

**THE DIMENSIONALITY OF CARE AMONG HEALTH PERSONNEL OF  
SOME RURAL HEALTH UNITS IN BOHOL**

**College of Technology and Allied Sciences  
BOHOL ISLAND STATE UNIVERSITY  
Zamora, Bilar, Bohol**

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**June 2022**

The Dimensionality of Care Among Health Personnel of Some  
Rural Health Units in Bohol

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A Thesis  
Presented to the Faculty of the  
College of Technology and Allied Sciences  
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Zamora, Bilar, Bohol

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In Partial Fulfilment  
Of the Requirements for the Degree  
In Bachelor of Science in Office Administration  
(BSOA)

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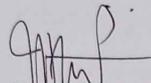
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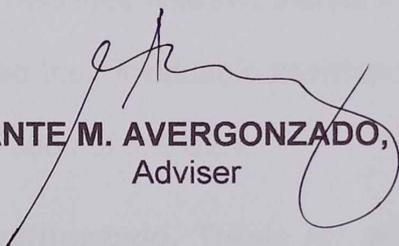
## APPROVAL SHEET

This thesis entitled "THE DIMENSIONALITY OF CARE AMONG HEALTH PERSONNEL OF SOME RURAL HEALTH UNITS IN BOHOL" prepared and submitted by Analyn R. Ybañez, Charisse B. Bontog, Merry Joy D. Buñao and Glenda T. Digal in partial fulfillment of the requirements for the degree Bachelor of Science in Office Administration has been examined and recommended for acceptance and approval for oral defense.

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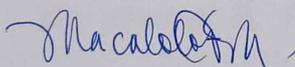
  
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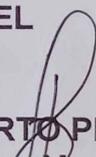
  
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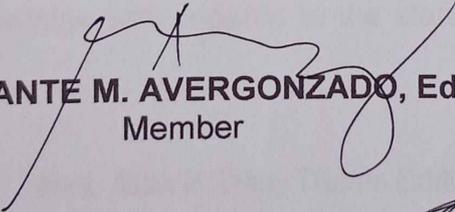
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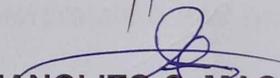
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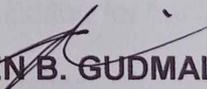
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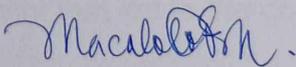
  
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## ABSTRACT

Health has diverse meanings for human beings. Inadequate health care services was a timely problem especially now that we are facing a pandemic. It shown that women use more health care services than men. Therefore, the aim of this study is to ventures the truth that caring formation played a major role in nation building. And it is then the task of all education institutions like Bohol Island State University, to form upright citizens. Therefore, it is important to study on dimensionality of care which demonstrated decision making to care is a timely and recommendable research. The study adopted the qualitative approach through survey questionnaire. The respondents of the study were the rural health personnel of the four selected rural health unit namely Carmen, Batuan, Bilar and Loboc. This study used as standardize questionnaire which has three parts namely Demographic Profile, Altruism questionnaire and Empathy questionnaire. The researchers sent a letter of request to the Campus Director, the Dean of College of Technology and Allied Sciences, to the four Mayors and to the Doctors for the approval to conduct the study to the Rural Health Personnels. Afterwards, the questionnaires were dropped at their respective offices and gave them enough time to answer the questionnaires. After gathering the data, the researchers tabulated and evaluated the result. Weighted Mean Score was used to determine the relationship between the Demographic Profile and Dimensionality of Care. The researchers also used Pearson Correlation Coefficient to determine how strong relationship between respondents care dimensionality of altruism and their empathy and its demographic profile. The study revealed that rural health personnels have done it altruistic acts more than once and for empathy, study revealed that the respondents agree to the empathetic situation. The study also revealed that only sex has a significant relationship towards care dimension and it also revealed that there is no significant relationship between care dimensionality altruism and empathy. The findings of the study will facilitate health institutions to build a better connections towards their patients/visitors. To improve their dimension of care the researchers come up with the following recommendations; (1) Health Personnel must practice their Altruistic behavior. (2)Rural Health Unit Personnel must improve their Attitude in entertaining their patients/visitors. (3)Rural Health Personnel must improve their relationship/connections towards their patients/visitors. (4)Health Personnel must avoid Judgment and Assumptions. (5) Health Personnel must recognize feelings towards their patients/visitors.

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## CHAPTER 1

### THE PROBLEM AND IT'S SCOPE

#### Rationale

Dimensionality of Care is manifested when someone cares for the other person. It happened when someone desires his good for its own sake, not just as a means to other ends. But not for its sake only (that is, for his goods sake). Any desire for another's good that springs from concern for that person is also for his sake. The object of care is the individual person himself (Darwall, 2002).

The dimensionality of care among health personnel of Rural Health Unit tested new ways of meeting human needs. The purpose of this research is to ventures the truth that caring formation played a major role in nation building. And it is then the task of all education institutions like Bohol Island State University, to form upright citizens. Therefore, it is important to study on dimensionality of care which demonstrated decision making to care is a timely and recommendable research.

In recognizing the dimensionality of care will bring understanding to the dynamism of doing well to others. In this regard, the researcher perceived the necessity of coming up with a study that measures the moral intuitions toward duties and the personal drive to care. The researchers consider that it is important that health personnel understand the different inner dynamics that influences their actions toward the patients they cared. In general, the study seeks to bring health personnel hospital institutions to a simpler, sincere and thorough ideal that will

provide an opportunity for more yet vigorous growth and development of its clientele.

### **Literature Background**

According Seglow (2004), one needs to care for others in order to contribute to them, but the concern has to be motivated by an internal importance in ones making the contribution, not only in its being a good result or in its abstract rightness. He added that this contribution is particularly equipped to make sense of this duality of concern, egoistic- altruistic dichotomies. Seglow particularly surmise that caring is motivated by both the self and the altruistic self which expresses the dimensionality of care.

In addition, care is rooted from altruistic and empathic disposition of the giver. Jonathan Seglow (2004) viewed altruism as a theory about individuals' inherently beneficial and, therefore, morally desirable motivational dispositions towards furthering other people's good, and as such a prime example of a disposition to act out of a concern for others. Kristen Renwick Monroe (1996) explained that altruism does exist. People do help others even when the costs to themselves are higher than the rewards they receive from their action. They do sacrifice for others. Their behavior simply cannot be explained through the traditional rational actor paradigm that assumes all actors are isolated self-interested individuals.

The principle of caring, like other moral principles, does not refer to a particular act. It is an abstraction, moral imperative, fundamental value, a philosophical ideal. It says that one must always consider others. This means that

caring is like a natural extension of empathy (Hoffman, 2000). Hoffman added that the sense of self and others undergoes dramatic changes developmentally; it provides a framework for a developmental scheme for empathy.

Furthermore, Folger (1984) also assumed that the helping act can be governed by innate altruistic, selfless behavioral systems that coexist with egoistic ones. He added that the helping act is essentially self-serving for the helper and is, in the final analysis, an egoistically based response. Helping occurs because it is reinforcing in some way, leading to definite benefits for the helper. This would mean that there are two dimensions of care: altruistic and empathy.

Altruism is the practice of selfless concern for other's welfare while empathy is the ability to understand another person's perspectives and to share his or her feelings. Empathy is closely related to altruistic value and associated with altruistic behavior. Moreover, they are better predictors of helping behavior's involving those close to the helper rather than more "random acts of assistance directed mostly towards those without ties to the helper" (Smith, 2003).

Empathy is greater among women than men and for the widowed and homemakers because of the gender of these groups. It is higher among the connected those with more friends and those belonging to more voluntary associations. It is higher those who see more obligations between groups of people and among those who get more demands from others (Smith, 2003). The literature is very inconsistent on gender's relationship to empathy (Chou, 1998; Giesbrecht, 1998; Giligan & Attanuci, 1998; Piliavin & Charng, 1990; Davis, 1994; Post et al., 2002) & altruism (Amato, 1990; Howard & Piliavin, 2000; Johnson et al., 1989;

Khanna et al., 1992). Batson's (1998) summary of research is that "sometimes men help more than men and sometimes the sex of the helper makes no difference." Similarly, Howard and Piliavin (2000) observe that in regards to men and women "who helps depends heavily on the nature of the help required".

Gender has implications for health across the course of every person's life. Gender can influence a person's experiences of crises and emergency situations, their exposure to diseases and their access to healthcare, water, hygiene and sanitation. Gender inequality disproportionately affects women and girls. It shown that women use more health care services than men. We used important independent variables, such as patient socio-demographics and health status, to investigate gender differences in the use and costs of these services.

In the Code of Ethics of Nurse, Provision 1 states that nurse practices with compassion and respect for the inherent dignity, worth, and personal attributes of every person, without prejudice. Respect for Human Dignity A fundamental principle that underlies all nursing practice is respect for the inherent dignity, worth, and human rights of all individuals. The need for and right to health care is universal, transcending all individual differences. Nurses consider the needs and respect the values of each person in every professional relationship and setting; they lead in the develop. Nurses have an obligation to be knowledgeable about the moral and legal rights of patients.

Nurses preserve, protect and support those rights by assessing the patient understanding of both the information presented and the implications of decisions. When the patient lacks capacity to make a decision, a formally designated

surrogate should be consulted. The role of the surrogate is to make decisions as the patient would, based upon the patients previously expressed wishes and known values. In the absence of an appropriate surrogate decision maker, decisions should be made in the best interests of the patient, considering the patient's personal values to the extent that they are known. Nurses include patients or surrogate decision-makers in discussions, provide referrals to other resources as indicated, identify options, and address problems in the decision-making process. Support of patient autonomy also includes respect for the patient's method of decision-making and recognition that different cultures have different understandings of health, autonomy, privacy and confidentiality, and relationships as well as varied practices of decision-making. For example, nurses reaffirm the patients' values and respect decision-making including those that are culturally hierarchical or communal.

In addition, the principle of caring, like other moral principles, does not refer to a particular act. It is an abstraction, a moral imperative, a fundamental value, a philosophical ideal. It says that one must always consider others. This means that caring is like a natural extension of empathy (Hoffman, 2000). Hoffman added that the sense of self and others undergoes dramatic changes developmentally; it provides a framework for a developmental scheme for empathy.

Therefore, in providing professional health and social services, social workers aim to give primacy to the understandings of those they work with, unless that would contravene the rights of another person. Health has diverse meanings

for human beings. For example, it is sometimes seen as positive feelings of well-being or energy, as the physical and cognitive ability to carry out daily tasks or as the quality of relationships. People rarely define health only in terms of the absence of illness. Meanings change across the life course and are influenced by social identities and attitudes including those associated with age, gender, sexual orientation, abilities, social status, faith and ethnicity. People may not give the same priority to their health that a professional or another person might or may disregard their own health in favor of the health of someone they care about.

Caring refers to the assistance and support as byproducts of an emotional interaction. The concept of the full and sincere unconditional acceptance refers to the approval of the 'other' and a consensus between people, without preconceptions or stereotypes. The cognitive dimension pertains to the interpersonal sensitivity and the ability to understand the position the other person is in (perspective taking). Interpersonal sensitivity means objectively understanding the other person's situation. It is a deep process of getting to know someone, based in both verbal and non-verbal cues. The ability to understand the other person's situation refers to the flexibility and the objective understanding of the point of view of the other person (walk in their shoes, comprehending the way they perform cognitively, emotionally, and mentally).

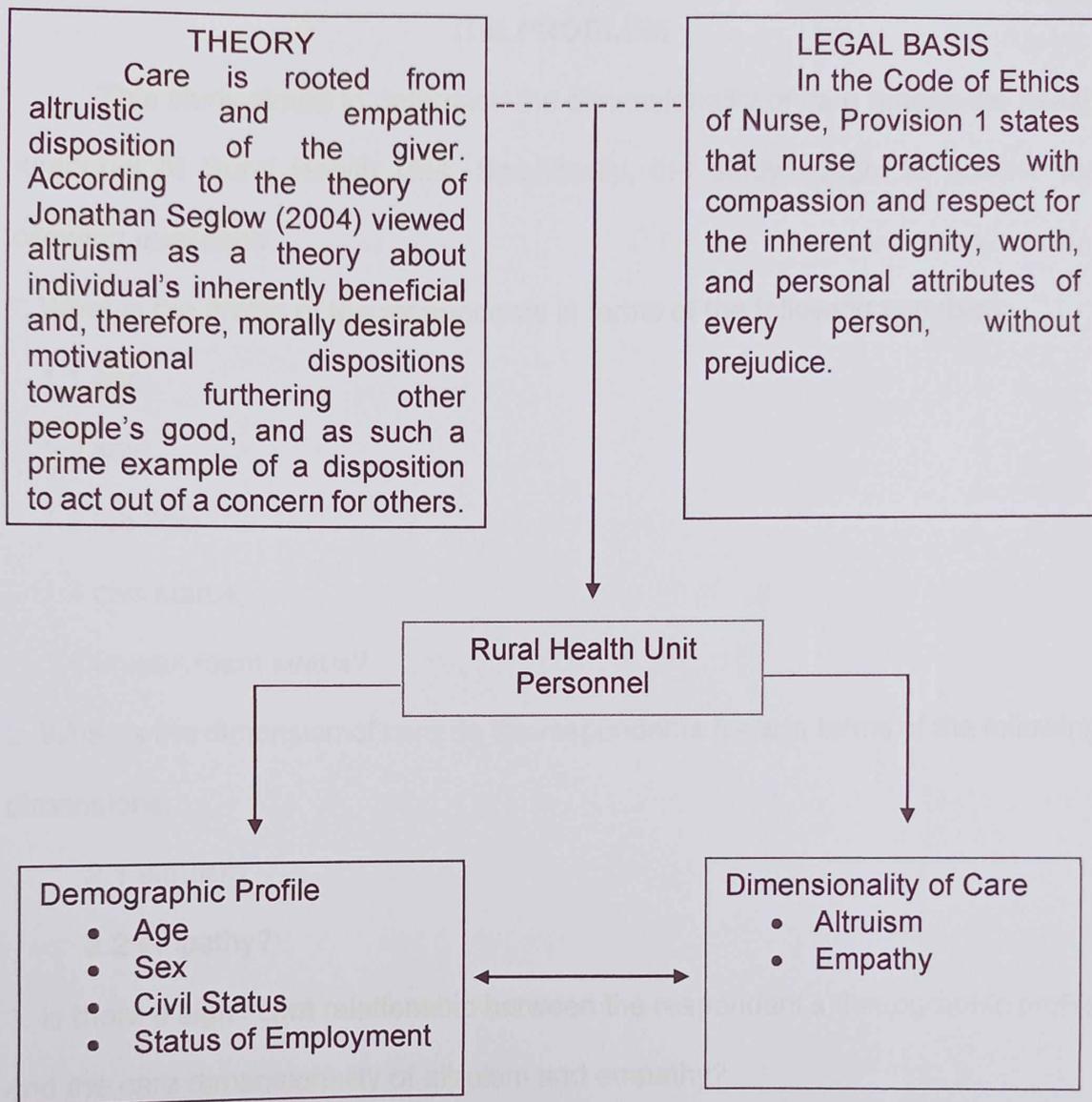
Altruism and the therapeutic relationship both belong to the behavioral dimension which develops empathy into practice. Altruism is a socially directed behavior aimed at relieving difficulties, problems, and the pain associated with them. Empathy is one of the fundamental tools of the therapeutic relationship

between the carer's and their patients and it has been proven that its contribution is vital to better health outcomes. As it allows the health care providers to detect and recognize the user's experiences, worries, and perspectives, it strengthens the development and improvement of the therapeutic relationship between the two parts. It is widely acknowledged that the health professional's empathetic ability leads to better therapeutic results.

### **The Conceptual Framework**

The conceptual framework shows that the objective of the study is to ascertain the dimensionality of care among the health care personnel of Rural Health Unit. In this regard, the study will consider the following objects of the study: the demographic profile of the respondents and the dimensionality of their, care altruism and empathy.

Figure 1. Conceptual and Theoretical Framework of the Study



**Figure 1. Conceptual and Theoretical Framework of the Study**

## THE PROBLEM

This study aimed to determine the dimensionality of care among the health personnel of Rural Health Unit. Specifically, the study sought to answer the following questions:

1. What is the profile of the respondents in terms of the following variables:

1.1 age;

1.2 sex;

1.3 job title;

1.4 civil status;

1.5 employment status?

2. What is the dimension of care do the respondents have in terms of the following dimensions:

2.1 altruism;

2.2 empathy?

3. Is there a significant relationship between the respondent's demographic profile and the care dimensionality of altruism and empathy?

4. Is there a significant relationship between the respondent's care dimensionality of altruism and empathy?

### **Null Hypotheses**

1. There is no significant relationship between the respondent's demographic profile and care dimensionality of altruism and their empathy?
2. There is no significant relationship between the respondent's care dimensionality of altruism and empathy.

### **Significance of the Study**

Healthcare management involves getting things done using human, financial and material resources so that the goal of improving the health of the community can be achieved. Efficiency is a measure of how well the health sector is using its resources to achieve that goal. If money and materials are being used well and there is little wastage, then you are working efficiently. If costs are too high or materials are being wasted, then your activity is inefficient. Efficiency involves doing things right, using resources wisely and with a minimum of waste.

**Health Administrator.** They would be informed about their perceptions of their respective constituents on their management capabilities. This would also help the administrators become more aware and the aspects to which they need to enhance their management capabilities to effectively and efficiently perform their functions, duties, and responsibilities.

**Doctors/Nurses.** The findings of the study would serve as a reference for them to take an action for improvement of their personal drive.

**Patients.** This study would make them aware whether or not the respective health personnel perform their functions effectively and efficiently.

**Future Researchers.** This today hopefully probable guide and reference for future searches who would conduct similar studies.

## RESEARCH METHODOLOGY

### Design

This is a descriptive-correlation study of the relationship between the dimensionalities of care and the demographic profile of the respondents. The main tool in the gathering of data was a questionnaire. A simple statistical tool was used to ascertain the sense of responsibilities and the dimensionality of care of the respondents.

### Environment and Participants

The research was conducted at the municipalities of Carmen, Batuan, Bilar and Loboc all belong to the 3rd District of Bohol.

Carmen is an interior town located near the center of the island. It used to be called Imbaya after the name of a brook in the community. The town used to be part of Bilar. When it was made an independent municipality, it was changed to Carmen supposedly in honor of a woman who was said to be a popular figure in the community.

Batuan is a 5<sup>th</sup> class municipality in the province of Bohol. This interior town used to be a Barrio of Bilar during the Spanish regine and was called "Lindugan".

Bilar is a 4th class municipality in the Province of Bohol. Bilar is an interior

town northeast of Loboc. This town used to occupy a big area and included what is now known as municipality of Sevilla.

Loboc is also a 4<sup>th</sup> class municipality in the Province of Bohol. Loboc is an interior town located 24 kilometers from Tagbilaran City.

The researchers used the complete enumeration but some of the Health Personnel of the 4 Municipality namely; Carmen, Batuan, Bilar and Loboc did not answered.

### **Instrument**

In the conduct of study, the researcher deployed the primary use of the following questionnaires: 1. Demographic Data Sheet; 2. Dimensionality of Care Questionnaire.

The Dimensionality of Care Questionnaire utilized items from both the Altruistic Personality and Self-Report Altruism Scale of Rushton, J. P., Chrisjohn, R. D., & Fekken, G. C. and the Basic Empathy Scale in Adults of Arnaud Carre, Nicolas Stefaniak, Fanny D'Ambrosio, Leila Bensalah and Chrystel Richard. Items from the two scales were carefully selected and put-together into one questionnaire. In choosing the items, the researcher made use of the following conditions: its applicability in Philippine settings (cultural and values), simplicity of formulation and its fatefulness to the concepts of altruism and empathy. The questionnaire was also subjected to reliability and validity test.

## Procedure

After the formal consent obtained from the Thesis Adviser followed by the Chairperson of the Department of Business and Office Administration (DBOA), the researchers officially asked from the Municipal Mayor. Due to the circumstances caused by the pandemic, the questionnaire was dropped at the health center. The letter was attached to each questionnaire stating the purpose of the study. The researchers dropped the questionnaire at the Health Center and gave them enough time to answer the questionnaire. The researchers collected the questionnaires and the data from the respondents were tallied, interpreted and analyzed.

## Statistical Treatment

To describe the profile of the Dimensionality of Care of the respondents, the weighted mean was used, with the formula:

### Weighted Mean Formula

$$M_w = \frac{\sum fx}{n}$$

Where:

Mw = is the weighted mean

$\sum$  = is the Summation Symbol

f = is the frequency

n = is the total number of cases

Moreover, Pearson Correlation Coefficient was employed to measure how strong the relationship between respondents' care dimensionality of altruism and

their empathy and its demographic profile and the significant relationship between the respondents' care dimensionality of altruism and their empathy and its demographic profile.

$$r = \frac{\sum(x_1 - \bar{x})(y - \bar{y})}{\sqrt{\sum(x_1 - \bar{x})^2 \sum(y - \bar{y})^2}}$$

Where:

$n$  = the number of pairs of scores

$\sum(xy)$  = the sum of the products of paired scores

$(\sum x)$  = the sum of  $x$  scores

$(\sum y)$  = the sum of  $y$  scores

$\sum x^2$  = the sum of squared  $x$  score

$\sum y^2$  = the sum of squared  $y$  score

## DEFINITION OF TERMS

Dimensionality of Care is manifested when someone cares for the other person. It happened when someone desires his good for its own sake, not just as a means to other ends.

**Dimensionality of Care.** It refers to the identification of care attributes according to the following dimensions:

**Altruism as a Dimension of Care.** It refers to the truth that the intention to care and the act of caring is altruistic. Altruism is both the motivation to increase another person's welfare and the pro-social act without anticipating future reciprocation (Chandel,2015).

**Empathy as a Dimension of Care.** It refers to the notion that both the disposition to care and the act of caring are driven by empathy. Empathy is identified as either as the subject's awareness in imagination of the emotions of another person as well as a kind of social-cognitive bonding (Titchener, 1915).

**Healthcare personnel.** He/she is one who delivers care and services to the sick and ailing either directly as doctors and nurses or indirectly as aides, helpers, laboratory technicians, or even medical waste handlers.

**Rural Health Unit.** It is the one who provide the preventive, regulatory, medical care. It is an outpatient care facility that provides a rural health services, such as primary care and routine laboratory services, to rural and often underserved dimensionality of care among the health personnel of Batuan, Bilar, Carmen and Loboc.

## Chapter 2

### PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

This chapter deals with the presentation, analysis and interpretation of the data based on the responses of the respondents through the distributed questionnaires answered by the Rural Health Unit Personnel in the Municipalities of Carmen, Batuan, Bilar and Loboc. It includes the respondents profile in terms of Job Title, Age, Sex, Civil Status and Employment Status. The data were tallied tabulated and interpreted through a statistical application.

Table 1 shows the profile of the Rural Health Unit Personnel in terms of Age, Sex, Job title, Civil Status and Employment Status. In terms of age, study revealed that out of 95 respondents, there were 44 Health Personnel that belong to bracket 21-30 years old with the highest percentage of 46.31% while only 1 Health Personnel belong to the age bracket of 60-70 years old got the lowest percentage of 1.05. This means that most of the Rural Health Personnel were youth and adults enough to be committed in their responsibilities. (Nur,2018).

With regards with sex, it was found out that 81 or 85.26% of the Health Personnel were female and 14 or 14.73% were males. This implies them that were more female who work as a Health Personnel compared to males. Females tend to provide more parental care than males. (Queller 1997).

As to Job Title, most of the Rural Health Unit Personnel is Midwife with a percentage of 45.26% followed by Nurse with a percentage of 41.05%, Medical Technologist and Admin Aide has the same percentage of 3.15%, Pharmacist

and Doctor with a percentage of 2.11% and Sputum Smearer and Dentist with a percentage of 1.05%.

In terms of Civil Status, married were leading with a percentage of 57 or 60% followed by Single with a percentage of 34 or 35.78% while Separated got the lowest percentage of 4 or 4.21%. This implied that majority of Rural Health Unit Personnel were Married.

In terms of Employment Status, study showed that out of 95 Health Personnel, 50 or 52.63% were belong to Casual followed by Permanent with a percentage of 31 or 32.63%, Others specifically Contractual with a percentage of 11 or 11.57% and the Probability had a percentage of 3 or 3.15%. Most of the Health Personnel were enlisted person awaiting assignment

Table 2.1 shows the dimensionality of care – Altruism. The data revealed that the overall mean was 3.067 with the description of more than once. It signifies that rural health personnel tends to give kindness and help others without expecting something in return. In this theoretical analysis, researchers used ethics of care theory characteristics described by Held (2006) to explore the relational aspects within Russell et al.'s (2013) conceptual framework of access to rural healthcare. Held (2006) proffers five characteristics of ethics of care: (1) dependency on care/moral importance, (2) valuing emotions, (3) intertwined care, (4) public and private spheres, and (5) people are relational, interdependent and interconnected. The first characteristic describes meeting the needs of people for whom we have responsibility to. This characteristic proposes that all people will require and be dependent on care, at least at some point in life.

**Table 1**  
**Profile of the Respondents**  
**n=95**

Category	Frequency	Percent	Rank
<b>Age</b>			
21- 30 year old	44	46.31	1
31- 40 year old	28	29.47	2
41- 50 year old	10	10.52	4
51- 60 year old	12	12.63	3
61- 70 year old	1	1.05	5
<b>TOTAL</b>	<b>95</b>	<b>100%</b>	
<b>Sex</b>			
Female	81	85.26	1
Male	14	14.73	2
<b>TOTAL</b>	<b>95</b>	<b>100%</b>	
<b>Job Title</b>			
Midwife	43	45.26	1
Nurse	39	41.05	2
Admin Aide	3	3.15	3
Medical Technology	3	3.15	3
Pharmacist	2	2.10	4
Doctor	2	2.10	4
Sputum Smearer	1	1.05	5
Physical Therapist	1	1.05	5
Dentist	1	1.05	5
<b>TOTAL</b>	<b>95</b>	<b>100%</b>	
<b>Civil Status</b>			
Single	34	35.78	2
Married	57	60	1
Separated	4	4.21	3
Widowed	0	0	4
<b>TOTAL</b>	<b>95</b>	<b>100%</b>	
<b>Employment of Status</b>			
Permanent	31	32.63	2
Temporary	3	3.15	4
Casual	50	52.63	1
Others: Contractual	11	11.57	3
<b>TOTAL</b>	<b>95</b>	<b>100%</b>	

**Table 2.1**  
**The Altruism Dimension of Care Among Health Personnel of Rural Health Unit**  
**n=95**

Statements	Weighted Mean	Description	Rank
1. I have a given money to a stranger who need it.(or ask me for it)	3.12	More than Once	3
2. I have allowed someone to go ahead of me in a lineup.	3.09	More than Once	7
3. I have let a neighbor whom I didn't know to well borrow an item of some value.	2.75	More than Once	9
4. I have offered my set on a bus or train to a stranger who was standing.	3.12	More than Once	3
5. I have done volunteer work for a charity.	3.11	More than Once	5.5
6. I have given directions to a stranger.	3.24	More than Once	1
7. I have donated goods or clothes to a charity.	3.12	More than Once	3
8. I have helped carry a strangers belongings.	3.11	More than Once	5.5
9. I held the door open for a stranger.	2.98	More than Once	10
10. I have before being asked voluntarily looked after a neighbor's house or children.	3.03	More than Once	8
<b>OVERALL MEAN</b>	3.067	<b>MORE THAN ONCE</b>	

**LEGEND:**

Range	Description	Descriptive Interpretation
5.00-4.20	VERY OFTEN	Highest Altruism Score
4.19-3.40	OFTEN	High Altruism Score
3.39-2.60	MORE THAN ONCE	Moderate Altruism Score
2.59-1.80	ONCE	Low Altruism Score
1.79-1.00	NEVER	Lowest Altruism Score

Table 2.2 shows the dimensionality of care- Empathy. The data revealed that the overall mean is 3.763 with the description of agree. It implies that rural health personnel encourage themselves in helping people better to understand how others are feeling, and even feel it in themselves.

**Table 2.2**  
**The Empathy Dimension of Care Among Health Personnel of Rural Health Unit**  
**n=95**

Statements	Weighted Mean	Description	Rank
1. I can understand my friends happiness when she /he does well of something.	4	Agree	1.5
2. I find it easy to know when my friends are frightened.	3.86	Agree	5.5
3. When someone is feeling down I can usually understand how he/she feel.	3.94	Agree	4
4. I can often understand how people are feeling even before they tell me.	3.77	Agree	7
5. I can usually realize quickly when a friend is angry.	4	Agree	1.5
6. I often get sweet up in my friends feeling.	3.57	Agree	9
7. I tend to feel scared when I am with friends who are afraid.	3.62	Neither Agree nor Disagree	8
8. Seeing a person who has been angered has effect on my feelings.	3.06	Agree	10
9. I often become sad when watching sad things on TV or in films.	3.95	Agree	3
10. After being with a friend who is sad about something I usually feel sad	3.86	Agree	5.5
<b>OVERALL MEAN</b>	3.763	AGREE	

LEGEND:

Range	Description	Descriptive Interpretation
1.00-1.79	STRONGLY DISAGREE	Highest Empathy Score
1.80-2.59	DISAGREE	High Empathy Score
2.60-3.39	NEITHER AGREE NOR DISAGREE	Moderate Empathy Score
3.40-4.19	AGREE	Low Empathy Score
4.20-5.00	STRONGLY AGREE	Lowest Empathy Score

Table 3.1 shows the significant relationship between Demographic Profile and Care Dimensionality of Altruism. The data shows that there is no significant relationship since all the p-value is greater than 0.05. It signifies that the demographic profile of the respondents does not affect and has no connection or relationship to their altruistic behavior.

**Table 3.1**  
**Significant Relationship between Demographic Profile and Care Dimensionality of Altruism**

Demographic Profile	T Value	Significant (Two Tailed)	Decision	Interpretation
Age	0.669	0.505	Accept Ho	Not Significant
Sex	-0.155	0.877	Accept Ho	Not Significant
Civil Status	0.109	0.913	Accept Ho	Not Significant
Employment Status	0.146	0.884	Accept Ho	Not Significant

Table 3.2 shows the significant relationship between demographic profile and care dimensionality of empathy. The data revealed that only sex has a significant relationship since the p-value is 0.004 and it is less than 0.05 ( $t=0.004$ ,  $p=0.004 < 0.05$ ). Age, Civil Status, Employment Status are not significant since the p-value is 0.055, 0.086 and 0.0244. Empathy is greater among women than men. It is higher for those who see more obligations and among those who get more demands from others. "Sometimes men helps more than women, sometimes women help more than men and sometimes the sex of the helper makes no difference" (Smith, 2002).

**Table 3.2**  
**Significant Relationship between Demographic Profile and Care Dimensionality of Empathy**

Demographic Profile	T Value	Significant (Two Tailed)	Decision	Interpretation
Age	1.941	0.055	Accept Ho	Not Significant
Sex	-2.985	0.004	Reject Ho	Significant
Civil Status	1.734	0.086	Accept Ho	Not Significant
Employment Status	1.172	0.0244	Accept Ho	Not Significant

Table 4 shows the summary of findings of the dimensionality of care altruism and empathy. The data revealed that the weighted mean of altruism is 3.0716 and it is lower than empathy that has a weighted mean 3.821. It signifies that the respondents have a high score on empathy however, it also reveals that they are high in both dimensions.

**Table 4.**  
**Summary of Findings of Dimensionality of Care Altruism and Empathy.**

Care Dimension	Weighted Mean	Interpretation
ALTRUISM	3.0716	Rural Health Personnel tend to give kindness and help others without expecting something in return.
EMPATHY	3.821	Rural Health Personnel encourage themselves in helping people better to understand how others are feeling and even feel it in themselves.

Table 5. shows the level of significant relationship Care Dimensionality of Altruism and Empathy. The data shows that Altruism and Empathy has no significant relationship since the significant p-value is 0.666 and it is greater than

0.05 ( $t=0.666$ ,  $p= (0.666>0.05)$ ). Altruism is the practice of selfless concerned for other's welfare while empathy is the ability to understand to another person's perspectives and to share his or her feelings. Empathy is closely related to altruistic value and associated with altruistic behavior. Moreover, they are better predictors of helping behavior's involving those close to the helper rather than more "random acts of assistance directed mostly towards those without ties to the helper" (Smith, 2003)

**Table 5.**  
**Significance relationship between Care Dimensionality of Altruism and Empathy**

CARE DIMENSION	MEAN	T VALUE	SIGNIFICANT (TWO TAILED)	DECISION
EMPATHY	3.821	0.045	0.666	Accept Ho
ALTRUISM	3.0716			

## Chapter 3

### SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

This chapter covers the summary of findings pertinent implications and relevant recommendations based on the analysis and interpretation of the gathered data. The Dimensionality of Care among Health Personnel of Rural Health Unit as perceived by their Empathy and Altruism.

#### Summary of Findings

The study aim to determine the Dimensionality of Care among Health Personnel of Rural Health Unit in relation to their Empathy and Altruism in the Municipalities of Carmen, Batuan, Bilar and Loboc.

#### Profile of the Rural Health Personnel

The respondents of the study were 95 Rural Health Personnel in the four municipalities, and most of them are midwife. Their age were ranging from 21-30 years old and majority of them were females. There were 57 personnel were married and majority of their employment status is Casual.

#### The Dimensionality of Care Among Health Personnel of Rural Health Unit with the Demographic Profile and Care Dimension Altruism

The result determines the null hypothesis (There is no significant relationship between the respondent demographic profile and care dimensionality of altruism) was accepted.

The result also determines the null hypothesis (There is no significant

relationship between the respondent demographic profile and care dimensionality of empathy) was accepted only sex has significant relationship.

### **The Dimensionality of Care Among Health Personnel of Rural Health Unit with the Care Dimension Altruism and Empathy**

The result determines the null hypothesis (There is no significant relationship between Care dimensionality of Altruism and Empathy) is accepted.

### **Conclusions**

After a comprehensive analysis of the findings from the necessary data gathered, the researchers have drawn the following conclusions.

The study revealed that the majority of Rural Health Personnel are Midwife, aged 21-30 range, Married and most of them belong to Casual. The Health Personnel in the four municipalities are more compassionate. It indicates that the health personnel have done the altruism doings more than once. And for Empathy, health personnel neither agree nor disagree the behaviors that shows Empathy.

There is no significant relationship between Demographic Profile and Care dimensionality of Altruism and Empathy, only sex has a significant relationship to care dimensionality of Altruism and Empathy. Empathy is greater among women than men. Sometimes sex of the helper makes no difference.

There is no significant relationship between Care Dimensionality Altruism and Empathy but they have a connection.

### **Recommendations**

Based on the data analysis, findings and conclusions, the researchers arrived with the following recommendations:

1. Health Personnel must practice their Altruistic behavior.
2. Rural Health Unit Personnel must improve their Attitude in entertaining their patients/visitors.
3. Rural Health Personnel must improve their relationship/connections towards their patients/visitors.
4. Health Personnel must avoid Judgement and Assumptions.
5. Health Personnel must recognize feelings towards their patients/visitors.

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Scholar]

**Appendix A**  
**INSTRUMENT**  
**Demographic Profile Data Sheet**

**Instruction:** Please answer all of the following questions as they describe you. Fill the blanks of the space provided that corresponds to your answer.

1. Name: \_\_\_\_\_ (Optional)

2. Job title: \_\_\_\_\_

3. Age: \_\_\_\_\_

4. Sex:

Female     Male

5. Civil status:    Single           

                         Married           

                         Separated       

                         Divorced        

                         Widowed        

6. Status of Employment:

                         Permanent       

                         Probability     

                         Casual           

Specify the status \_\_\_\_\_

### Dimensionality of Care Questionnaire

**Instruction:** Please indicate the frequency and degrees to which you practice and agree the following statements by choosing the category on the right.

The Items ( Altruism )	Never (1)	Once (2)	More Than Once (3)	Often (5)	Very Often (6)
1. I have a given money to a stranger who need it.(or ask me for it)					
2. I have allowed someone to go ahead of me in a lineup.					
3. I have let a neighbor whom I didn't know to well borrow an item of some value.					
4. I have offered my set on a bus or train to a stranger who was standing.					
5. I have done volunteer work for a charity.					
6. I have given directions to a stranger.					
7. I have donated goods or clothes to a charity.					
8. I have helped carry a strangers belongings.					
9. I held the door open for a stranger.					
10. I have before being asked voluntarily looked after a neighbor's house or children.					
The Items (Empathy)	Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)
11. I can understand my friends happiness when she /he does well of something.					
12. I find it easy to know when my friends are frightened.					
13. When someone is feeling down I can usually understand how he/she feel.					
14. I can often understand how people are feeling even before they tell me.					
15. I can usually realize quickly when a friend is angry.					
16. I often get sweet up in my friends feeling.					
17. I tend to feel scared when I am with friends who are afraid.					
18. Seeing a person who has been angered has effect on my feelings.					
19. I often become sad when watching sad things on TV or in films.					
20. After being with a friend who is sad about something I usually feel sad					

## Appendix B

## LETTERS



Republic of the Philippines  
**BOHOL ISLAND STATE UNIVERSITY- Bilar Campus**  
 Zamora, Bilar, Bohol

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---

October 25, 2021

**MARIETTA C. MACALOLOT, Ph.D.**

Campus Director  
 Bohol Island State University  
 Bilar Campus

Dear Madam,

Greetings!

The undersigned Bachelor of Science of Office Administration 4<sup>th</sup> year students of Bohol Island State University - Bilar Campus will be conducting a research study entitled "**The Dimensionality of Care Among Health Personnel of Some Rural Health Units in Bohol**" as per requirements to our course.

We are hoping for your consideration in granting our request.

Thank you so much and God bless!

Very respectfully yours,

**ANALYN R. YBAÑEZ**  
 Student Researcher

**MERRY JOY D. BUÑAO**  
 Student Researcher

**CHARISSE B. BONTOG**  
 Student Researcher

**GLENDIA T. DIGAL**  
 Student Researcher

Recommending Approval:

**ARLEN B. GUDMALIN, Ph.D.**  
 Dean

NOTED:

**RENANTE M. AVERGONZADO, Ed.D.**  
 Thesis Adviser

APPROVED:

**MARIETTA C. MACALOLOT Ph.D.**  
 Campus Director



**Republic of the Philippines**  
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October 25, 2021

**HON. RICARDO FRANCISCO TORIBIO**

Municipality Mayor  
 Carmen, Bohol

Through: **Dr. AMELIA SUMATRA**  
 Rural Health Unit Head, Carmen Bohol

Dear Mayor Toribio:

Greetings!

The undersigned Bachelor of Science of Office Administration 4<sup>th</sup> year students of Bohol Island State University - Bilar Campus will be conducting a research study entitled "**The Dimensionality of Care Among Health Personnel of Some Rural Health Units in Bohol**" as per requirements to our course. In this connection, we would like to ask permission from your office to allow us to conduct the study at the Rural Health Unit of Carmen. Rest assured that confidentiality of the data will be observed during the conduct.

We are hoping for your favorable response and be part in our educational completion and success.

Thank you so much and God bless!

Very respectfully yours,

**ANALYN R. YBAÑEZ**  
 Student Researcher

**CHARISSE B. BONTOG**  
 Student Researcher

**MERRY JOY D. BUÑAO**  
 Student Researcher

**GLENDA T. DIGAL**  
 Student Researcher

NOTED:

**RENANTE M. AVERGONZADO, Ed.D.**  
 Thesis Adviser

APPROVED:

**HON. RICARDO FRANCISCO TORIBIO**  
 Municipal Mayor



**Republic of the Philippines**  
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October 25, 2021

**Dr. AMELIA SUMATRA**  
 Rural Health Unit Head  
 Carmen, Bohol, Philippines

Ma'am,

Greetings to your good Office!

The undersigned Bachelor of Science of Office Administration 4<sup>th</sup> year students of Bohol Island State University - Bilar Campus will be conducting a research study entitled "**The Dimensionality of Care Among Health Personnel of Some Rural Health Units in Bohol**" as per requirements to our course.

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Very respectfully yours,

**ANALYN R. YBAÑEZ**  
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**MERRY JOY D. BUÑAO**  
 Student Researcher

**GLENDY T. DIGAL**  
 Student Researcher

NOTED:

**RENANTE M. AVERGONZADO, Ed.D.**  
 Thesis Adviser

APPROVED:

**Dr. AMELIA SUMATRA**  
 Rural Health Unit Head  
 Carmen, Bohol



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October 25, 2021

**HON. ANTONINO JUMAWID**  
 Municipality Mayor  
 Batuan, Bohol

Through: **Dr. DON ANGEL CIRUNAY**  
 Rural Health Unit Head, Batuan Bohol

Dear Mayor Jumawid:

Greetings!

The undersigned Bachelor of Science of Office Administration 4<sup>th</sup> year students of Bohol Island State University - Bilar Campus will be conducting a research study entitled "**The Dimensionality of Care Among Health Personnel of Some Rural Health Units in Bohol**" as per requirements to our course. In this connection, we would like to ask permission from your office to allow us to conduct the study at the Rural Health Unit of Batuan. Rest assured that confidentiality of the data will be observed during the conduct.

We are hoping for your favorable response and be part in our educational completion and success.

Thank you so much and God bless!

Very respectfully yours,

**ANALYN R. YBAÑEZ**  
 Student Researcher

**CHARISSE B. BONTOG**  
 Student Researcher

**MERRY JOY D. BUÑAO**  
 Student Researcher

**GLENDA T. DIGAL**  
 Student Researcher

NOTED:

**RENANTE M. AVERGONZADO, Ed.D.**  
 Thesis Adviser

APPROVED:

**HON. ANTONINO JUMAWID**  
 Municipal Mayor



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October 25, 2021

**Dr. DON ANGHEL CIRUNAY**

Rural Health Unit Head  
Batuan, Bohol, Philippines

Sir,

Greetings to your good Office!

The undersigned Bachelor of Science of Office Administration 4<sup>th</sup> year students of Bohol Island State University - Bilar Campus will be conducting a research study entitled "**The Dimensionality of Care Among Health Personnel of Some Rural Health Units in Bohol**" as per requirements to our course.

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Student Researcher

**GLENDA T. DIGAL**  
Student Researcher

NOTED:

**RENANTE M. AVERGONZADO, Ed.D.**  
Thesis Adviser

APPROVED:

**Dr. DON ANGHEL CIRUNAY**  
Rural Health Unit Head  
Batuan, Bohol



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October 25, 2021

**HON. MANUEL JAYECTIN**  
 Municipality Mayor  
 Bilar, Bohol

Through : **Dr. ANGELIE P. CASTRO**  
 Rural Health Unit Head, Batuan Bohol

Dear Mayor Jayectin:

Greetings!

The undersigned Bachelor of Science of Office Administration 4<sup>th</sup> year "**The Dimensionality of Care Among Health Personnel of Some Rural Health Units in Bohol**" as per requirements to our course. In this connection, we would like to ask permission from your office to allow us to conduct the study at the Rural Health Unit of Bilar. Rest assured that confidentiality of the data will be observed during the conduct.

We are hoping for your favorable response and be part in our educational completion and success.

Thank you so much and God Bless!

Very respectfully yours,

**ANALYN R. YBAÑEZ**  
 Student Researcher

**CHARISSE B. BONTOG**  
 Student Researcher

**MERRY JOY D. BUÑAO**  
 Student Researcher

**GLENDA T. DIGAL**  
 Student Researcher

NOTED:

**RENANTE M. AVERGONZADO, Ed.D.**  
 Thesis Adviser

APPROVED:

**HON. MANUEL JAYECTIN**  
 Municipal Mayor



Republic of the Philippines  
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October 25, 2021

**Dr. ANGELIE P. CASTRO**  
 Rural Health Unit Head  
 Bilar, Bohol, Philippines

Sir,

Greetings to your good Office!

The undersigned Bachelor of Science of Office Administration 4<sup>th</sup> year students of Bohol Island State University - Bilar Campus will be conducting a research study "**The Dimensionality of Care Among Health Personnel of Some Rural Health Units in Bohol**" as per requirements to our course.

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**GLENDA T. DIGAL**  
 Student Researcher

NOTED:

**RENANTE M. AVERGONZADO, Ed.D.**  
 Thesis Adviser

APPROVED:

**Dr.**  
 Rural Health Unit Head  
 Bilar, Bohol



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October 25, 2021

**HON. LEON A. CALIPUSAN**  
 Municipality Mayor  
 Loboc, Bohol

Through: **Dr. JOEL L. ESPILLA**  
 Rural Health Unit Head, Loboc Bohol

Dear Mayor Calipusan:

Greetings!

The undersigned Bachelor of Science of Office Administration 4<sup>th</sup> year students of Bohol Island State University - Bilar Campus will be conducting a research study entitled "**The Dimensionality of Care Among Health Personnel of Some Rural Health Units in Bohol**" as per requirements to our course. In this connection, we would like to ask permission from your office to allow us to conduct the study at the Rural Health Unit of Loboc. Rest assured that confidentiality of the data will be observed during the conduct.

We are hoping for your favorable response and be part in our educational completion and success.

Thank you so much and God bless!

Very respectfully yours,

**ANALYN R. YBAÑEZ**  
 Student Researcher

**MERRY JOY D. BUÑAO**  
 Student Researcher

**CHARISSE B. BONTOG**  
 Student Researcher

**GLENDA T. DIGAL**  
 Student Researcher

NOTED:

**RENANTE M. AVERGONZADO, Ed.D.**  
 Thesis Adviser

APPROVED:

**HON. LEON A. CALIPUSAN**  
 Municipal Mayor



**Republic of the Philippines**  
**BOHOL ISLAND STATE UNIVERSITY- Bilar Campus**  
**Zamora, Bilar, Bohol**

**VISION:** A premier Science and Technology University for the formation of world class and virtuous human resource for sustainable development in Bohol and the country.

**MISSION:** BISU is committed to provide quality higher education in the arts and sciences, as well as in the professional and technological fields, undertake research and development, and extension services for the sustainable development of Bohol and the country.

October 25, 2021

**Dr. JOEL L. ESPILLA**  
 Rural Health Unit Head  
 Loboc, Bohol, Philippines

Sir,

Greetings to your good Office!

The undersigned Bachelor of Science of Office Administration 4<sup>th</sup> year students of Bohol Island State University - Bilar Campus will be conducting a research study entitled **"The Dimensionality of Care Among Health Personnel of Some Rural Health Units in Bohol"** as per requirements to our course.

In this regard, we would like to ask permission from your office to conduct our study and gathering of information needed for the study.

We are hoping for your favorable response and be part in our educational completion and success.

Thank you so much and God bless!

Very respectfully yours,

**ANALYN R. YBAÑEZ**  
 Student Researcher

**CHARISSE B. BONTOG**  
 Student Researcher

**MERRY JOY D. BUÑAO**  
 Student Researcher

**GLENDIA T. DIGAL**  
 Student Researcher

NOTED:

**RENANTE M. AVERGONZADO, Ed.D.**  
 Thesis Adviser

APPROVED:

**Dr. JOEL L. ESPILLA**  
 Rural Health Unit Head  
 Loboc, Bohol

Appendix C  
RAW DATA

DEMOGRAPHIC PROFILE					
RESPONDENT NO.	JOB TITLE	AGE	SEX	CIVIL STATUS	EMPLOYMENT STATUS
1	MIDWIFE	25	1	1	3
2	PHM	49	1	2	1
3	PHM	51	1	2	1
4	MT	24	1	1	3
5	ADMIN AIDE	52	1	2	3
6	NURSE	24	2	1	3
7	MIDWIFE	25	1	1	3
8	MIDWIFE	28	1	1	3
9	MIDWIFE	24	1	1	3
10	ADMIN AIDE	64	1	1	3
11	MIDWIFE	27	1	1	1
12	MIDWIFE	46	1	2	1
13	MIDWIFE	32	1	2	3
14	MIDWIFE	37	1	2	3
15	MIDWIFE	57	1	1	1
16	MIDWIFE	32	1	2	1
17	NURSE	27	2	1	3
18	MIDWIFE	24	1	1	3
19	NURSE	25	1	1	3
20	MIDWIFE	33	1	2	3
21	NURSE	26	2	1	1
22	MIDWIFE	31	1	2	4
23	MIDWIFE	53	1	2	1
24	MIDWIFE	24	1	1	3
25	NURSE	53	1	2	1
26	NURSE	51	1	2	1
27	MIDWIFE	25	1	1	4
28	NURSE	30	2	2	4
29	MIDWIFE	31	1	2	1
30	NURSE	26	2	1	3
31	MIDWIFE	29	1	2	3
32	NURSE	33	2	1	4
33	MIDWIFE	37	1	2	3
34	MIDWIFE	31	1	3	3
35	MIDWIFE	24	1	1	3
36	MIDWIFE	31	1	2	3
37	MIDWIFE	27	1	1	3
38	MIDWIFE	46	1	2	1
39	MIDWIFE	35	1	2	3
40	NURSE	38	1	2	1
41	MIDWIFE	30	1	2	1
42	MIDWIFE	30	2	2	3
43	NURSE	25	1	1	3
44	MIDWIFE	31	2	2	3
45	NURSE	32	1	2	3
46	MIDWIFE	38	1	2	2
47	MEDICAL TECHNOLOGY	35	2	2	1
48	NURSE	28	1	1	3
49	MIDWIFE	42	1	2	1
50	MIDWIFE	29	1	1	4

NURSE	30	1	3	3
WIFE	29	1	1	3
DOCTOR	37	2	2	1
NURSE	30	1	1	3
NURSE	36	1	2	3
NURSE	28	1	1	3
NURSE	30	1	2	1
WIFE	51	1	2	1
NURSE	28	1	2	3
NURSE	40	1	2	3
WIFE	28	1	2	3
WIFE	53	1	2	1
PHYSICAL				
RAPIST	31	1	1	3
ARTIST	41	1	2	1
NURSE	30	1	2	3
NURSE	27	1	2	3
NURSE	26	1	1	3
WIFE	46	1	2	1
NURSE	31	1	2	3
NURSE	26	1	1	4
WIFE	38	1	2	1
NURSE	32	1	2	4
NURSE	29	1	2	1
WIFE	44	1	2	3
DOCTOR	33	2	3	1
TECH	23	1	2	1
NURSE	24	1	1	4
NURSE	29	2	1	4
WIFE	48	1	2	1
NURSE	28	1	2	2
NURSE	35	1	2	3
NURSE	28	2	2	3
NURSE	26	1	1	4
WIFE	42	1	3	1
WIFE	30	1	2	3
NURSE	37	2	2	4
NURSE	32	1	1	3
NURSE	29	1	2	2
COM				
DRIVER	51	1	2	3
NURSE	35	1	2	3
WIFE	43	1	2	1
NURSE	52	1	2	3
WIFE	22	1	1	3
WIFE	53	1	2	1
NURSE	53	1	2	1

ALTRUISM										
IDENT	ALTRUISM QUESTION 1	AQ2	AQ3	AQ4	AQ5	AQ6	AQ7	AQ8	AQ9	AQ10
	3	3	3	3	2	3	4	3	3	3
	4	3	1	4	4	3	3	3	2	3
	3	2	2	2	2	2	2	3	2	3
	4	3	1	3	3	3	3	1	3	3
	2	1	1	3	1	3	2	3	1	1
	3	3	3	3	2	3	3	3	3	3
	3	3	3	4	3	4	3	3	3	3
	3	4	3	3	3	3	3	2	3	3
	3	4	3	3	3	2	3	3	3	3
0	4	4	4	2	4	4	4	4	4	2
1	3	3	3	2	4	4	4	3	3	2
2	4	4	3	3	4	3	4	3	3	3
3	4	4	4	2	5	2	2	3	3	5
4	4	4	4	2	5	2	2	3	3	5
5	3	3	4	3	1	3	3	3	3	4
6	4	4	3	3	3	3	3	2	1	3
7	4	3	4	3	3	3	4	3	4	3
8	3	3	3	3	2	3	2	3	4	3
9	3	3	3	3	2	3	3	3	3	3
0	3	3	3	3	3	3	3	3	2	4
1	3	3	3	3	3	2	3	2	3	3
2	3	3	4	4	3	3	3	4	3	3
3	4	3	1	3	3	3	3	3	1	1
4	3	3	3	3	2	3	3	3	3	2
5	3	1	3	3	3	4	3	3	2	3
6	3	2	2	3	3	3	3	3	2	3
7	3	4	3	4	5	5	4	4	5	2
8	3	3	3	3	4	4	3	3	4	3
9	3	3	4	3	2	3	3	3	3	3
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3	4	4	4	2	2	2	3	3	3	5
4	3	3	4	3	1	3	3	3	3	2
5	4	4	4	2	5	2	3	3	3	5
6	4	4	3	4	5	4	4	4	3	4
7	3	3	3	3	2	3	3	3	3	3
8	3	3	1	3	4	3	3	3	2	2
9	4	4	1	4	4	4	3	4	2	4
0	2	2	1	5	5	5	4	5	5	1
1	4	3	3	3	3	3	3	3	3	3
2	3	2	3	3	4	3	4	3	3	3
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4	3	4	3	3	4	3	3	3	4	3
5	2	3	4	2	2	4	3	3	2	2

46	2	2	4	2	3	2	3	3	3	4
47	2	2	2	4	3	3	4	4	3	4
48	3	3	3	4	4	3	2	2	3	4
49	3	3	2	2	4	4	3	3	4	3
50	2	3	4	4	4	3	4	4	3	4
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55	3	3	3	3	4	3	3	3	2	3
56	3	3	3	3	2	3	2	3	3	3
57	3	4	2	4	3	4	3	3	3	3
58	4	5	4	5	5	5	5	5	5	2
59	3	5	1	5	5	5	3	4	1	4
60	5	5	1	5	5	5	5	5	1	5
61	3	4	3	3	3	3	3	3	3	3
62	3	3	3	3	3	3	3	3	3	3
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64	3	3	1	1	3	3	2	2	3	1
65	3	3	3	3	2	3	2	3	4	3
66	3	3	3	3	2	2	3	2	3	3
67	3	3	3	3	2	3	3	3	2	3
68	3	3	3	3	4	3	3	2	3	2
69	3	3	3	3	2	3	3	2	3	3
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72	3	3	3	3	3	4	4	3	3	4
73	3	3	3	3	2	3	3	2	4	3
74	3	3	3	3	4	4	3	3	3	3
75	3	3	3	3	4	4	3	4	3	2
76	3	3	3	4	3	4	4	3	4	4
77	3	3	3	4	3	3	2	3	3	4
78	3	3	3	3	3	2	3	3	4	3
79	3	3	2	4	3	3	3	4	3	2
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82	3	3	3	2	2	3	3	4	3	4
83	3	3	3	2	3	3	3	2	3	3
84	3	3	3	2	3	3	4	3	3	2
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87	3	3	3	3	3	4	4	4	4	4
88	5	5	3	5	2	5	4	5	3	5
89	3	1	1	3	1	3	3	3	3	3
90	1	2	2	2	2	2	2	2	1	2
91	5	5	5	5	5	5	5	5	5	5
92	3	3	3	4	2	2	2	4	4	4
93	2	4	1	5	2	4	2	4	4	3
94	3	1	2	3	3	3	3	3	2	3
95	3	3	2	3	3	3	3	3	3	3

EMPATHY										
RESPONDENT	EQ1	EQ2	EQ3	EQ4	EQ5	EQ6	EQ7	EQ8	EQ9	EQ10
1	3	3	4	3	3	3	3	3	3	3
2	4	4	4	4	5	4	5	5	5	5
3	3	3	3	3	4	3	4	4	5	4
4	5	4	4	4	4	4	4	4	4	4
5	1	2	5	5	5	5	5	5	5	5
6	4	3	4	2	3	3	4	3	3	2
7	4	3	3	2	4	3	4	3	2	3
8	4	3	3	3	3	2	3	3	3	3
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13	5	5	5	5	5	4	4	4	5	5
14	5	5	5	5	5	4	4	4	5	5
15	5	5	5	4	4	4	4	3	4	4
16	4	4	4	4	4	4	4	2	2	4
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23	4	3	3	3	4	3	4	4	5	4
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25	4	4	4	4	4	4	4	4	4	4
26	4	4	4	4	4	4	4	4	4	4
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29	4	4	3	3	3	3	3	3	2	3
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39	4	4	4	3	4	2	4	4	4	4
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49	4	4	4	3	3	4	4	5	4	4
50	4	4	5	4	5	5	4	4	3	3
51	3	3	3	3	4	3	3	4	3	4



## CURRICULUM VITAE

### PERSONAL DATA

**NAME:** Analyn Redoble Ybanez

**NICKNAME:** "Inday"

**AGE:** 22

**DATE OF BIRTH:** July 21, 1999

**PLACE OF BIRTH:** Carmen, Bohol

**ADDRESS:** Vallehermoso Carmen, Bohol

**CIVIL STATUS:** Single

**RELIGION:** Roman Catholic

**CITIZENSHIP:** Filipino

**FATHER'S NAME:** Tirso Ybanez

**MOTHER'S NAME:** Marcelina Ybanez



### EDUCATIONAL BACKGROUND

**ELEMENTARY:** Vallehermoso Elementary School

Vallehermoso Carmen, Bohol

**SECONDARY:** Isabel S.J Gujol Memorial High School

Alegria Carmen, Bohol

**COLLEGIATE:** Bohol Island State University – Bilar Campus

Zamora, Bilar, Bohol

Bachelor of Science in Office Administration

## CURRICULUM VITAE

### PERSONAL DATA

**NAME:** Charisse Barrete Bontog

**NICKNAME:** "Chaa"

**AGE:** 21

**DATE OF BIRTH:** May 26, 2000

**PLACE OF BIRTH:** Loboc, Bohol

**ADDRESS:** Bugho Loboc, Bohol

**CIVIL STATUS:** Single

**RELIGION:** Roman Catholic

**CITIZENSHIP:** Filipino

**FATHER'S NAME:** Marcelino D. Bontog

**MOTHER'S NAME:** Joventina B. Bontog



### EDUCATIONAL BACKGROUND

**ELEMENTARY:** Bugho Elementary School

Bugho, Loboc, Bohol

**SECONDARY:** Camaya- an National High School - JHS

Camaya- an, Loboc, Bohol

**COLLEGIATE:** Bohol Island State University – Bilar Campus

Zamora, Bilar, Bohol

Bachelor of Science of Office Administration

## CURRICULUM VITAE

### PERSONAL DATA

**NAME:** Merry Joy Dinoy Bunao

**NICKNAME:** "Majo"

**AGE:** 22

**DATE OF BIRTH:** October 23, 1999

**PLACE OF BIRTH:** Inabangga, Dagnawan, Bohol

**ADDRESS:** La Libertad, Carmen, Bohol

**CIVIL STATUS:** Single

**RELIGION:** Roman Catholic

**CITIZENSHIP:** Filipino

**FATHER'S NAME:** Maximo Bunao Sr.

**MOTHER'S NAME:** Susana Bunao



### EDUCATIONAL BACKGROUND

**ELEMENTARY:** La Libertad Elementary School

La Libertad, Carmen, Bohol

**SECONDARY:** Saint Anthony's Academy of Carmen

Poblacion Norte Carmen, Bohol

**COLLEGIATE:** Bohol Island State University – Bilar Campus

Zamora, Bilar, Bohol

Bachelor of Science in Office Administration

## CURRICULUM VITAE

### PERSONAL DATA

**NAME:** Glenda Torreon Digal

**NICKNAME:** "Glendang"

**AGE:** 21

**DATE OF BIRTH:** April 24, 2000

**PLACE OF BIRTH:** Carmen, Bohol

**ADDRESS:** Bicao, Carmen, Bohol

**CIVIL STATUS:** Single

**RELIGION:** Roman Catholic

**CITIZENSHIP:** Filipino

**FATHER'S NAME:** Glecirio T. Digal

**MOTHER'S NAME:** Diosdada T. Digal



### EDUCATIONAL BACKGROUND

**ELEMENTARY:** Bicao Elementary School

Bicao Carmen, Bohol

**SECONDARY:** Ambassador Pablo R. Suarez National High School

Bicao Carmen, Bohol

**COLLEGIATE:** Bohol Island State University – Bilar Campus

Zamora, Bilar, Bohol

Bachelor of Science in Office Administration