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RESEARCH ARTICLE

THE PHENOMENON OF WAITING TO KNOW: THE LIVED EXPERIENCE OF ADULTS EXPOSED AND TESTED FOR SARS-COV-2

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ABSTRACT

OBJECTIVE:
The study explored the lived experience of adults exposed and tested for SARS-CoV-2 while waiting for their test results.

METHODS:
A Husserlian phenomenological approach was utilized to capture the participants' experience as they answered the question "What is the experience like to be waiting for your SARS-CoV 2 results?". Purposive sampling was done, and twelve participants were interviewed. Colaizzi's method was then utilized to analyze the data.

RESULTS:
Four emergent themes were discovered namely: (1) feeling negative emotions, (2) interrupted physiologic patterns, (3) strengthening physical health, and (4) managing mental health.

CONCLUSIONS:
The experience was filled with negative emotions with changes in physiological patterns, but it opened avenues for enhancing physical and mental well-being. Findings suggest care interventions including technology-driven approaches during waiting periods, especially in emerging diseases.

KEYWORDS
SARS-CoV-2, waiting, uncertainty, anxiety, mental health, lived experience, Philippines.

INTRODUCTION

Waiting for uncertain news such as the outcome of a medical test is relatively ubiquitous and complex [1]. More often than not, the waiting period breeds feelings of anxiety, resentment, and fear [2]. It is a tough and agonizing experience like waiting for a SARS-CoV-2 swab test result.

SARS-CoV-2 is a disease-causing virus that has caused severe morbidity and mortality across nations [3,4]. To reduce disease transmission, testing is done on a person at risk for contracting the virus as an essential health strategy for early

screening and case identification [2]. There are several types of viral tests available to detect SARS-Cov-2 infection. Yet, the Reverse Transcription Polymerase Chain Reaction (RT PCR) test remains the gold standard [6]. In its earlier version, RT-PCR test results may take a while, and a person waits for a few days. During this period, most of the suspected patients have to wait for the official results which can take 24 to 72 hours [2] or longer for about 3 to 5 days. However, the relaying of results may take more than 5 days.

In lower-middle-income countries like the Philippines, testing and contact tracing of people who manifest signs and symptoms of COVID-19 outside of health facilities are usually done by contact tracers assigned in each community. The same will visit their homes to perform a swab test, and the suspected victims are informed that they will receive an update on the result through a text message or a phone call [7]. More often than not, these updates will come in late due to varied reasons. One of which is the low testing capacity manifested by an overwhelming number of tests to be done vis-à-vis the accredited laboratory that can perform the RT-PCR test [8]. Another problem involves the system of testing and case reporting with feedback on delayed results [9]. The longer the waiting time, the more that patients are exposed to the uncertainty of acquiring a fatal disease.

Similar to the experience is "scan-xiety", it describes the distressing feeling before and/or after a medical imaging procedure to determine certain conditions. It is often associated with people suspected of cancer [10]. It has been revealed that the waiting period between the scan and the release of the result is particularly a distressing experience and warrants healthcare professionals to help those patients manage their anxiety [11].

Succinctly, waiting to know if one has acquired a disease can be distressing. The perceived delay in time brings frustration, irritation, and anger [2]. Studies revealed that negative emotions accompany the waiting time and that the experience of waiting generates anxiety [12,13]. Similarly, the experience produces undesirable outcomes of hopelessness, helplessness, and languishing [14]. Also, the social stigmatization just from perception of having the disease raises anxiety, depression, and social isolation [15]. Negative emotions and stressful situations, which accompany the experience of waiting, harm the overall physical and mental well-being of a person. A vital consideration for healthcare professionals to ensure positive health outcomes.

The magnitude of the adverse effects of waiting on an individual's health and well-being enforced the need for inquiry. Even if researchers have studied the phenomenon of waiting in different contexts such as in health, business, and economics, there is a need for more information that focuses on waiting for the medical result of a relatively new, highly fatal, and emerging disease. Additionally, the findings of this study may provide information on health management strategies that will help transform the waiting experience into a more manageable one. Hence, this study aimed to describe the experience of what it is like to wait for a SARS-CoV-2 test result.

METHODS

RESEARCH DESIGN AND LOCALE

The researchers utilized a phenomenological approach to explore the experiences of persons waiting for the results of SARS-CoV-2 testing. It was grounded on Husserlian Phenomenology to examine and describe the meaning of their conscious experiences. This research design emphasizes consciousness as it is experienced and that consciousness is intentional. It is rooted in describing or analyzing a phenomenon allowing a thorough exploration of the structures of consciousness [15]. Furthermore, this design accepts that individuals engage with the world, acknowledging its existence as given and shaping the reality of persons [16].

The study was conducted in a highly urbanized city in the Philippines where an RT-PCR test can be done within the locality. It also has one of the highest COVID-19 cases in the country [17]. This city is highly dense leading to multiple strict community lockdowns and social distancing measures, including travel bans and work-from-home arrangements. Almost all are confined in their homes except those whose work is considered "essential" and healthcare related.

RESEARCH PARTICIPANTS, SAMPLING TECHNIQUE, AND DATA GENERATION

Twelve participants were purposely selected using the following inclusion criteria: (a) age of 18 years and older, (b) living or residing in an urbanized city, (c) has undergone RT-PCR Test for SARS-CoV-2, (d) has internet access, and knowledgeable in the use of online platforms for communication such as Zoom, FB Messenger, Facetime, etc., (e) able to comprehend and converse in English or the local language, (f) and willing to share their experiences.

The data collection commenced after obtaining approval from the Ethics Review Board of Cebu Normal University (CNU REC Code 965/2021-08 Castillo). Initially, participants for the study were recruited through an online poster published on Facebook. The poster included essential information about the study. Upon receiving a message from interested participants, an informed consent was sent via electronic mail (e-mail). Snowball sampling was also utilized to recruit possible participants. All participants who the researchers approached agreed to join. They read, signed, and submitted the informed consent through e-mail signifying their voluntary participation in the study. Interviews averaging between 30 to 50 minutes were done on agreed schedules and via a chosen medium (e.g., Zoom, FB messenger, and FaceTime) following a free-flowing discussion. The data collection was primarily done through an in-depth online interview averaging between 30 to 50 minutes. The research question that guided the study was, "What is the experience like to be waiting for your SARS-CoV-2 results?" With permission, the researchers took notes and audio-video recordings during the interviews to enhance the richness of the data contributing to better data analysis. Collection of data ceased upon reaching saturation with the 11th participant, but the researchers added one more to ensure that no new information was uncovered related to the research question.

DATA ANALYSIS

The study then utilized Colaizzi's method, which involved identifying significant statements from transcribed verbatim participants' accounts [18]. Out of these statements, the researchers generated formulated meanings, and formulated meanings that formed similar patterns were grouped to form theme clusters. Two data coders made used of a shared 'code book' and coding was done inductively from observing specific details to draw insights and relationships between and among codes. The researchers used Microsoft Excel, a spreadsheet software to organize the data and perform the analysis.

Theme clusters that describe comparable meanings became emergent themes that best illustrated the lived experience. Table 1 presents an exemplar of how the data was analyzed using this method. Further, exhaustive descriptions of the emergent themes were ensured to provide the fundamental structure of the phenomenon of inquiry. Lastly, key informants' feedback was obtained to ensure accurate transcripts and that descriptions resonated with their experience.

TABLE 1. PROCESS OF DATA ANALYSIS USING COLAIZZI'S METHOD

Significant Statement	Formulated Meaning	Theme Clusters	Emergent Themes
I was rattled by the situation since there was no cure - no vaccines yet (SS6P1)	FM7 Feeling anxious while waiting for the results since there was no cure for the disease.	Feeling Anxious	Theme 1: Feeling Negative Emotions
It's COVID that we are talking about. We really do not know the odds. (SS67P5)	FM77 Feeling unsure of the circumstances while waiting for the results	Uncertainty	
I was angry with the delayed release of the results. It added to the worry of the many consequences of the delay.(SS37P3)	FM44 The overwhelming feeling of anger and worry due to the lack of information on the result of the test	Anger	

Significant Statement	Formulated Meaning	Theme Clusters	Emergent Themes
After my swab, I cannot control my anxiety. I did not eat or feel hungry at all. (SS97P10).	FM108 Having no appetite while waiting for the test result due to uncontrollable anxiety	Disturbed eating patterns	Theme 2: Interrupted Physiologic Patterns
I had difficulty sleeping. I found myself wallowing in bed instead of doing my usual exercise routine. Worry filled my mind that my body would not even move. (SS49P3)	FM57 The feeling of worry affected sleep and exercise patterns.	Altered rest and activity Patterns	
I took my vitamins, ate fruits, and drank more water to boost my immune system. (SS105P11)	FM117 Trying to boost the immune system by taking vitamins and eating fruits	Taking care of physical health	Theme 3: Strengthening Physical Health
I was using a face mask and occupied a separate room. I had to do it to protect others from possibly getting the disease if the result turned out to be positive. (SS34P2)	FM41 Practicing minimum health measures and isolation protocols at home	Practicing minimum health measures	
All we did was pray to God. We bowed down on our knees. We cried out. (SS84P8)	FM95 Communicating with a higher being	Coping with anxiety	Theme 4: Managing Mental Health
I did video calls and watched videos on Facebook to keep myself busy. (SS76P6)	FM87 Doing exercise and using the internet to do video calls and watch videos from content platforms	Coping with anxiety	
My friends and I were able to connect through social media, I found comfort in our conversations *(smiles)* (SS59P4)	FM68 Receiving comfort from friends through social media FM 69 Media becoming an outlet to express concerns	Staying connected	

RIGOR OF THE STUDY

The researchers used the four criteria of trustworthiness – credibility, transferability, dependability, and confirmability [19)]. Persistent observation, and member checking guaranteed credibility and confirmabilty in the findings. The researchers considered verbal and non-verbal cues during interviews, while peer debriefing and member checks lessened subjectivity, and verified the study findings respectively [20]. Transferability was ensured by employing a set of selection criteria for participants who can provide a thick description of the lived experience so behaviors and experiences become meaningful to others. Dependability means that findings are consistent and could be repeated, whereas, confirmability refers to the extent to which the results of a study are shaped by the respondents only. The researchers ascertained that records of interviews and other data relative to the study were tracked to document the processes supporting the operational steps and for traceability ensuring dependability and confirmability. Lastly, even if the researchers did not personally experience the phenomenon, reflexivity was practiced by intentionally writing pre-conceived thoughts, judgments, or views on the phenomenon of inquiry to avoid biases. Bracketing was also performed with co-researchers through virtual sessions where they openly discussed their thoughts and feelings while uncovering their individual biases.

ETHICAL CONSIDERATIONS

Ethical clearance was sought before the commencement of data gathering. Voluntary participation in the research study was upheld by obtaining informed consent from key informants. All online interviews were conducted in private at a mutually agreed time, date and medium observing confidentiality and privacy. Lastly, audio-video recordings were taken with consent and as verbally expressed during the interview proper. Electronic data are securely stored in a drive with a password known only to the researchers.

FINDINGS

There were twelve participants aged 18 to 56 years old who consented and were interviewed in the study. Out of the twelve, three were college students, while the rest belonged to the working population in varied fields. Throughout the presentation, fictitious names of key informants were used to maintain anonymity. Table 2 summarizes the participants' profile in the study.

TABLE 2. PARTICIPANTS' PROFILE

Participant No.	Pseudonym	Age/Sex	Family Background	Occupation	Result of the RT-PCR Test
1	April	28/F	Living with Husband and Two Children	Virtual Assistant	Negative
2	Bea	27/F	Living with parents	Clinician	Positive
3	Cath	23/F	Living with parents	Customer relation officer	Positive
4	Drei	20/F	Living with parents and siblings	College Student	Negative
5	Ella	31/F	Living with parents and siblings	Virtual Assistant	Positive
6	Finn	28/M	Living with parents	Information Technology Staff	Never received the result
7	Gab	18/M	Living Alone	College Student	Negative
8	Helen	56/F	Living with husband	Home-based baker	Negative
9	Ivan	23/M	Living with parents	Systems Engineer	Negative
10	Josh	23/M	Living with workmates in rented spaces	Service Assistant	Positive
11	Kirk	23/M	Living with workmates in rented spaces	Loans Operation Assistant	Positive
12	Luke	27/M	Living with parents and siblings	College Student	Negative

In the analysis, there were 122 significant statements highlighted from interviews, and 135 formulated meanings were identified. From here, thirteen (13) theme clusters were uncovered, with similar themes grouped into four (4) emergent themes that explained the lived experience of persons tested for SARS-CoV-2 while waiting for their results. Table 3 summarizes the generated themes.

TABLE 3. THEME CLUSTERS AND EMERGENT THEMES OF THE LIVED EXPERIENCE OF PERSONS EXPOSED AND TESTED FOR SARS-COV-2

Emerent Themes	Theme Clusters
Theme 1: Feeling Negative Emotions	Feeling Anxious
	Worrying over the health situation and its consequences
	Anger
	Uncertainty
	Feeling sad and lonely
Theme 2: Interrupted Physiologic Patterns	Disrupted eating patterns
	Altered rest and activity patterns
Theme 3: Strengthening Physical Health	Taking care of physical health
	Practicing minimum health measures
Theme 4: Managing Mental Health	Coping with anxiety
	Staying connected
	Remaining hopeful
	Maintaining a positive attitude
	Acceptance of the current health situation

EMERGENT THEME 1: FEELING NEGATIVE EMOTIONS

The first theme that explains the phenomenon is *feeling negative emotions*. The theme covers an array of emotions that are often considered to be unpleasant and disruptive. The predominant experiences shared by the participants were various negative emotions of worry, anger, uncertainty, anxiety, and sadness. Nine of them expresse d anxiety. April shared, "*I had anxiety. I was rattled by the situation since there was no cure - no vaccines yet.*" (SS6P1). April, Bea, Kirk, Helen, and Ella added that their source of anxiety is the possibility of infecting others, whether family members or co-workers. Ella recalled, "*The fact that you might have exposed your family members who might not be able to manage it well has got me anxious*." (SS65P5). Others expressed worry and anger over postponed events due to the required isolation. Cath mentioned, "*I was angry with the delayed release of the results. It added to the worry of the many consequences of the delay*." (SS37P3). Disrupted work and school tasks worried Ivan and Drei. Drei added, "*It was quite stressful…I was asking myself what I should focus on first, my schooling or my health*." (SS54P4).

Sadness also kicked in due to forced isolation and lack of physical social connections. April articulated, "*I felt lonely and sad. While isolating, I can hear my family, my children but I could not be anywhere near them (sighs)*." (SS18P1). Further, Ella highlighted uncertainty, "*It's COVID that we are talking about. We really do not know the odds.*" (SS67P5).

EMERGENT THEME 2: INTERRUPTED PHYSIOLOGIC PATTERNS

Besides the negative feelings commonly experienced by the participants, a few of them shared about interruptions in their physiologic patterns. This theme elucidates their experience of having altered sleeping and eating patterns while waiting for the result. April and Ivan underscored difficulty in sleeping, "*I was not able to sleep because of the many things that are running on my mind* (SS1P1). *You can't sleep while worrying over the results*" (SS1P9). The experience also caused some not to eat properly, and Josh recalled his experience, "*After my swab, I cannot control my anxiety. I did not eat or feel hungry at all.*" (SS97P10). Cath echoed that her activity patterns changed too, "*I had difficulty sleeping. I found myself wallowing in bed instead of doing my usual exercise routine. Worry filled my mind that my body would not even move*."

(SS49P3). These disruptions in their everyday activities mainly stemmed from the negative emotion they felt while waiting for the results.

EMERGENT THEME 3: STRENGTHENING PHYSICAL HEALTH

Strengthening physical health is another theme elucidating the participants' experience while waiting for their results. This theme pertains to their pursuit of healthful activities such as eating right, having enough rest and sleep, drinking more water, taking vitamins, and practicing minimum health protocols. April, Drei, and Kirk ensured they boosted their immune system by drinking more water and taking supplementary vitamins. Kirk revealed, "*I took my vitamins, ate fruits, and drank more water to boost my immune system*." (SS105P11). Finn and Luke said that they found time to exercise. Luke reminisced, "*For me, it (Yoga) somehow controlled the anxiety. I decided to continue doing it since it releases happy hormones (smiling)*" (SS119P12). Lastly, April, Bea, Drei, and Ella practiced the minimum health protocols to curb the spread of the virus while doing self-isolation. Bea recollected, "*I was using a face mask and occupied a separate room. I had to do it to protect others from possibly getting the disease if the result turned out to be positive.*" (SS34P2). April shared the same experience She explained, "*I did not interact (physically) with anybody so they could be safe too.*" (SS12P1). Despite the negative emotions and interruptions in physiologic patterns, the participants remained vigilant of their health and families.

EMERGENT THEME 4: MANAGING MENTAL HEALTH

Managing mental health is the last theme that explains the phenomenon of inquiry. It relates to the various activities that they consciously or unconsciously engage in to keep them going amidst the experience. For instance, a large part of managing the perceived stressful situation is through praying. April, Bea, Ella, and Josh expressed how they communed with God while waiting. Josh recalled, "*I felt that I was less anxious and nervous. It (prayer) helped me ease my worries*" (SS99P10). Helen shared the same, "*All we did was pray to God. We bowed down on our knees. We cried out*" (SS84P8). Others kept themselves occupied with social media (SM) activities and internet contents as avenues for expressing their thoughts, staying connected, and keeping their minds off negativities. April, Cath, Drei, and Finn shared the same thoughts about using SM and internet contents. Finn uttered, "*I did video calls and watched videos on Facebook to keep myself busy*." (SS76P6). Cath resonated the same, "*I did online shopping. I watched Korean dramas which provided entertainment while I was waiting for my result*" (SS42P3). Drei, on the other hand, explained how SM allowed her to stay connected with friends. She said, "*My friends and I were able to connect through social media, I found comfort in our conversations (smiles)*" (SS59P4). Likewise, Gab agreed that he was able to express his thoughts through social media instead of keeping them to himself only.

More importantly, the theme also espouses the positive attitude and mentality of the key informants. They expressed hope and acceptance amidst the uncertainties. Finn, Gab, and Helen shared how they remained hopeful. Helen recalled, "*There was that whisper in my heart to hope.*" (SS86P8). Others also exhibited a positive attitude and acceptance of the circumstances. Finn said, "*There is that anxiety while waiting for the results but I still feel positive that it would turn out to be negative*" (SS73P6). Likewise, Luke, Josh, and Ivan said that they just had to continue with their lives since the results were out of their control, but they had command over their body. Ivan mentioned, "*I know myself (and) what I feel. I just have to continue what I have to do*" (SS90P9).

EXHAUSTIVE DESCRIPTION OF THE LIVED EXPERIENCE OF PERSONS EXPOSED AND TESTED FOR SARS-COV-2 WHILE WAITING FOR THE RESULTS

Persons tested and waiting for SARS-CoV-2 test results display an array of negative emotions. Primarily, they are overwhelmed with anxiety and fear as they wait for the result. Worry for their safety and their families envelopes them. And they feel lonely and sad while under forced physical isolation.

Disruptions in eating, sleep, and activity patterns are common experiences. The negative emotions have revealed lesser quantity and quality of sleep, changes in routine activities, and reduced appetite. However, despite these ordeals, they find themselves endeavoring for self-preservation and the welfare of their families. They prioritize strengthening their bodies and immune systems while finding solace in prayers and media use to stay connected and be heard amidst uncertainties.

Amidst the adversities, they remain hopeful and find themselves accepting the reality of the matter. Although they grapple with the negativities, they honed their innate ability to navigate through a temporary setback.

DISCUSSIONS

COVID-19 has triggered unprecedented stress, uncertainty, and anxiety among the affected population [22]. The same tension is evident in the experience of people waiting to know their SARS-CoV-2 test results. Although little is known about the phenomenon, similar studies on waiting for test results revealed perceived uncertainties from various sources [13,23]. These uncertainties predominantly engender negative emotions like fear, worry, sadness, depression, and anxiety from persons anticipating their results and from those who acquired the disease itself [24]. Anger is also expressed by the participants in the study, especially for those who waited for more than a week to receive their results during the earlier part of the disease [25]. Negative emotions can be a reaction to the imminent threat of contracting the deadly disease.

In the context of illnesses, uncertainty is the failure to determine the meaning of illness-related events which results in a person's inability to assign value to events or to predict outcomes precisely (26). It may be perceived as a threat or opportunity, and individuals can react differently. People who infer uncertainty as such can distinctively mobilize strategies to cope with uncertainty and achieve a state of equilibrium [12].

Besides uncertainty in a relatively novel disease, waiting for COVID-19 test results underscored anxiety as a response to this stressful experience [28,29]. Anxiety is associated with the failure to comprehend the possible future threats of the disease or mitigate its adverse impact [30]. Yet typically, anxiety happens through various neuroendocrine responses producing changes in the body's processes and behavioral patterns, enabling a person's coping ability [31]. Otherwise, the unexpected situation can overwhelm the system leaving a person more vulnerable to stress and escalating anxiety levels.

The coping activities employed during the waiting period were evident in the study. The waiting experience of individuals resulted in the performance of certain strategies to cope with the physical and psychological demands [29]. Health management can consider this experience to highlight the offering of assistance in the development of coping strategies and support once the result is revealed [32]. For instance, a scoping review identified patient-centered strategies that could manage anxiety during waiting periods for COVID-19 testing [33]. This is something that can be further explored for emerging diseases with similar characteristics as COVID-19.

Disruptions in physiologic patterns and behaviors were also emphasized during the waiting period. The anxiety felt while waiting for the results can also lead to changes in physiologic patterns and behaviors. Depending on the degree of the stress response, the body can also manifest physical signs and symptoms [34,35]. For example, high anxiety levels can cause changes in standard dietary patterns and disturbances in sleep and daily activities [22].

In contrast, anxiety is necessary for developing coping behaviors. It is an adaptive function used as a motivation to change or acclimatize to the situation [15] resulting in heightened awareness of both physical and mental health. For instance, while waiting for the test results, individuals amidst uncertainty focus more on controllable factors in a given situation such as compliance with health protocols and being health conscious [26]. Prevention of the transmission of COVID-19 is a family affair with efforts to keep oneself physically healthy while protecting the welfare of family members [27].

In this vein, Staying connected is vital to manage mental health while waiting for test results [39]. An interesting study finding is the use of social media for communicating and coping regardless of age group. A study found that anxiety was linked to more eudaimonic media use or media-based coping strategies among adults. It has become a tool for strategic coping but further studies are needed to iron-out conflicting findings relating to use with positive psychological effects

and detrimental outcomes [40]. Under high stress, individuals will likely turn to media for entertainment and relaxation. Emotion regulation and mood management are a few people's perspectives on media use for coping [41].

The present study further reveals that hope, optimism, and acceptance help moderate negative emotions. Optimism, for example, may influence a person to have a healthy lifestyle and develop cognitive responses and adaptive behaviors leading to increased flexibility and problem-solving ability [42,43]. Hope and optimism are associated with positive coping and subjective well-being [44] , and the impact of coping on psychological distress may be mediated by optimism [45]. Lastly, acceptance as expressed in the study should be understood in the light of the context of uncertainty and not of an unchangeable outcome. In this context, it has helped individuals regulate their emotions while waiting for test results but may be different once test results are revealed [46]. Generally, acceptance-based coping during COVID-19 became an alternative pathway to protect oneself from the psychological repercussions of the pandemic [47,48].

LIMITATIONS OF THE STUDY

First, the present study includes 12 participants within the same geographical location, and of varying age groups which may affect the generalizability of the findings. Furthermore, the method through which the study is conducted entails recall of events from participants which can lead to a potential bias in answers. The type of exposure or event that led to the COVID-19 testing may affect their waiting experience. Lastly, the online interview may have limited the researchers from connecting with participants more meaningfully.

CONCLUSION AND RECOMMENDATIONS

The experience of waiting to know the results of SARS-CoV-2 tests arouses negative emotions in individuals due to the tension of the situation. It has highlighted anxiety as a specific reaction to stress and uncertainty. Confronted with uncertain situations, negative emotions, and different levels of anxiety, individuals exhibit changes in physiologic and behavioral patterns, which, in one way or another, have assisted them in maintaining both physical and mental well-being.

The findings of the study call for action to consider this period of disease detection in the overall physical and mental health care strategies employed for emerging diseases including technology-driven approaches. Considering the physical limitations in the context of the disease, healthcare professionals can also focus on providing interactive-educative health interventions during the waiting periods, like multimedia-based home-initiated strategies to manage anxiety. Healthcare management is encouraged to consider strategies to support clients during the waiting periods to ensure physical and mental well-being. Furthermore, research can be done to identify at which waiting point anxiety peaks for timely health interventions.

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- Joana Mariz C. Pananganan, RN, MN - conceptualization, analysis and interpretation, writing and revising of the manuscript, approval of the final manuscript
- Laurence L. Garcia, RN, MSN, DScN - conceptualization, analysis and interpretation, approval of the final manuscript
- Michelle Mae J. Olvido, LPT, PhD - conceptualization, analysis and interpretation, revising of the manuscript, approval of the final manuscript

DATA AVAILABILITY STATEMENT:

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

ETHICAL CONSIDERATION:

Prior to the conduct of the study this was reviewed by the Cebu Normal University Research Ethics Committee and was granted approval (Approval Number: 965/2021-08 Castillo)

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