Academic Resilience Among Selected Students of the School of Health Sciences-Baler, Philippines

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R E S E A R C H   A R T I C L E

Abstract

Background: Since 1976, the School of Health Sciences (SHS) in the Philippines has produced a broad range of health professionals serving depressed and underserved communities. Most researches about the SHS present the impact of its unique community-based ladder-type curriculum and only a few focus on the lived experiences of its students.

Objectives: This study described how the lived experiences of SHS students with their community-based curriculum manifested as academic resilience.

Methodology: This is an exploratory social research. Data were obtained from key informant and focus group interviews, observations of purposively chosen students, teachers, and alumni in Baler Campus, and document review. Data were analyzed using iterative terms and concepts describing respondents' patterns of activities that establish norms in SHS. Joint displays of these norms were constructed to describe the students' academic resilience.

Results: Admission in SHS requires students to undergo a stringent, often political recruitment process. While in the degree program, students go through constant financial constraints, demanding academic requirements, and challenging balance of hospital and community work with their personal and academic lives. The interplay between inner strength and external support promoted academic resilience. Studying in the SHS is a transformative learning experience. Students experienced multi-faceted problems requiring them to resiliently meet academic standards and maintain their own well-being. The culture of '*damayan*' was an important source of psychosocial support.

Conclusion: The SHS curriculum and culture are most instrumental in promoting academic resilience among its students.

Keywords: *Academic resilience, School of Health Sciences, ladderized curriculum, community-based curriculum*

Introduction

The School of Health Sciences (SHS), initially the Institute of Health Sciences was founded in 1976. The University of the Philippines Manila (UP Manila) tasked SHS to produce a broad range of health manpower to serve depressed and underserved communities. SHS has three campuses in the Philippines namely the original site in Palo, Leyte in the Visayan Islands, followed by Baler, Aurora in Luzon, and Koronadal in Mindanao. Since 1976, SHS has been implementing a unique community-based ladder-type curriculum. Reeve, Woolley, *et al* (2017) reported that SHS students were more likely to stay in rural areas serving

disadvantaged communities and were often more skilled in meeting the needs of underserved communities than students from more traditional schools [1]. As of 2015, school records show that more than 90 percent of its graduates across the three campuses remain and practice professionally in the communities. However the unique design of the SHS' ladderized, competency-based and community-based curriculum presents its own set of demands challenging the students' resilience.

This study aims to identify what those challenges are and describe the lived experiences of a select group of students on how they coped with them. Overall objective is to explain

how the SHS's pedagogical philosophy and practices contribute to the development of student resilience.

Resilience is both a measure of successful stress-coping ability and a dynamic personality trait in dealing with substantial adversity [2,3]. It is multidimensional as it varies with context, time, age, gender, and culture of origin and even individual life circumstances [4]. Recent developments in the field of positive psychology have moved the focus of resilience research into the search for inner strengths and resources that influence the process. Assets are the inner strengths (such as self-efficacy and self-esteem), while resources are external supports (family, peer, and institutional support) [5].

Academic resilience among students has likewise been extensively researched and was defined as an increased likelihood of (academic) success despite environmental adversities [6,7]. Resilient students are described by Alva (1991) as those who maintain high motivational achievement and performance even when faced with stressful events and conditions that place them at risk of poor performance [8]. Developments in resilience research indicate that individual resilience is not fixed; it is influenced and can be developed through innovative pedagogies and supportive social and living environment particularly in schools [9,10].

In the desire to provide students with a safe learning environment, attention needs to be given to both the external environment – the sources of challenges as well as support; and the internal environment – knowing what dimensions of resilience the students are lacking and focusing interventions on those areas. School administrators need to study if the school is providing that safe learning environment for students – not just to survive, but to thrive. In the local setting, the rising incidence of mental health problems among health sciences students is an alarming trend. During the annual convention of the Association of Philippine Medical Colleges (APMC), Sosa and Casal (2018) presented the complimenting challenges to both faculty and students when faced with difficult situations [11]. With such insight, the theme in APMC's 2019 conference will be: "Mental Health of Medical Students" [12].

Methodology

The focus of this study was SHS Baler Campus. This extension campus is in a five-hectare lot in Barangay Reserva, Baler, Aurora, 230 kilometers north of Manila. It was inaugurated on 21 July 2008 while the SHS building was still under construction. Its first 59 students were initially accommodated at the Aurora State College of Technology (ASCOT) Multipurpose Hall lent to them temporarily. There were 8 full-time and 2 part-time faculty members. In 2010 they transferred to their present site. From 2010 – 2015, it had already produced 180 graduates of the Certificate of Community Health Work (CCHW) equivalent to midwifery, and 45 Bachelor of Sciences in Nursing (BSN) graduates. From 2013 – 2014, the performance in the Midwifery licensure examinations had a 95.24 -100% passing rate and 76.92 - 100% for Nursing.

Table 1. *Blueprint of key informant interviews*

Informants	Type and distribsution of question
1. Faculty members	Demographics, record of service in SHS, educational background, areas of specialization, role in the SHS program, expectations from SHS and known outcomes (curriculum), problems and strengths identified and experienced, performance ratings, number and distribution of personnel
2. Students	Demographics, socio-economic status, academic performance, expectations from SHS and known outcomes, problems and strengths, learning difficulties identified and experienced
3. Alumni	Demographics, present occupation or professional roles, institutional affiliation, professional performance, areas of expertise, expectations from SHS and known outcomes, problems and strengths, learning difficulties identified and experienced

This is an exploratory social research design. It seeks to find how people get along in a particular setting, what meanings they give to their actions, the issues and culture that evolve over time. Exploratory research describes "What is going on here?" and also describes phenomena without explicit expectations [13]. In this study, qualitative data were collected from key informant interviews and focus group discussions. Table 1 presents the blueprint of guide questions used. Triangulation was established through direct observation of students in their actual community-classroom-workplace settings. Secondary data like school records, curriculum, performance ratings in licensure examinations, and official policies were likewise used.

Respondents included 12 purposively selected SHS Baler alumni, 9 faculty, and 19 current students. The 12 alumni were chosen through a combination of purposive sampling (they were recommended by the faculty as having exhibited resilience during their student years) and convenience sampling (they were working in nearby hospitals and regional health units during the data collection).

Data were encoded in NVivo version 10. Iterative terms and concepts describing people's activities, processes, and patterns of activities that establish norms and culture were derived as nodes. For instance, word frequency counts of iterative terms like barangay, munisipyo (municipal government), province, kapitan (barangay captain), scholar, recruitment, endorsement pointed to the theme on political recruitment process. Frequencies of these nodes were developed into joint displays and subjected to further inductive analysis. A joint display refers to a process of integrating data through a table or figure to easily draw out new insights beyond what raw qualitative and quantitative data present [14]. The template joint displays used in the study are presented in Table 2. The chosen themes were identified if more than half of the total participants in 3 groups iteratively mentioned a particular experience.

Results

Profile of respondents

There were many stories from Baler students as well as from the faculty members and alumni about their many challenges and how they coped. All students were in the midwifery program while all teachers were alumni from SHS Palo and the pioneering faculty members in SHS Baler. They handle both general education and major subjects. Aside from teaching, they also have administrative roles as community coordinator, internal auditor, recruitment and admission committee, department chairperson, guidance

Table 2. *Template of Joint Displays used in analyzing the Data*

Derived Themes from Key Informant Interviews	Derived Themes from Focus Group Discussions	Derived Themes from Observations	Supporting Evidence from Secondary Data	Overall Themes
But we don't reach the quota for the number of students to be admitted per region because the local government officials do not respond. Regarding financial matters, It is written in the requirements that the community should provide P24,000 for the monthly stipend of SHS students. "We don't have that kind of budget."	Ma'am, we are consistently following up the provinces who are encountering difficulties. Like Kalinga, a relatively new province which just separated from Apayao... But the politics starts from the governor since he has many allies. For example, here in Aurora, people are divided. There are really those who do not join the activities of the province because they don't like the governor. There are some who consistently join because they are allies. Division begins this early in the process. And so the objectives are not met of reaching the needy municipalities.	From field notes: Currently enrolled render basic health care services to clients (mostly women and children). The students are also required to participate in the barangay's programs like physical fitness, gardening, feeding of school children, and public health education as part of the local executives' initiatives and part of their political agenda	The recruitment and screening procedure of SHS. Please refer to Figure 1.	Coping with challenges of an often political recruitment process

counsellor, etc. The alumni were those working in nearby health facilities and recommended by the faculty as they demonstrated academic resilience during their stay in SHS.

From these three sets of respondents, the top four challenges mentioned were identified as the following: (1) Often political recruitment process, (2) Challenging academic demands, (3) Constant financial constraints, and (4) Demanding hospital and community work.

Coping with the Challenges of an often Political Recruitment Process

The demands of the curriculum begin with the recruitment process. Admission in SHS follows the principle of Democratic Admission. Table 3 enumerates the initial qualifying criteria for high school graduates interested to enter SHS. As soon as the qualifying criteria are met, applicants are screened according to five processes from the SHS to the barangay levels with the involvement of various social systems working in partnership with the school. Figure 1 shows these recruitment processes beginning with the school's Recruitment and Admission Committee (RAC) to the local government recruitment committees down to the barangay assembly.

Students and faculty both claimed that there would be instances that the local chief executives would not endorse the students or give financial allowance because they were not their supporters or "ka-alyado" (allies) of the governor.

While there is a lot of paperwork required to apply at SHS, none of the students found them unreasonable. The opportunity being offered them to study and get a UP diploma was perceived as worth much more than the inconveniences of going house to house to get the needed signatures of 75% of the households. Most of them referred to the support of their families during this recruitment phase. Regarding the 'politics' they claim they learned to present themselves to ask for support and negotiate for their financial needs and even deal with opposing political camps.

Coping with High Academic Demands

The SHS curriculum is a challenging one. Table 4 shows the community- and competency-based curriculum design with the step-ladder structure of the SHS, consisting of the CCHW, BSN and the Doctor of Medicine (MD) programs. At present, there are no MD students yet in Baler Campus. Students who wish to continue to the next program level may do so if they pass the pertinent board examinations, and if they continue to have the support of their sponsor community.

A guiding principle of the SHS which compound this challenge further is the principle of Universal Educability. Since a high school diploma serves as the only academic requirement, many students are academically challenged. Faculty members explained that this was a source of difficulty especially at the start. Some students enter with poor reading comprehension and communication skills. Since the grading system that they

Table 3. *Qualifying criteria for admission of new students to the Midwifery Program (Office of the College Secretary, 2015)*

1. High school graduate
2. Must not have more than one year of college experience
3. If out of school youth, preferably for not more than 3 years
4. Preferably 16-25 years old upon admission
5. Comes from depressed community in dire need of health workers; distant from health facilities
6. Parents and scholars1 are permanent residents of their endorsing communities
7. Must have resided in the sending community for at least one year prior to nomination
8. Nominated by the community through a Barangay Resolution signed by 75% of the household heads
9. Annual family gross income of Php 80,000.00 or lower (roughly equivalent to US$1,600.00)
10. Physically and mentally fit
11. Committed to stay and serve in underserved areas in her/his municipality, province or region
12. Qualified, accredited Barangay (village) Health Workers (BHWs) or their dependents maybe sponsored by the Department of Health (DOH) under the Training and Education and Career Enhancement Program incentive or the One-Child scholarship benefit as provided for in R.A. #78832
13. Willing to sign a Return Service Agreement of two years of service for every year of training

[1] Admitted students are called scholars because being in UP Manila, their education is subsidized by the state.
[2] Republic Act (RA) 7883 refers to the BHWs' Benefits and Incentives Act of 1995. TECEPS refers to training and education, and career enhancement programs as among the incentives for the BHWs identified in RA 7883.
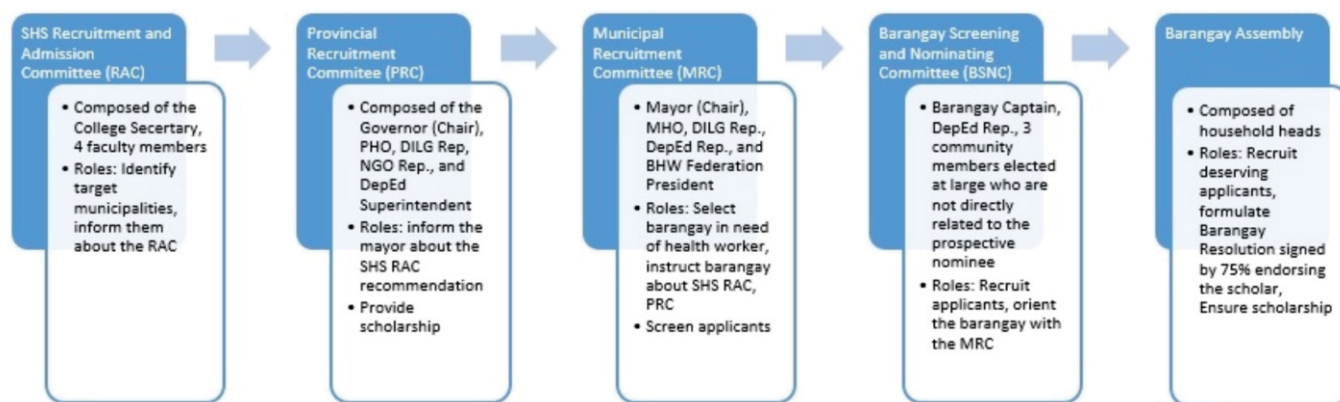
Figure 1. Phases of ladder-type recruitment of SHS scholars (Office of the College Secretary, 2015)

Table 4. *The SHS Step-Ladder Curriculum (Sana, Atienza, Peralta, et al., 2015)*

Certificate of Community Health Work (CCHW)	Bachelor of Science in Nursing (BSN)	Doctor of Medicine (MD)
Duration: 1.5 years	Duration: 2.95 years	Duration: 4.58 years
Total units: 91 composed of: General Education (GE)1: 36 units (Physical Education (PE)*: 4 units & National Service Training Program (NSTP)*: 6 units: no credit) Community Health courses: 22 units Major & Foundation courses: 33	Total units: CCHW (91) + 70 = 161 units composed of: GE: 45 units Legislated: 6 units (PE: 4 units & NSTP: 6 units: no credit) Community Health courses: 28 units Major and foundation courses: 78 units	Total credits: Licenses in Midwifery and Nursing + 7, 524 hours spread across 20 quarters; averaging 376.2 hours per quarter. Human Anatomy, Biology, Diseases, Perspectives in Medicine and Human Behavior
Service Leave: 660 hours (~1 month)	Service leave: 440 hours (~18 days)	
Return Service Agreement Signed by all students prior to admission: 2 years to stay and work in the country for each year of scholarship		

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follow is a simple Pass or Needs Tutorials (NT), a significant number of students are sent for Tutorials after class sessions. The assigned tutors (e.g. faculty members and upperclassmen) have the formidable role of bringing the student up to task.

The students found the curriculum implementation new and overwhelming. Lectures were from 8 AM to 5 PM from Mondays to Wednesdays. Clinic duties were on Thursdays and Fridays. Community duties were scheduled on weekends. The faculty found it difficult to finalize the

schedule because aside from community and clinics, students also had exposure in Regional Health Unit (RHU) within the week.

Unlike other regular tertiary school, the SHS follows a quarterly system, thus students enroll every 3 months. A quarter consists of 11 weeks: 9 weeks for the teaching of fundamentals and 2 weeks for the community work. In between quarters there is a 1 week break which - though much needed - seemed non-existent because of removal examinations and remediating tutorials. Students found the journey even more challenging when the chronic lack of sleep affect their performance in hospital duties. This fast-paced schedule was recognized as a problem as it could lead to burn out.

Besides the compressed schedule, SHS Baler lacked facilities and instructional materials. When the school started in 2008, there were 59 students divided into two sections. They held classes in a small multi-purpose hall of ASCOT. Faculty claimed that they did not have books, laptops, or projectors (F6). Aside from the challenges in the schedule and the facilities, the principle of universal educability in the recruitment process lead to series of removals and tutorials and attritions due to some students' inability to cope with the academic demands. On the other hand, one faculty added that those who failed their subjects would eventually pass the licensure examinations, hence proving the soundness of the principle of universal educability (F2).

All the students mentioned the overwhelming workload. They claimed that they all received NTs (Needs Tutorials). They managed through a combination of positive self- talk and a lot of social support from fellow students and faculty.

We just need to be patient and hardworking for our teachers were ingenuous. They would take a doll and put a cloth through the navel to explain how to do chord clamping. They found ways around the lack of resources. (A4)

There were also many to help the students meet the academic challenges like the spontaneous group studies and the Tutorial Program of the Student Council and the Faculty.

Coping with Economic Difficulties and Financial Constraints

Students also encountered constant dire economic straits. At times, the monthly financial support from their communities for their food, lodging, and transportation were delayed or did not come at all. At times, they would have just one meal in a day or worse none at all and they would walk to and from school. Some would stay with classmates or in teachers' houses since they could not pay for the rent anymore. (F1)

Financial problems are part of student's life (A5) and so these constraints were something that they expected. Hardships only brought them closer. They needed to support each other to survive. They learned the culture of *damayan* wherein there was this mutual understanding of one's predicament so there was sharing of food and resources both from the faculty and students to those who were in need (A5).

Coping with the Challenges of Hospital and Community Work

According to majority of the respondents, the most challenging aspect of their SHS experience was 'community work' and 'hospital work.'

Hospital duties were challenging, especially the first time they delivered a baby. Ideally, they would observe, assist, and then - only after some time - deliver a baby themselves – under the supervision of their clinical supervisors. Often, however, this was not the case:

I went for my service leave after the midwifery program; I was assigned to the Delivery Room when a mother came ready to give birth. But the doctor was busy with an emergency in the ICU. I was the only one there so the doctor assigned me to deliver the baby. I just did what I was taught, and things went well. I learned the relation between trust and confidence. I was insecure about my know-how. But because I saw that the doctor trusted me, my confidence was boosted (S8).

Community work was challenging because students were young and did things which were out of their comfort zones. They were asked to conduct surveys, make needs assessments, and create plans to address the health needs of their community. Because they were young and inexperienced, at times they were met with incredulity and outright suspicion. A student recounted two episodes. One was the difficulty they had in getting barangay officials to attend meetings for them to discuss the needs of the community and their designed programs. Another challenge was being mistaken as a cadre of the New People's Army (a communist armed group) when they were conducting demographic surveys – possibly the reason they were uncooperative.

When it was a matter of life or death, two students learned how to make themselves heard despite their youth. One shared how she treated a sick child with high fever with ice packs contrary to the oils being applied by a folk doctor (A13). Another one shared that he made use of a concoction of coconut milk mixed with the charred husk to treat a patient who was brought to the health center due to poisoning. A week later that patient approached him to say: "I was the one you saved." (F1).

Financial concerns extended into their community duties as well, where they experienced living with indigent foster families to eat what they eat even only a can of sardines or talbos (camote tops) to get along with them (F2). Sometimes the students stayed in the barangay hall or in the community health center or in a small hut on their own. They would all sleep on the floor or on make shift beds which hardly made for a restful sleep (F1).

As with academic rigour, they coped with the demanding hospital and community work through a combination of positive self-talk, and a lot of social support from fellow students and from the faculty. An additional source of support came from the growing trust of the people themselves and a growing sense of responsibility towards the community they serve. Students started to take community work seriously (S11) as they already felt that sense of service to the people (S12). Although at times they would experience difficulties in dealing with them due to individual differences (F2). One student (S10) commented: "*Ganyan ang pakikipamuhay*." (This is how fellowship is built.)

With their growing love for their work they did not even feel the need to 'cope' because they no longer considered the work hard.

I learned to love my work. And when you love your work, even when things are hard, it becomes easy. Even when I hear negative comments about 'the students,' I don't mind them. The knowledge that I am doing something good for the community – that lightens the load for me. That's my most significant learning in my community work (S7).

I love my course because I learn so many things. And when I go home I love talking to the pregnant mothers and giving them some health education. Every day I realize that I did not make a mistake when I accepted this opportunity to study and make something of my life. I am so grateful. God is so good. (A11)

Our SHS training made us for community work. That's where we were thrown – in the heart of the communities doing public health services. We belong in the barangay health center! I want to use what I learned so it doesn't go to waste, and out of gratitude for the people and community that supported me. (A10)

Finally, like how they dealt with other difficulties, social support was a constant source of resilience. The relationships between SHS peers grew steadily, from mere camaraderie to very deep bonds of loyalty and friendship. One source of social support which most students mentioned was the dedication of the faculty to their wellbeing. Some of these teachers were themselves products of the SHS system. They felt invested in the students' success because they themselves experienced the same hardships. One such faculty claimed that his greatest happiness was hearing the local people praising the SHS students.

The students appreciated that the faculty often go beyond the call of duty in helping them cope with all their challenges. They would offer individual or group tutorials even before the official 'Needs Tutorial' assessment. It was not rare for teachers to lend money to the students and to allow them to eat or stay in their house because they do not have money to pay for rent in the dormitories. During the board examinations, the faculty would even rent a van to transport them to and from the venue and prepare meals for them. For this reason, they called some faculty 'mother' or 'father.' In fact, they often used familial terms to refer to the relationships they formed at the SHS. Their peers were kapatid (siblings) and the teachers and community elders were their fathers and mothers. It was this deep bond which gave them security and resilience amidst difficulties.

Discussion

Baler students developed resilience in the midst of these challenges because of their effective balancing act between their main asset of self-efficacy and resources specifically the external support of their families, peers, and the SHS itself. Fergus and Zimmerman (2005) identified self-efficacy and self-esteem as inner assets contributive to resilience [5]. But coming from low income families and limited life opportunities, students initially had very low self-esteem. It was their determination to take full advantage of the opportunity to study in the University of the Philippines that served as their motivation to persevere and satisfy the requirements of graduating from SHS. A sense of being 'privileged' characterized the motivation of the initial years, and the desire to help their families financially. But by the end of the program the main motivation was love for their

work and sense of responsibility to the community. Among the most common personal attributes or values which featured in their responses were the values of *tiis* (endurance), *tiyaga* (perserverance) and *pakikisama* (fellowship). They reinforced their initial motivation with perseverance, discipline, and industry, and committed themselves to make a future out of it. This is self-efficacy at its highest level. These attributes somehow mirror the 4 dimensions (albeit less 1) of adult personal resilience identified by Taormina in 2015: determination, endurance, adaptability, and recuperabilty [15].

Baler students were able to tap all external support (resources) to build resilience. Although there were instances when their families could not send them financial support, students attribute hope and victory against all odds to their families. Their parents specifically were with them from the beginning of their journey when they solicited the barangay resolution and campaign signature. Baler students are typical Filipino youth who consider their families their constant sources of moral and spiritual support [16]. These results corroborate those of a recent integrative review of the impact of resilience on nursing students [17]. In this integrative review, support from family, friends and faculty were found to positively affect resilience in two qualitative studies [17] and [18]. Family support was identified most frequently. In this study, family was likewise identified frequently especially during the initial years. But increasingly peers, faculty, and even the community were cited with more frequency as the source of their social support. Unlike typical college students including those from Palo, Leyte campus who experienced stiff competition, bullying, and discrimination, Baler students evolved into strong functional learning groups. The students reached the performance stage, the highest in the group formation stages [19]. Instead of dwelling on the adverse circumstances personally, financially, and academically, students worked and supported each other. There were clearly more challenging times and crises, but the students learned to share what they had and evolved a culture of fellowship and being a "family."

Most importantly, the faculty members and the SHS in general served as the students' strongest external support. The faculty and the school hold the standards to be met and they did not stop until these were met. This commitment of the faculty and the school were highlighted by Sana, Atienza, Peralta, *et al*. (2015) and described them as truly transformative educators and living examples of social agents of change [20].

Conclusion

SHS has built in culture in its competency- and community-based curriculum that develops academic resilience. The recruitment process, academic rigor, financial constraints, and challenging hospital and community work were the most constant of the challenges. The students survived and thrived due to the interplay of inner strengths and external support.

Three major sources of psychosocial support were apparent: the dedication of the faculty for their welfare, the damayan (camaraderie) among peers and the whole student body, and the growing trust of the community in their competence. All these contributed to an ever-growing gratitude and culminated in a passion to serve and a conviction that they need to give back to the community and to the SHS.

Recommendations

This is the first study that focused only on SHS Baler. Previous publications on SHS dealt with the overall SHS covering the three extension campuses. However, the results imply the need for longitudinal studies to establish SHS and its culture as truly transformative agent of change.

It is recommended that the SHS curriculum is constantly revisited, that its leaders and teachers-implementers reflect on how the various teaching-learning experiences, rules and procedures, and program outcomes develop into a concrete influence on students. This study also implies the need for the conduct of more sociological studies particularly on the impact of SHS to the students, faculty, communities, and overall health care systems.

Limitations of the Study

This paper is a serendipitous report from a commissioned study to scale up the School of Health Sciences (SHS), University of the Philippines Manila. The Office of the Chancellor commissioned the study in 2015 to guide university officials in rehabilitating SHS after it was completely destroyed by Typhoon Haian in 2013. As the study was commissioned with very short time frame, the research team requested that research ethics review be waived with the assurance of anonymity to all voluntary respondents. This study was registered with the university's Research Grants Administration Office (RGAO) on 11

February 2015 with identification number RGAO-REG-2015-NTTCHP-CO12. The conditions were affirmed for exemption in the National Ethical Guidelines of the Department of Science and Technology – Philippine Council for Health Research and Development [21].This was an exploratory social research and did not attempt to measure the resilience of the students, nor establish any correlations between the resilience attributes observed and the academic performance of the students.

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