in complicated nursing practice	3	10	10	0	7.67

As shown in Table 1 items B2, B3 and C3 had the same weighted mean value of 7.67. The three statements further implied that the higher the mean is, the more the clinical instructors acquired stress in their work. Dealing with students' insufficient preparation and poor motivation challenged role occupancy of clinical instructors. These differing expectations also influence role performances.

Increasing work demands, clinical instructors are expected to perform new tasks and finish the amount of work within a limited time frame. Clinical instructors perceive too many unpredictable tasks from the workplaces' demands and expectations but they do not have enough time to prepare themselves.

Role support is an external buffer to diminish the impact of stress. When clinical instructors suffer job stress from a complicated clinical practice, they wish to get mental support and suggestions from their schools and peers. They also expect that the support can provide insight into people's actions and guidance as to strategies that might be used to better balance and cope with their job demands. If a clinical instructor gets appropriate role supports, that is helpful to improve the

role problems and negotiate for a change of role expectations. Hence, clinical instructors view role support as a common strategy for role and career development that has potential benefits for improving clinical instructors' work-related stress and increasing their connection with their school (Hardy and Conway, 1988).

Table 2 reveals the personal stressors of the clinical instructors experienced at work.

Table 2: Personal Stressors of the Clinical Instructors

PERSONAL Stressors	Never	Occasionally	Frequently	Extremely	Weighted Mean
A. Peer Relationship					
1. Conflict with the your co-clinical instructor	8	9	0	6	7.67
2. Lack of opportunity to talk openly with other clinical instructors about problems in the work setting CI-Student Relationship	14	6	3	0	7.67
B. Clinical Instructor-Student Relationship					
1. Motivation of the students to learn	8	11	2	2	5.75
2. Feedback received from the students	4	17	2		7.67

The dimensions related to personal stressors of the clinical instructors including conflict with co-clinical instructor, lack of opportunity to talk openly with other clinical instructors about problems in the work setting, feedback received from the students had the same weighted mean value of 7.67. This means that the higher the mean, the more the clinical instructors acquired stress.

In this study, the researcher found out that motivation of the students to learn got a value of 5.75. This result implies that it does not necessarily affect the work of the clinical instructors. It's on how the clinical instructors cope with the different stressors that makes all the difference (Hardy and Conway, 1988).

4. Summary, Conclusion, and Recommendation

This study demonstrated that the clinical instructors are expected to perform new tasks and finish the amount of work within a limited time frame. Clinical instructors perceive too many unpredictable tasks from the workplaces' demand and expectations but they do not have enough time to prepare themselves.

Conclusion

Complex role expectations are the source of clinical instructors' worked-related stress during the school restructuring. These work-related stressors include inadequate role occupancy, increasing work demands, and insufficient role support; peer relationship and clinical instructor-student relationship as personal stressors. Work stressors and personal stressors were the buffers of stress to adapt clinical instructors for the rapidly changing educational and medical environment. If a clinical instructor gets appropriate role supports, that is helpful to minimize the role problems and negotiate for a change of role expectations. Consequently, adequate role credibility for role occupancy is a necessary strategy for reducing clinical instructors' work-related strain.

Recommendations

The results highlight the current difficulty in nursing education. In order to clarify and re-identify the role of clinical instructor, recommendations for this study include the following:

1. Conduct a study on the relationship of their profile to the sources of stress.
2. Explore the characteristics of effective clinical instructors from the standpoints of the students, the teachers, and the staff nurses.
3. Explore the role expectations of students from nursing education and nursing practice's standpoints.

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Non-compliance to Regimen among OPD Patients of Mayor Hilarion Sr-Regional Training and Teaching Hospital: Basis for Health Teaching Program

Maria Rosario B. Nazareno

Abstract

The goal of this study is to find out the perceived reasons for non-compliance to antibiotic therapy regimen among patients in the Out Patient Department of Mayor Hilarion Ramiro A. Sr. Regional Training and Teaching Hospital as a basis for health teaching program. Through a researcher-made questionnaire it was found that the most commonly perceived reason for non compliance to antibiotic regimen is “relief of symptoms”, while the least commonly perceived reason is “experience of side effects”. Based on the findings of this study, a health teaching program will be incorporated in the Bantay’s Class of the students during duty days to enhance the knowledge of the patients and lessen their wrong perception regarding antibiotic therapy regimen.

1. Introduction

A substance that kills or inhibits growth of bacteria is what commonly known as antibiotics. Antibiotics belong to a group of antimicrobials compounds. Selman Waksman was the first to coin the word “antibiotic” in 1942. It comes from 2 ancient Greek words: *anti*, which means “against”; and *bios* which means “life” (Wikipedia, 2009). Waksman used the word antibiotic to refer to any substances produced by microorganisms that is antagonistic to the growth of other microorganisms in high dilution. However, although some antibiotics are still produced and isolated from living organisms, with advances in medical and chemical technology, most of the antibiotics seen today are modified from original compounds found in nature. In addition, many more have been created through purely synthetic means.

Antibiotics are one of the most frequently prescribed medications. When used properly, antibiotics can save lives. They either kill bacteria or keep the bacteria from reproducing until such

time that the patient's own body can take care of the remaining bacteria. From the first antibiotic, the penicillin discovered by Sir Alexander Fleming in 1923 using a mold culture, to date, over 100 antibiotics are available for doctors to cure both minor discomforts and life-threatening infections.

Antibiotics are powerful medicines that fight infections. But people need to realize that antibiotics only treat bacterial infections. It is useless to treat infections caused by viruses, fungi, protozoa, and other microorganisms other than bacteria. In addition, each antibiotic is effective only for certain types of infection. The doctor therefore is the most important person who will determine whether a patient needs antibiotics and what type of antibiotic does the patient need. In most cases, the doctor chooses the antibiotic based on the most likely cause of the infection. In some cases, a laboratory examination may be needed to determine the exact cause of the infection for the doctor to be able to prescribe the antibiotic suited for the patient's need.

Just like other medications, antibiotics also have its array of side effects ranging from simple stomach upset and mild diarrhea to other serious side effects such as anaphylactic reactions and even superinfections. It is therefore very important for a patient to consult a medical practitioner before taking antibiotics so that the patient will be guided with the effects and side effects of the drug. The patient can be educated as to when he will notify the doctor if serious side effects ensue. In addition, antibiotics can have serious interactions with some other prescription and over-the-counter medications. The patient must let his or her doctor know what medications he or she is currently taking before starting with the antibiotic therapy.

It is important for patients to learn how to take antibiotics correctly. The number of pills to take per day, how often is it to be taken, and how it should be taken is very important for the antibiotic to have its therapeutic effect. Taking antibiotics incorrectly may affect its absorption, thus, reducing or eliminating its effectiveness.

It is also very important to take the full course of antibiotic regimen even if the patient feels better before the regimen is over. If antibiotic is stopped in midcourse, the bacteria may be partially treated and not completely killed, causing the bacteria to be resistant to the antibiotic. This is what is called drug resistance. Antibiotic resistance is a growing public health concern worldwide. When a person is infected with an antibiotic-resistant bacterium, not only is treatment of that patient more difficult, but the antibiotic-resistant bacterium may spread to other people. This can cause a serious problem later on when the now-resistant bacteria will grow and cause reinfection. According to Dr. Everett Stephens (in Kardas 2007), one of the foremost concern of modern medicine is antibiotic resistance. The existence of antibiotic-resistant bacteria creates the danger of life-threatening infections that don't respond to antibiotics. When antibiotics don't work, the result can be longer illnesses; more complicated illnesses; more doctor visits; the use of stronger and more expensive drugs; or more deaths caused by bacterial infections.

Review of Related Literature

Patient compliance is crucial to a successful antibiotic therapy (Kardas, 2007). According to Roter et al (1998), it is estimated that in general, at least 50% of patients fail to receive full treatment benefit of antibiotic therapy due to inadequate compliance. In addition, Non-compliance to antibiotic regimen leads to profound consequences including the need for additional procedures or treatment, and contributes to additional hospital admission (Sokol et al, 2005).

There are many reasons why people do not follow their antibiotic regimen. Kardas (2002) listed 9 common mistakes made by patients during antibiotic treatment of respiratory tract infection: (1) Failure to buy the medicines. If the patient has to pay for their medicine out of their own pocket, then it could be an issue of their compliance with the treatment regimen. This is a particular problem of newer antibiotics, which may be beyond the financial capacity of the

patient. Other reason why other patients do not buy the medicines includes their belief that antibiotics may harm their gastrointestinal tract or immune system. (2) Failure to start the therapy; (3) Delay in starting the therapy. Some patients want to find out whether they will get well without treatment, therefore delaying the start of therapy; (4) Unintentional omission of single doses; (5) intentional omission of single doses. He stated that this is the most common mistake patients' make; (6) Regular change in the frequency of doses. Some patients intentionally or unintentionally change frequency of their doses, for example twice a day instead of thrice a day; (7) Regular changes in intervals between doses; (8) Periodic dose increase; and (9) Prematurely stopping the therapy. A premature halt in taking medication is a characteristic of antibiotic treatment. One reason behind it could be symptomatic relief occurring before the end of the recommended regimen, especially in cases of milder infection. Another reason could be the occurrence of adverse effects, which forces the patients to stop the therapy. A pan-European survey by Branthwaite and Pechere in 1996 showed that patient expected a clinical improvement after 3 days of therapy. This belief may be a cause of non-compliance of the therapy. Additionally, Favre et al, documented that some patients, especially at the beginning of the treatment, with a desire to get better promptly, take additional doses of antibiotics. Large and difficult to swallow pills or the unpleasant flavor may also lead to non-compliance (Wandstrat, 1997).

There are also many factors influencing patient compliance to antimicrobial therapy. A major factor influencing compliance is the frequency of doses. On the study done by Cramer (2002) on the effect of partial compliance on cardiovascular medication effectiveness, contrary to common expectations, factors such as intelligence, memory, age, education, or the number of drugs a patient takes seem not to affect the level of adherence. On the other hand, the effect of the number of daily doses on compliance has been found previously in various clinical conditions. The fewer the daily doses, the better the compliance to the medication regimen. The study of Llor et al (2009)

assessed the drug compliance observed among patients with lower respiratory tract infection treated with once-daily, twice-daily and thrice-daily antibiotic regimens. They found out that the higher the daily doses of antibiotic treatment, the worse the compliance. Another factor that influences compliance is the length of treatment (Kardas, 2002). Reyes et. al. (1997) found out that better compliance was observed for regimens shorter than 7 days compared with longer ones. Compliance is also significantly associated with the patient's impression of the difficulty or ease of administering the drug (Kardas, 2002). Ellerbeck et. al. (1995) investigated the compliance and the form of medication in children aged between 2 months and 5 years given for pneumonia. By the fourth day, 82% of patients taking syrup continued to take their antibiotics compared with 71% and 55% of patients who took their medications in the form of sachets and tablets respectively. In some studies, it has also been found that compliance is also higher in patients who thought their diseases are severe. Another factor observed was the length of time their attending physician has been practicing. According to Cockburn et.al. (1987), patients treated by their older counterparts.

Theoretical/conceptual Framework:

This study is anchored on Dorothea Orem's "Self-Care" Model. The central idea of this model is that individuals can take responsibility for their health and the health of others. Her theory focused on providing care and assistance for the client to attain self-care which is very essential in achieving optimum health satisfaction (Johnson et.al, 2005).

Being aware of the things that would benefit or harm our body is very important in the promotion of optimum health. People are prone to actions, aware or not, that may jeopardize their health. The researcher aims to heighten the awareness and correct wrong perceptions by conducting health teaching or integrating health teaching to the student nurses' activities.

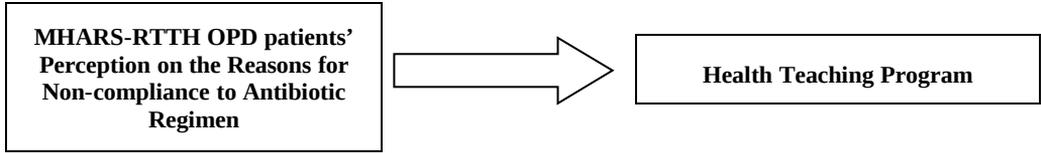


Figure 1. Schematic Diagram

To date, there have been no research available that would determine the reason why patients of the OPD of Mayor Hilarion Ramiro Sr. – Regional Training and Teaching Hospital do not comply with their antibiotic therapy regimen. Hence, this present study.

Statement of the Problem

This study aims to investigate the reasons of patients of the OPD department of Mayor Hilarion Ramiro Sr – Regional Training and Teaching Hospital (MHARS-RTTH) for not complying with their antibiotic regimen. Specifically, the study seeks to answer the following questions:

1. What is the most common perception of the respondents on the reasons for non-compliance to antibiotic regimen?
2. What is the least common perception of the respondents on the reasons for non-compliance to antibiotic regimen?
3. Based on the findings, what health teaching program can be designed?

Scope and Delimitation

This study looks into the reasons why patients do not comply with their antibiotic therapy. The study only includes the patients

seeking consultation in the Out-patient Department (OPD) of Mayor Hilarion Ramiro Sr. – Regional Training and Teaching Hospital, Maningcol, Ozamiz City. MHARS-RTTH, the primary catchment area for the provinces of Misamis Occidental, Lanao del Sur, Lanao del Norte, Zamboanga del Sur and Zamboanga del Norte, caters to patients in different walks of life.

The study includes only patients with medical and surgical conditions since these are the patients who are more likely to be prescribed with antibiotics. Additionally, the study is conducted during the second and third week of March, Monday through Friday, from 8 AM – 12 noon when patients are numerous.

The study does not include out patients from the OPD of Private Hospitals, Barangay Health Centers, and Private Clinics because the patients from these institutions may have homogenous profiles. Neither are the in-patients of MHARS-RTTH included because they have no control over their medication regimen since their medication nurses monitor their medication intake. Prenatal patients are not included either because they are seldom given antibiotics. Furthermore, pediatric patients are excluded in this study since these patients rely on their parents for medication.

Significance of the Study:

This study may benefit in one way or another following recipients:

Individuals

Respondents. The result of this study will help them realize their weaknesses so that they can be more in-control of their situation. The information derived from this study may help them lessen their medical expenses in the future.

Medical Team. The study will help them be more vigilant in the follow-up of their patients.

Clinical Instructors. This study will provide information that could help them during student supervision in the clinical area. The clinical instructors can help guide the students to better patient education and care.

Students. The information gathered in this study will give them a new area to focus during their client health teachings. This will help them to better take care of their patients.

Organizational

School. The result of this study may be used as a guide to further strengthen its effort to develop a competent nurse. The information will help improve the curriculum that would focus on patient education.

Pharmaceutical firms. This study will help them improve their patient information strategies to further educate the public regarding the use of their products.

Definition of Terms

Antibiotics	-	A subgroup of anti-infective that are used to treat bacterial infections.
Antimicrobials	-	Substances that kills microorganisms
Compliance	-	The ability of the patient to conform or to complete the entire course of antibiotic regimen
Regimen	-	A systemic plan of therapy used to patients taking antibiotics to improve and maintain health.
Resistance	-	Decreased reactivity of the bacteria to the antibiotics
Therapeutic	-	The desirable effect of antibiotic therapy

Effect		
Therapy	-	An attempted remediation of a health problem.

2. Methodology

Research Locale

This study was conducted at Mayor Hilarion Ramiro Sr. – Regional Training and Teaching Hospital (MHARS-RTTH) located in Barangay Maningcol, Ozamiz City, Misamis Occidental. MHARS-RTTH is a 150 bed capacity hospital considered a primary catchment hospital for the provinces of Misamis Occidental, Lanao del Sur, Lanao del Norte, Zamboanga del Sur, and Zamboanga del Norte. It has five clinical wards that cater to in-patients including: Obstetrics and Gynecologic Ward; Pediatric Ward; Surgical Ward; Private and Philhealth Ward; and the Medical Ward. It has a special area which caters to the special needs of patients such as the Delivery Room, Operating Room, Neonatal Intensive Care Unit, Intensive Care Unit, and Dialysis Unit. The present chief of hospital is Dr. Jesus Martin Sanciangco III and the present Chief Nurse is Mrs. Gerlie Alima, RN, MAN.

The study was specifically conducted at the outpatient department of MHARS-RTTH. The outpatient department caters to patients who seek consultation for various medical and dental conditions. It also accepts prenatal consultations for pregnant women. The present head of the OPD department is Mrs. Phoebe Pangilinan RN.

Research Design

A descriptive survey method was utilized in conducting this study. Through this method the respondents indicated the reasons why they did not comply with their antibiotic regimen were discovered. A researcher-made questionnaire was used in gathering pertinent data.

Prior to the gathering of data, a letter was sent to the Chief of Hospital through the Chief Nurse stating the intent of the researcher to conduct a survey in the Out-Patient Department MHARS-RTTH. After the approval was granted, the researcher handed out the questionnaires to the respondents. The respondents' answers were then reviewed for completeness.

Respondents

A purposive non-probability sampling was employed in choosing the respondents of the study. The respondents included the medical and surgical out patients seeking consultation in the Out Patient Department of MHARS-RTTH during the time the researcher was gathering data.

Research Instrument

A researcher-made questionnaire was used in determining the reasons why patients at the Out Patient Department of MHARS-RTTH do not comply to their antibiotic regimen. The questionnaire was constructed after having reviewed several articles and literature related to the current study.

Statistical Treatment

Since the study is qualitative in nature it used to the least extent the following descriptive statistical tools:

1. Percentage was used to determine the ration of the frequency of responses (f) to the total number of respondents (N). It was expressed in percent with the following formula:

$$P = \frac{F}{N} \times 100$$

2. Ranking was used to determine the relative importance of a particular item.

3. Results and Discussions

This section presents, analyzes and interprets the data gathered.

Table 1: Frequency and Percentage of Respondents' Perception to Reason 1: Was not able to buy medication

Response	Frequency	Percentage
Agree	28	56
Disagree	22	44
Total	50	100

As shown in Table 1, 56% of the respondents admitted that the reason why they were unable to comply with their antibiotic regimen is because they were not able to buy the medication due financial incapability. MHARS-RTTH, as a tertiary government hospital, caters majority to indigent patients. This explains why majority of the respondents do not comply to antibiotic regimen. According to an article by Kardas (2002), some patients do not file the prescription with the pharmacist especially if the patient has to pay for the medicine completely out of their own pockets. This is especially true with newer antibiotics which may be beyond the financial reach of some patients.

Table 2: Frequency and Percentage of Respondents' Perception to Reason 2: Missed to take the medication

Response	Frequency	Percentage
Agree	25	50
Disagree	25	50
Total	50	100

Table 2 shows 50% of the respondents agreed that the reason they were unable to comply with the antibiotic therapy regimen is because they missed to take the medication. When the patients were asked why they missed to take the medication, their answers were varied: (1) they believed that antibiotics are harmful and may alter the balance in their body; (2) they try to see whether the infection resolves without treatment; or (3) they just simply forgot to take the medication. Conscious and/or unintentional omission doses, and delay in starting therapy are also one of the reasons why there is noncompliance to antibiotic therapy regimen. Kardas (2002) says that unintentional omission of a single dose is the most common mistake made by patients. The frequently given reason by patients includes fear of interactions with alcohol or any other medications. He adds that a missed dose would probably happen if the antibiotic is given more frequently throughout the day. The highest compliance during antibiotic therapy is associated with “once a day” dosing; as frequency increases, the compliance decreases. Another reason for omission of doses is the length of therapy (Schrag, 2001). Better compliance to antibiotic regimen is seen on patients given antibiotics for less than 7 days compared to those who are given antibiotics for more than 7 days. Another reason for omission of doses may be related to Table 1 above. Because the patient was not able to buy their medication for one reason or another, it leads to unintentional omission of their antibiotic dose.

Table 3: Frequency and Percentage of Respondents' Perception to Reason 3: Relief of Symptoms

Response	Frequency	Percentage
Agree	33	66
Disagree	17	34
Total	50	100

Table 3 reveals that 66% of the respondents agreed that the reason they failed to comply with their antibiotic regimen is due to relief of their symptoms. This data is backed up by who explained that, majority of the patients stop taking their medications whenever they already experience relief of symptoms. This is particularly true in cases of milder infection wherein relief of symptoms can be achieved a few days after taking the antibiotics. This is also true in the case of the patients of MHARS-RTTH. During the interview, the respondents explained that if they experience relief of symptoms they stop taking the medication in order to cut on the costs of medication.

Table 4: Frequency and Percentage of Respondents' Perception to Reason 4: Experienced side effects

Response	Frequency	Percentage
Agree	16	32
Disagree	34	68
Total	50	100

Table 4 presents the tabulation of the patient's responses in the statement: *Experience of side-effects while taking antibiotics is one of the reasons why they do not comply to the antibiotic regimen.* While it is true that taking of antibiotics could have side effects on the patient, 68% of the respondents disagreed that experience of side effects is the reason why they stop taking their medication. This data is in contrast with the findings of Kardaz (2002) who said that experiencing side effects during antibiotic therapy can cause premature halt of the regimen.

4. Summary, Conclusion, and Recommendation

In summary, the Figure 2 shows that the most common reason for non-compliance to antibiotic regimen among patients from the OPD of MHARS-RTTH is the relief of symptoms followed by the reason of not being able to buy the medication. 25 out of 50 respondents on the other hand said that the reason why they were unable to comply with their antibiotic regimen is because they forgot to take their medication and lastly 16 out of 50 agreed that experience of side effect could affect their compliance to antibiotic therapy regimen.

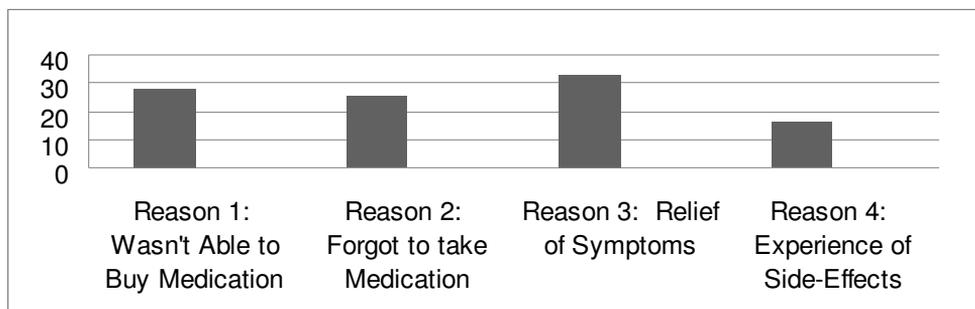


Figure 2. Responses of Patients on Reasons for Non-Compliance with Antibiotic Regimen

Conclusion

Most of the respondents reasoned out that they do not comply with their antibiotic therapy regimen because they lack the finances to buy the medication. The most common perceived reason for non compliance to antibiotic therapy regimen is: ***relief of symptoms*** and the least common perceived reason for non compliance to antibiotic therapy regimen is: ***experience of side effects***

Recommendations

In the light of the findings of the study, the following recommendations have been inferred by the researcher:

1. Importance of compliance to antibiotic therapy regimen should be incorporated in the health teaching of the students to be able to contribute to the holistic care of the patients
2. Classroom and clinical instructors should encourage students and implement teaching strategies that would motivate the patients in following and complying with their antibiotic therapy regimen.
3. Hospital Health Educator and staff nurses should be aware of the perceptions of their patients regarding antibiotic therapy regimen and incorporate and implement teaching strategies that would motivate their patients in the compliance of the antibiotic therapy regimen.

PROPOSED HEALTH TEACHING PROGRAM

I. RATIONALE

To create a substantial program equipping the patients with adequate knowledge, to lessen if not eradicate their wrong perceptions about antibiotic therapy regimen. This would help them be in control of their own health and in one way or another prevent worsening of their condition, prevent further hospitalizations, and lessen their health and medication expenses.

II. PURPOSE

This health teaching program aims to increase the patients' awareness about antibiotic therapy regimen by providing them with information about the importance of following the prescribed regimen. Furthermore, this program will aid in increasing their awareness on the danger and consequences of not following their prescribed antibiotic therapy regimen.

A. SPECIFIC OBJECTIVES

1. Define what is an antibiotic
2. Identify the diseases that can be treated with antibiotics.
3. Identify the importance of following the recommended antibiotic therapy regimen
4. Identify the danger and consequences of not following their prescribed antibiotic therapy regimen.
5. Identify ways to improve compliance to antibiotic therapy regimen.

III. FEATURES OF THE HEALTH TEACHING PROGRAM

- A. Methodology/Strategy
 - Lecture method
- B. Resources
 1. Human Resources
 - Student nurses
 - Clinical instructors
 - Health educators
 - Lecturers/mentors
 2. Material Resources
 - Computer
 - LCD projector
 - Microphone
 - Sound system
 - pamphlets

IV. PROGRAM of ACTIVITIES

8:00 – 8:10	Invocation
8:10 – 8:20	Opening Remarks
8:20 – 8:25	Introduction of the
Speaker	
8:25 – 9:00	Lecture on Antibiotic and Antibiotic Therapy Regimen
9:00 – 9:30	Open Forum
9:30 – 9: 40	Closing Remarks

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