



**NURSING ENCOUNTER ON THE TELEHEALTH COUNSELING AND TELEMEDICINE
PRACTICES IN THE AKLAN PHILIPPINES: BASIS FOR IMPROVED SERVICE
DELIVERY NETWORKING SCHEME ON TELENURSING**

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ABSTRACT

The onset of the Covid-19 widespread accelerated a sensational move within the way telehealth counseling and telenursing healthcare administrations are conveyed. The require for social separating to moderate the spread of Covid-19 has required wellbeing care organizations to quickly develop and execute procedures to supply coherence of care whereas keeping up the security of patients and suppliers. This address these concerns, which incorporates the synchronous conveyance of wellbeing administrations through electronic innovations among different populace. Therefore, the study aimed to determine the nursing encounter on the telehealth counseling and telemedicine practices in the Aklan Philippines as per basis for improved service delivery networking scheme on telenursing. thus, the study utilized explanatory sequential mixed methods design among 180 respondents for quantitative phase and 12 for qualitative phase from Dr Rafael S. Tumbokon Memorial Hospital, Ibaday District Hospital, Madalag District Hospital. the findings of the study showed that (1) Service Delivery (2) Advantage and Effectiveness Approach (3) Known Barrier (4) Providers Responsibility (5) Nurses Encounter are among the known encounters of nurses. In the interim, most of those surveyed concurred with the persistent utilization of telemedicine and telehealth consulting services and were also prepared to embrace the concept of telenursing in order to carry out distinctive duties, such as fostering effective communication with patients. The goal of the research project was to delve deeper into the emerging technologies that are being developed on a regular basis. As such, the project aimed to explore these innovations in greater detail.

KEYWORDS: Nursing Encounter, Telehealth Counselling, Telenursing, Telemedicine.

INTRODUCTION

The known Covid-19 pandemic, a worldwide crisis that killed millions of people, drove the world to encounter the unused conventional fight and awareness of sudden changes. It drastically shows up big moves toward people's lives, which took distinctive nations to make several approaches in going up against the circumstance bravery (WHO,2020). In affiliation with this, social separation is the foremost transcendent approach that leads to depending on advancements as it ought to be the fundamental source of health news information, communication bridge, source of e-money, and redesigns concerning innovative things, well-being approaches concerning the Covid-19 widespread.

That said, travel restrictions have been designated and implemented worldwide to decrease the risk of transmission. this shows, beneath strict disease control, superfluous faculty such as clinical therapists

emphatically deny entering COVID-19 patients' wards (Grepin et al., 2021). As a result, unique and inventive arrangements are required to address the basic needs of COVID-19 patients and other individuals who require health benefits. To add to the said innovation and control system, it is essential to note that not all healthcare facilities can implement such strategies to cater to the community's needs, even in a distant health service delivery. This is due to the widespread challenges to all-inclusive countries' well-being and socio-economic aspect, which includes the progressive need for nurses' telehealth counseling and telemedicine encounters as the first line accessible healthcare giver, as such to as demand for conveyance approach in making a difference in diminishing demand for crisis administrations and has progressed access for a few patients. Ponders have distinguished that these two areas have made nurses encounter multidisciplinary counseling (Breton et al., 2021). Continuously, nurses aim to meet consumers'

desires and can revolutionize healthcare's conveyance through underpinning endeavors in making strides in healthcare quality by expanding availability and efficiency, progressing understanding results, advancing the conveyance of care to all fragments of the populace, and meeting requests; telemedicine is an appealing apparatus for success in these zones.

To add, nurses have managed to merge technological expertise with nursing abilities, despite these two elements initially appearing contradictory. Nursing relies on a comprehensive understanding of the patient that comes from ongoing observation, and technology plays a crucial role in enhancing both the depth and speed of this knowledge acquisition process. The use of technology enables nurses to have a better understanding of their patients, thus increasing their proximity. By intentionally embracing technological advancements, nurses can be recognized as successful innovators. Since they recognize the benefits it provides, they take measures to reduce potential risks for both themselves and their patients.

Therefore, this study aims to determine the nursing encounter in telehealth counseling telemedicine practices in Aklan, Philippines, to create a basis for an improved service delivery networking scheme on telemedicine. This is vital in determining the progressive health delivery established by the government in collaboration with known nurses to provide the demand of Aklanon for adequate healthcare acceleration amid the pandemic. This is crucial as it entails nurses' ability to consistently cater to patients at a distance and utilize the standardized data as a component for an improved delivery system by determining nurses' positive and negative encounters. Lastly, this will create a future for telenursing to implement access to services often needed in various rural areas to regulate the efficient demand of the province.

MATERIALS AND METHODS

Methods of Research

The explanatory sequential mixed methods design is approximately heightened information and legitimacy. The plan as a product ought to be of adequate quality to attain numerous validity, which allude to the mixed methods research consider assembly the important combination validity in each study. Given this objective of answering the investigation address with validity, an analyst can help different reasons or purposes for needing to fortify the ponder and its goal (Schoonenboom & Johnson, 2017).

Two phases were implemented in order to obtain the goal of the study. Phase 1: descriptive survey including the following (1) The demographic profile of the respondent (2) The awareness and understanding of the selected respondent towards the telehealth and telemedicine (3) the implemented service delivery of the selected hospitals amid and near post pandemic (4) the perceived

barriers of the respondents in terms of the implementation. Phase 2 includes the qualitative data determined the nursing encounter of the respondent on telehealth counseling and telemedicine practices in the province of Aklan, Philippines.

In this study, explanatory sequential mixed method was utilized to attain to aim of the study by establishing standardized questionnaires in order to determine specific level of awareness towards telehealth consultation and telemedicine. This was followed by the collection of specific answer through semi-structured interview to be conducted among specific respondent. This scientifically gained a complete structure of integrated goal of the study to further associate variables and differences among subject.

Settings of the Study

This study explored and determined the telehealth counseling and telemedicine practices among selected public hospitals in Aklan region including (1) Don Leovigildo N. Diapo Sr. Municipal Hospital Madalag Aklan, offers telehealth counselling in accordance with the help of nurses who offers guidance and health checking. Also, this is a government type hospital (2) Libacao Municipal Hospital, offering infirmary and 12 ward beds (3) Dr. Rafael S. Tumbokon Memorial Hospital is a government owned hospital in Kalibo with 17 ICU beds, 16 isolation beds and 16 ward beds. These selected hospitals are primary subject of the study located at different municipalities of Aklan which caters people from rural areas and away from the main district of Aklan, Kalibo.

Survey Instrument

The research instrument that was utilized in the data gathering of the study was based on the qualifications and the sampling method set by the study.

Quantitative Research

Several properties was set to measure a non biased result of the study and imposing minimal errors. First is the validity was established that determined that the instrument had measured it needs to be measured. Next is the reliability, it emphasized that instrument was interpreted consistently.

There are no present questionnaire that can be utilized, therefore, the researcher established survey instrument through various related literature and journals with the the information needed in the study.

Likert scale was utilized, respondents was instructed to choose from Strongly agree (5) as the highest, followed by Agree (4), Neutral (3), Disagree (2), and Strongly Disagree as the lowest (1).

The first part of the questionnaire was the determination of the demographic profile of the respondents as to (1) Age (2) Gender and (3) Length in Service. The second

part of the questionnaire consist the level of awareness and understanding of the respondents towards telehealth consultation and telemedicine. Third section requires the determination of the implemented service delivery of the selected public hospitals during the pandemic as to (1) Resources(2) technical supervision (3) Outpatient Care (4) Emergency Care and (5) In-patient Care. Fourth part is the determination of What perceived barriers of the respondents in terms of the implementation of Telehealth counseling and Telemedicine. Last part of the questionnaire is the the perceived barriers of the respondents.

Qualitative Research

To enable the research attain the goal and aim of the study is to further analyze the respondents through semi-structured interview. Thus, questionnaire consisted various open ended questions, that identified the specific implication of telehealth consultation and telemedicine among the selected public hospital amid the pandemic.

The interview question consist of the following

1. What are your current service delivery amid the pandemic? Can you discuss in regard with the resources, technical supervision, outpatient care, emergency care and in-patient care?
2. What can you say in regard with the telehealth/telemedicine services offered by the hospital or the doctor incharge?
3. What do you think will be the advantages of telehealth counseling and telemedicine against face-to-face consultation?
4. What do you think are the barriers or the future barriers of these concepts?
5. What do you think are the outcomes of the implementation telehealthcounseling and telemedicine?
6. Do you accept the implementation and adaptation of telehealth counseling and telemedicine? This may depend on your knowledge, hospital utilization, it's efficiency and cost effectiveness
7. What are your recommendation in terms of the proper implementation and standardized regulatory suggestion to be used by your hospital?
8. what are your encounters in regard with applying telemedicine and or telehealath counseling. specific advantage and advantages.
9. do you think that these practices will eventually lead to a more prominent telenursing in aklan?
10. do you thing telenursing will be accepted by many? why and why not.

Validity and Reliability

The instrument was subjected for validation by Doctor in Nursing, Psychometrician and Statistician. The instrument was revised based on the suggestion given. Thus, this established proper validation of the appropriate construction and content representation of the study.

After the validation, the questionnaire had undergone a pilot study, 30 allied health professionals answered the online survey. Pilot study was implemented to determine if the questionnaire was understood by the respondents. This ensured reliability and will allow to minimize error during the actual run.

After the pilot testing, the questionnaire will undergo an ethics review application for approval of data collection. The researcher conducted a reliability test to test the internal consistency of the survey questionnaire. Cronbach's alpha is large (≥ 0.7 as recommended by Fornell & Larcker (1981); Nunnally & Bernstein (1994), indicating that the latent variables can generate reliable scores when they are used factor consists of items to telemedicine and telehealth counselling. The Cronbach alpha is equal to. 812 which is interpreted as "Good" in internal consistency. Based on the reliability statistics table, we can conclude that this factor passed the reliability test, and the researcher can use this factor to gather data from her chosen respondents.

Data Collection

Nursing encounter on telehealth counseling and telemedicine practice in Aklan, Philippines: basis for improved service delivery networking scheme on telenursing is the aim of the study. In order to properly navigate the purpose of the goal, a letter of consent requesting to conduct the study was presented to the director of the hospital will be sent personally. Upon the approval, a letter of consent for the respondents was distributed via email and messenger. Thus, the said consent form include the link to the questionnaire. Whereas schedule for the interview. Among the selected respondents for the qualitative part was informed via text for confirmation.

To further discuss.

Quantitative Research

After the approval for the run of the study, the consent form was sent to known respondent and it is expected that the respondents had sent it among other nurses The respondent was informed in regard with the purpose and aim of the study, further questions from the respondent was entertained.

Once the respondents approved and are ready to participate, a link to the google form questionnaire became accessible, this allowed them to answer the form on their free time. Thus, data collected from the survey will was automatically presented into tables and graph for further analysis.

Qualitative Research

Due to the risk of the COVID-19 and the time given by the respondents, interview was done in an isolated room, also to protect the respondents answer, The formulated questionnaire was used to process the aim of the study.

1. Before the interview, the nurse participants are informed on the research objectives and to allude the confidentiality of the interview, thus it was recorded simultaneously. Moreover, taking the convenience of the interviewees as the principle.
2. The respondents was informed the aim of the study and thus they voluntarily participated. Confidentiality was discussed. Respondents was highly encouraged to use the language they are comfortable with and the session will last for 35-50 minutes.
3. The recording was transcribed and processed into document. Translation of language including tagalog and bisaya was performed for the coherency of the analysis of raw data.
4. Nvivo11.0 qualitative analysis software was utilized for the management of data analysis. Subsequently, for ethical reasons, the recordings of the study was deleted and verification of deletion will be informed to the respondents.

Participants and Sampling of the Study

This study focuses on telehealth consultation and telemedicine among public hospitals in Aklan Region.

Quantitative Research

A priori power analysis was significantly used to find the sample size given alpha, effect size, and power using statistical software. Five steps was followed in calculating the sample size for the study first, finding the specified hypothesis test; second, the significance level of the test set as to $\alpha = .05$; third, detailing smallest effect size that is of scientific interest; fourth, the values of other parameters for the computed power function; and fifth, the intended power of the test (usually .80).

Moreover, the researcher used snowball, Analysts' testing strategy to produce a pool of members for an investigation is considered through referrals made by people who share a specific characteristic of interest with the target populace. It is additionally alluded to as chain testing (Frey, 2018). This is relevant to properly manipulate and gather respondent in a short period of time. Thus, a total of 180 respondent to answer the descriptive survey wherein 60 respondent in every selected hospitals will equally respondent in study.

Qualitative Research

The researchers employed purposive sampling to the identified set samples. This is a selective non-probability sampling that will solely rely from choosing the members of populace to participate from the online survey.

Purposive sampling, also known as judgmental, selective, or subjective sampling, is a form of non-probability sampling in which researchers rely on their own judgment when choosing members of the population to participate in the survey (Formp, 2021).

Statistical Treatment of Data / Data Processing and Analysis

Quantitative Research

Application of statistical treatment is crucial, data was be coded and enter to the statistical package for the social sciences version 23.0 for analysis. Likert scale will be utilized to determine the specific level of specific variables to be determined as the interest of the study.

Frequency Percentage and Distribution. These will be used to determine the profile of the subject. Moreover it is the rate of occurrence of a certain data. It is used in the study to ascertain distribution according to selected variables.

Percentage. It was used to describe the whole population in terms of the portion that the responses were categorized to their respective responses.

Mean and Standard Deviation. These will be used to assess the average of demographic as well as the known variables set.

Qualitative Research

A Thematic Analysis may be a strategy of engaging the utilized information set through an arrangement of translation from interviews of a given center. This utilized the central part in subjective encounters. In this manner, reflectivity will be performed. This investigation utilized to code a particular device that will anticipate perplexity beneath, pinning the situating of strategies and systems used (Kiger & Varpio, 2020). The crucial codes highlighted the subject matter, which reliably utilized to distinguish the interceding concept of the set information. The information analysis is driven by the method of determining the conceivable indicators among the bunch and is typically essential to investigate distinguished holes of the ponder. Moreover, the framework of trustworthiness by Lincoln and Guba together with COREQ guidelines form in order to lessen biases.

RESULTS AND DISCUSSION

Phase 1: Quantitative Research

This phase was constructed to establish quantitative approach on respondents' awareness, understanding, current implemented service delivery, and barriers. SPSS was used to reach to consensus, various application was performed and privacy of the respondents was kept with confidentiality.

1. The demographic profile of the respondents

During the data collection phase, one hundred eighty (180) respondents agreed to participate in this study. The conduct of this study entails a detailed account of the demographic profile of the respondents in terms of age, gender, length of service and name of hospital.

Table 1: Demographic Characteristics of the Respondents based on Age Group (n = 180).

AGE GROUP	FREQUENCY	PERCENT (%)
25-34 years old	64	35.6
35-44 years old	44	24.4
45-54 years old	57	31.7
55-64 years old	15	8.3
TOTAL	180	100.0

The Table 1 shows the age range of the respondents. Majority of the respondents are within the 25- to 34-year-old age bracket (f = 64, 35.6%), followed by within the 45- to 54-year-old age bracket (f = 57, 31.7%). About 44 (24.4%) of the respondents are within 35- to 44-year-old age bracket. Only 15 (8.3%) of the respondents are within 55- to 64-year-old age bracket. The average age of the respondents is 40.7 with SD = 9.64. Moreover, this

shows nurses practicing in Aklan are common among young adult-adult and therefore are highly exposed towards navigating several health delivery system changes in the province.

Table 1.2: Demographic Characteristics of the Respondents based on Gender (n = 180).

GENDER	FREQUENCY	PERCENT (%)
Female	99	55.0
Male	81	45.0
TOTAL	180	100.0

In terms of the respondent's gender as shown in Table 2, more than half of the respondents (f = 99, 55%) are female. While less than half of the respondents (f = 81, 45%) are male. There are more female than male respondents.

Table 1.3: Demographic Characteristics of the Business/Company based on Years of Operation (n = 180)

LENGTH IN SERVICE (in months)	FREQUENCY	PERCENT (%)
2-11	16	8.9
12-21	3	1.7
22-31	20	11.1
32-41	6	3.3
42-51	13	7.2
52-61	19	10.6
62-71	8	4.4
72-81	9	5.0
82-91	10	5.6
92-101	11	6.1
102-111	3	1.7
112-121	14	7.8
122-131	8	4.4
132-141	7	3.9
142-151	15	8.3
152-161	1	0.6
162-171	14	7.8
212-221	3	1.7
TOTAL	180	100.0

The Table 3 shows the length of service (in months) of the respondents. Most of the respondents have been working for 22-31 months (f = 20, 11.1%), 52-61 months (f = 19, 10.6%), 2-11 months (f = 16, 8.9%), 142-151 months (f = 15, 8.3%), 112-121 months (f = 14, 7.8%),

162-171 months (f = 14, 7.8%), 42-51 months (f = 13, 7.2%) and 92-101 months (f = 11, 6.1%). The average length of service of the respondents is 83.1 months with SD = 52.4.

Table 1.4: Demographic Characteristics of the Respondents based on Position (n = 180)

NAME OF HOSPITAL	FREQUENCY	PERCENT (%)
Don Leovigildo Diapo Sr. Municipal Hospital	60	33.3
Dr. Rafael Tumbokon Memorial Hospital	59	32.8
Libacao Municipal Hospital	61	33.9
TOTAL	180	100.0

The Table 4 presents the name of the hospital where the respondents are stationed. There were 61 (33.9%) of the respondents taken from Libacao Municipal Hospital. About 60 (33.3%) of the respondents were taken from Don Leovigildo Diapo Sr. Municipal Hospital and 59 (32.8%) from Dr. Rafael Tumbokon Municipal Hospital.

2. The Respondents Awareness and Understanding to Telemedicine and Telehealth Counselling.

Table 2.1: Awareness and Understanding.

Indicator	Mean	SD	Interpretation
Information and communication Technology can be effectively used in health services even in provinces or rural areas	3.31	0.57	Neutral
Telemedicine is part of medical education technology and does it is synonymous to e-health	3.48	0.54	Agree
Telemedicine provides health care services where distance is a problem especially amid the pandemic	3.79	0.69	Agree
Rural practitioners can transmit ECG and X-ray to physicians elsewhere in the world and seek their opinion. Thus, rural areas are not exempted with the advantage brought by the telemedicine	3.83	0.61	Agree
Telemedicine helps in making medical education to the vast group of pandemic teachers or clinicians and students	4.17	0.65	Agree
Electronic home visits are possible for elderly and low to middle income families through telemedicine	3.76	0.57	Agree
Telemedicine can be used in battlefield casualties, prisons, for disabled patients and during natural and man-made calamities distance or to the recent pandemic, the COVID-19	2.55	0.54	Disagree
Telemedicine is the use of telecommunication to provide medical information and services even before the pandemic	3.14	0.69	Neutral
The government therefore must raise awareness in regard to the accessibility of telemedicine among rural people	3.72	0.61	Agree
Electronic medical record of patients' registration can be maintained through telemedicine thus, it is still safe, and privacy are being implemented	4.34	0.65	Strongly Agree
Average Weighted Mean	3.59	0.58	Agree

Telemedicine awareness and understanding

Legend: 1.00-1.79: strongly disagree; 1.80-2.59: disagree; 2.60-3.39: neutral; 3.40-4.19: agree; 4.20-5.00: strongly agree.

The interpretation of the responses on the perceptions of respondents towards their awareness and understanding to telemedicine shown in Table 2.1. Most of the ratings in all the 10 items as well as the overall average fall under the interval for "Agree". This suggest that majority of the respondents are aware and understand telemedicine with an average weighted mean of 3.59 with SD = 0.58. The top 5 responses were as follows: (1) Electronic medical record of patients' registration can be maintained through telemedicine thus, it is still safe, and privacy are being implemented, (2) Telemedicine helps in making medical education to the vast group of pandemic teachers or clinicians and students, (3) Rural practitioners can transmit ECG and X-ray to physicians elsewhere in the world and seek their opinion, (4) Telemedicine provides health care services where distance is a problem especially amid the pandemic, and (5) Electronic home visits are possible for elderly and low to middle income families through telemedicine. It is important to note that the respondents disagree that the telemedicine can be used in battlefield casualties, prisons, for disabled patients and during natural and man-made calamities distance or to the recent pandemic. There were also neutral responses where respondents neither agree nor disagree on the following statements (1) Information and communication technology can be effectively used

in health services even in provinces or rural areas and (2) Telemedicine is the use of telecommunication to provide medical information and services even before the pandemic.

Moreover, it is very evident among the responses that respondents are very much aware in regard with statement (10) "Electronic medical record of patients' registration can be maintained through telemedicine thus, it is still safe, and privacy are being implemented", this entails Telemedicine at its most essential alludes to the transmission of information from a persistent to a healthcare proficient through an extent of electronic stages. This implies that the electronic sets themselves have the capacity to get to the patient information (Privacy int, 2021). Also, Security is imperative in any wellbeing care interaction and telemedicine is no extraordinary case. There are a couple of viewpoints of security that are uncommon to telemedicine that appears challenges and potential inclinations. Cybersecurity chance is one challenge that applies to telehealth broadly. Information security and security breaches are very honest-to-goodness danger with telemedicine administrations, so it is essential to set up shields at the system level to play down telemedicine cybersecurity threats. (Ihi,2021). Though a number of perils can be tended to by upgrading security courses of action, the exchange and secure capacity of understanding well-being information are essential to keeping up determined assurance and conviction in telemedicine organizations.

Table 2.2: Telehealth Consultation awareness and understanding.

Indicator	Mean	SD	Interpretation
Patients management with drugs can be done through telehealth consultation among certified physician	3.79	0.67	Agree
Through Telemedicine Consultation of patients through another professional via the internet is common in the province, Aklan	3.76	0.78	Agree
Direct full consultation of patients is possible through telemedicine	3.93	0.69	Agree
Aklan has enough nurses and other allied health professionals who are capable of utilizing telehealth consultation	3.86	0.61	Agree
Health care through the internet is a recognized service	3.28	0.53	Neutral
Telehealth consultation still manages to offer the same system as face to face visit	4.07	0.74	Agree
Patients can be in comfort during telehealth communication without worrying about acquiring any disease amid the pandemic	4.07	0.62	Agree
Telehealth communication recognizes healthy population and it aims to create informed patient through internet communication	3.00	0.73	Neutral
Health for all can be easily achieved through telehealth communication enabled health services	3.59	0.73	Agree
Telehealth communication can be costly yet it provides better system among patients, nurses, and physicians	3.83	0.76	Agree
Average Weighted Mean	3.72	0.64	Agree

Legend: 1.00-1.79: strongly disagree; 1.80-2.59: disagree; 2.60-3.39: neutral; 3.40-4.19: agree; 4.20-5.00: strongly agree.

The interpretation of the responses on the perceptions of respondents towards their awareness and understanding to telehealth consultation shown in Table 2.2. Most of the ratings in all the 10 items as well as the overall average fall under the interval for “Agree”. This suggest that majority of the respondents are aware and understand telehealth consultation with an average weighted mean of 3.72 with SD = 0.64. The top 5 responses were as follows: (1) Telehealth consultation still manages to offer the same system as face to face visit (2) Patients can be in comfort during telehealth communication without worrying about acquiring any disease amid the pandemic (3) Direct full consultation of patients is possible through telemedicine (4) Aklan has enough nurses and other allied health professionals who are capable of utilizing telehealth consultation, and (5) Telehealth communication can be costly yet it provides better system among patients, nurses, and physicians. There were also neutral responses where respondents neither agree nor disagree on the following statements (1) Health care through the internet is a recognized service and (2) Telehealth communication recognizes healthy

population, and it aims to create informed patient through internet communication. Subsequently, the result further shows that the majority of the respondents do agree with telehealth consultation as the one that manages the system as to face to face visit and it also provides patient’s comfort and security.

Telemedicine, which engages video or phone courses of action between a patient and their well-being care professional, benefits both well-being and comfort. More well-being care providers are promoting seeing patients by computer (Hasselfeld, 2021). Made strides in development have made telemedicine less difficult, in fact for those who don’t consider themselves computer keen. Also, Some patients fear trying to find behavioral prosperity offer assistance since the related disgrace is outstandingly veritable. They may fear others finding out they’re seeking out for help. Other clients may have issues with taking off their home or feeling secure in an office setting (Meditecare, 2022). Being able to bolt in treatment inside the reassurance of their home or other secure space can dispense with these boundaries.

3. The Implemented Service Delivery of the Selected Hospitals Amid and Near Post Pandemic.

Table 3.1: The Implemented Service Delivery of the Selected Hospitals Amid and Near Post Pandemic.

Indicator	Mean	SD	Interpretation
Amid the pandemic, one of the common service delivery that existed was room ventilation was subjected among in-patients	3.65	0.64	Agree
One of the readiness of the hospital is the implementation of telemedicine among out-patient	3.15	0.61	Neutral
Telehealth consultation was implemented to sustain the needs of the patient in communicating with their physician in a distance	3.70	0.53	Agree
Purchasing prescribed drug can be bought online with the assisted pharmacy telemedicine	3.85	0.73	Agree

Patients are capable of communicating with nurses. This service was implemented amid and post pandemic to ease the health system problem in terms of roper handling of physician scheduling	3.60	0.75	Agree
Scheduling surgeries are being done online and this also requires answering forms like health declaration to prevent transmission of virus	3.85	0.71	Agree
The efficient way of preventing scarcity on drugs and medical products during pandemic was telecommunication with other providers worldwide	3.60	0.50	Agree
Substance abuse consultation was present even on post pandemic to provide assistance among teenagers of Aklan	3.75	0.71	Agree
Patient education became the primary service of the hospital to provide care assistant among vast patient.	3.50	0.68	Agree
Mental health facilities, teleconsultation, teenage pregnancy education and COVID-19 awareneess education facility are the top priority delivery system of the hospital	3.55	0.72	Agree
Average Weighted Mean	3.62	0.69	Agree

Legend: 1.00-1.79: strongly disagree; 1.80-2.59: disagree; 2.60-3.39: neutral; 3.40-4.19: agree; 4.20-5.00: strongly agree.

The interpretation of the responses on the perceptions of respondents towards the implemented service delivery of the selected hospitals amid and near post pandemic shown in Table 3. Most of the ratings in all the 10 items as well as the overall average fall under the interval for "Agree". This suggest that majority of the respondents agree on the implemented service delivery of the selected hospitals with an average weighted mean of 3.62 with SD = 0.69. The top 5 implementations were as follows: (1) Purchasing prescribed drug can be bought online with the assisted pharmacy telemedicine (2) Scheduling surgeries are being done online and this also requires answering forms like health declaration to prevent transmission of virus (3) Substance abuse consultation was present even on post pandemic to provide assistance among teenagers of Aklan (4) Telehealth consultation was implemented to sustain the needs of the patient in communicating with their physician in a distance, and (5) Amid the pandemic, one of the common service delivery that existed was room ventilation was subjected among in-patients. Respondents neither agree nor disagree on the statement that one of the readiness of the hospital is the implementation of telemedicine among out-patient.

To furthermore expand, Crucial advantage movement units of the clinics, such as out-patients, VCT, and EPI have gone up against gigantic misery in the midst of COVID-19 broad. The workplaces had experienced

multifaceted challenges most from the interior environment. Incite movement got to be input to the conclusion the negative impacts of the widespread on the recognized challenges (Shemils, 2021). Also, As the COVID-19 broad continues, various ponders have point by point major changes in utilize of healthcare organizations since of such measures as lockdowns and domestic orders. These changes consolidate sweeping diminishes in organizations, particularly in places hit difficult by the broad, but in addition many specific increases, such as for telemedicine (Maringe et al., 2020). Various people have missed out on much required care, such as immunization or life expanding drugs for cancer.

To continue, Examining the influence of changes in healthcare utilization on prosperity comes about and costs present major methodological challenges. To begin with, there are various reasons why people have missed care, tallying fear of getting to be polluted while reaching a care office, disappointment to access care due to lockdown approaches, and suspension and cancellation of organizations such as elective surgery (Robert et al., 2020). Minute, unraveling populaces who have missed crucial care from those who have avoided unnecessary care requires sensitive and nuanced examination, with change for distinctive conceivably stupefying variables.

4. The Perceived Barriers of the Respondent on the Implementation of Telemedicine and Telehealth Consultation

Table 4.1: The Perceived Barriers of the Respondent on the Implementation of Telemedicine.

Indicator	Mean	SD	Interpretation
1. The implementation of telemedicine can be costly as it requires updated electronics to properly communicate with both physician and patient	2.67	0.51	Neutral
2. Telemedicine requires fast signal, it maybe on the internet of network in order to communicate with the health providers	3.00	0.54	Neutral
3. Shortage of nurses ability to facilitate telemedicine is rampant as it requires them to undergo training	3.57	0.61	Agree
4. Heathcare providers are capable of handling telemedicine even without various electronic learning	3.80	0.73	Agree
5. Even during calamities, telemedicine can be utilized by all	3.80	0.79	Agree

6. Data privacy is not a problem with telemedicine as per the hospital rules	3.57	0.57	Agree
7. Even with the data privacy, information can still be leaked out	4.10	0.60	Agree
8. Consistent benefit are still being provided by nurses and the team even with the utilization of telemedicine	3.67	0.72	Agree
9. High workload for both nurses and GP is not a problem in terms of assisting other patients who are utilizing telemedicine	3.53	0.71	Agree
10. Geographical reason is one of the goal of telemedicine, therefore, distance communication will still be given among patient and high quality assistance are provided.	3.13	0.57	Neutral
Average Weighted Mean	3.48	0.68	Agree

Legend: 1.00-1.79: strongly disagree; 1.80-2.59: disagree; 2.60-3.39: neutral; 3.40-4.19: agree; 4.20-5.00: strongly agree.

The interpretation of the responses on the perceptions of respondents towards the perceived barriers on the implementation of telemedicine shown in Table 4.1. Most of the ratings in all the 10 items as well as the overall average fall under the interval for “Agree”. This suggest that majority of the respondents agree that there are certain barriers on the implementation of telemedicine with an average weighted mean of 3.48 with SD = 0.68. The top 6 perceived barriers on the implementation of telemedicine were as follows: (1) Even with the data privacy, information can still be leaked out (2) Healthcare providers are capable of handling telemedicine even without various electronic learning; (3) Even during calamities, telemedicine can be utilized by all, (4) Consistent benefit are still being provided by nurses and the team even with the utilization of telemedicine, and (5) Shortage of nurses ability to facilitate telemedicine is rampant as it requires them to undergo training, and (6) Data privacy is not a problem with telemedicine as per the hospital rules. There were also neutral responses where respondents neither agree nor disagree on the following statements (1) Geographical reason is one of the goal of telemedicine, therefore, distance communication will still be given among patient and high quality assistance are provided, (2) Telemedicine requires fast signal, it maybe on the internet of network in order to communicate with the health providers, and (3) The implementation of telemedicine can be costly as it requires updated electronics to properly communicate with both physician and patient.

To explain, among all the barriers, the majority agreed that even with the data privacy, information can still be leaked out. The expansion of telemedicine impelled by

the COVID-19 widespread has come with an assortment of human factors challenges. Such challenges incorporate moderating potential dangers related with the fast move to virtual care. Cybersecurity isn't an ordinary word for discourses enveloping understanding security. That is because it may, secure cyber behaviors can guarantee the security of understanding data. Secured well-being data joins any outline of patient data, such as title, therapeutic record number, and mail addresses. This data, whereas apparently safe, is produced on the dim promote. This makes telemedicine organizations and stages a prime target for cyber attacks. Secured prosperity information, such as understanding therapeutic records, is one of a kind in that they have a portion of really identifiable information in one put (Fausette et al., 2021). Scanty cybersecurity progresses combined with a surge of telemedicine sharpens and a productive understanding of data ensures that the healthcare industry will remain straightforward prey unless genuine preventative measures are taken. As the move from ordinary care continues to form, this work looks for to prevalent get it creating vulnerabilities, recognize crucial cyber hygiene sharpens, and communicates prescriptive heading to the healthcare community.

In terms of nursing view, The utilization of telehealth got to be a global need amid the COVID-19 widespread, and in spite of the fact that numerous therapeutic settings have since continued in-person administrations, telehealth is presently solidly arranged as a pillar over most ranges of wellbeing care. In spite of the fact that its general benefits in terms of getting to, comfort, and fetched are evident, recent ponder discoveries point to an ignored drawback of the developing dependence on telehealth is really security (Rodriguez, 2021).

Table 4.2: The Perceived Barriers of the Respondent on the Implementation of Telehealth consultation.

Indicator	Mean	SD	Interpretation
1. Privacy and confidentiality is not a problem when storing data information from consultation online	2.88	0.68	Neutral
2. Interface issue is significant among elderly and does, the hospital provided a wider interface among the bunch	3.32	0.71	Neutral
3. Cost implementation is present as complex assistance with the telehealth consultation	3.52	0.68	Agree
4. Consultation online still provide proper diagnosis even without proper instruments	3.42	0.53	Agree

5. Equipment is the major concern of the hospital in providing effective consultation	3.40	0.66	Agree
6. Uniform coverage policies in handling telehealth consultation is not a problem to the structure of the technology	3.20	0.72	Neutral
7. The usage of phone, video and other gadget is not a problem among patients when consulting with their present signs and symptoms	3.76	0.71	Agree
8. Addressing rural internet bandwidth concerns had been ruled out by the hospital	3.48	0.64	Agree
9. Technology, computer illiteracy, and linguistic barriers between the provider and patient are addressed before proceeding with the actual consultation	3.72	0.68	Agree
10. Nurses tend to facilitate the communication by assessing the ability of patient in handling the platform and capability to confirm patient's problem	4.52	0.55	Strongly Agree
Average Weighted Mean	3.52	0.62	Agree

Legend: 1.00-1.79: strongly disagree; 1.80-2.59: disagree; 2.60-3.39: neutral; 3.40-4.19: agree; 4.20-5.00: strongly agree.

The interpretation of the responses on the perceptions of respondents towards the perceived barriers on the implementation of telehealth consultation shown in Table 4.2. Most of the ratings in all the 10 items as well as the overall average fall under the interval for “Agree”. This suggest that majority of the respondents agree that there are certain barriers on the implementation of telehealth consultation with an average weighted mean of 3.52 with SD = 0.62. The top 5 perceived barriers on the implementation of telehealth consultation were as follows: (1) Nurses tend to facilitate the communication by assessing the ability of patient in handling the platform and capability to confirm patient's problem (2) The usage of phone, video and other gadget is not a problem among patients when consulting with their present signs and symptoms (3) Technology, computer illiteracy, and linguistic barriers between the provider and patient are addressed before proceeding with the actual consultation, (4) Cost implementation is present as complex assistance with the telehealth consultation, and (5) Addressing rural internet bandwidth concerns had been ruled out by the hospital, and (6) Data privacy is not a problem with telemedicine as per the hospital rules. There were also neutral responses where respondents neither agree nor disagree on the following statements (1) Interface issue is significant among elderly and does, the hospital provided a wider interface among the bunch, (2) uniform coverage policies in handling telehealth consultation is not a problem to the structure of the technology, and (3) Privacy and confidentiality is not a problem when storing data information from consultation online.

In addition from the above said, there are factors contributing to the perceived barriers of the nurses when it comes with telehealth counseling. Telemedicine at patients' homes has been characterized based on the sort of prosperity care given to the understanding. In this way, synchronous telemedicine wellbeing organizations as the Home Online Health Consultation system that engage

patients to share, trade, and communicate data or information in veritable time from their household with a care provider—normally a physician—at a clinical area, by implies of telemedicine organizations that utilize ICT (Almathami, Win & Gjorgievska, 2020).

This might stem from a requirement of planning related to telehealth sharpening. Telehealth was not a standard thought in the instructive program before the COVID-19 pandemic. Clinicians and nurses have to be instructed early, especially when planning as healthcare understudies. The early presentation through committed planning will offer help develop certainty and reassurance in utilizing telehealth in the home. On the other hand, the instruction of the client and their instruction level may pose a boundary due to the nature of telehealth (Souza, 2020). This may require arranging telehealth applications based on straightforwardness and ease of utilize, keeping in judgment skills such confinement. Indeed before COVID-19 widespread, the utilization of telehealth driven a roughly twofold increment in the number of exercises nurses perform. Their workload comprises the time nurses spend on understanding care, work environment exercises, and proficient advancement. Coordination telehealth into home has the potential to alter the sum or sort of time nurses spend giving patient care and presents modern prerequisites for preparing and instruction to utilize unused innovations and optimize understanding care.

Phase 2: Qualitative Approach

In the qualitative approach of the study, a semi-structured interviews were conducted to among public hospital nurses who had knowledge in regard with telemedicine and telehealth counseling. Moreover, the data detailed the encounters of nurses, may it be direct usage of the health system or indirect encounter of handling such transition.

The data obtained from the face to face interviews was transcribed and analyzed on the basis of content analysis. Thus, the findings attempted to analyze and answer the following questions.

1. What are your current service delivery amid the pandemic? Can you discuss in regard with the resources, technical supervision, outpatient care, emergency care and in-patient care?
2. What can you say in regard with the telehealth/telemedicine services offered by the hospital or the doctor incharge?
3. What do you think will be the advantages of telehealth counseling and telemedicine against face-to-face consultation?
4. What do you think are the barriers or the future barriers of these concepts?
5. What do you think are the outcomes of the implementation telehealth counseling and telemedicine?
6. Do you accept the implementation and adaptation of telehealth counseling and telemedicine? This may depend on your knowledge, hospital utilization, it's efficiency and cost effectiveness
7. What are your recommendation in terms of the proper implementation and standardized regulatory suggestion to be used by your hospital?
8. What are your encounters in regard with applying telemedicine and or telehealth counseling specific advantage and/or disadvantages

9. Do you think that these practices will eventually lead to a more prominent telenursing in Aklan?

10. Do you think telenursing will be accepted by many? why and why not?

Demographic Characteristics of the Respondents

The respondents were grouped and terminated until saturation of data was obtained. A total of 12 public hospital nurses took part in the study in which all of them were able to understand and handle telemedicine and telehealth counseling. Respondents are both female and male ranging from 28 years old- 62 years old with working experience during the covid-19 pandemic health delivery system transition. Moreover, the focused hospital of the study were Dr Rafael S. Tumbokon Memorial Hospital, Ibajay District Hospital, Madalag District Hospital. A pre-arranged schedule was made before the conduct of interview, moreover, a face-to-face questioning was performed.

No participants withdrew from the study and all the interviews were recorded by the means of cellphone and laptop. Filed notes were taken during and after the interview. The interview duration ranged from 19 min to 38 min. The demographics of the 12 participants are listed in table.

Table 5: Respondent's Demographic Profile.

ID	Gender	Age	Years in Profession	Level	Hospital	Duration of Interview (mn)
1	Female	32	7	Nurse I	Madalag District Hospital	22
2	Female	37	9	Nurse I	Madalag District Hospital	21
3	Female	28	4	Nurse I	Madalag District Hospital	19
4	Male	42	13	Nurse II	Madalag District Hospital	22
5	Female	52	25	Nurse IV	Ibajay District Hospital	24
6	Female	37	12	Nurse I	Ibajay District Hospital	29
7	Female	41	27	Nurse I	Ibajay District Hospital	19
8	Female	55	15	Nurse II	Ibajay District Hospital	35
9	Male	35	12	Nurse I	Dr. Rafael S. Tumbokon Memorial Hospital	38
10	Female	60	38	Nurse IV	Dr. Rafael S. Tumbokon Memorial Hospital	32
11	Female	62	38	Chief Nurse	Dr. Rafael S. Tumbokon Memorial Hospital	38
12	Female	43	25	Nurse II	Dr. Rafael S. Tumbokon Memorial Hospital	25

Category Development

Steps were involved upon developing of categories. Open coding, categories and inductive analysis was developed to determine the encounters of nurses in telemedicine and telehealth counseling. The categories explained various experiences and vital relationship of the new health system upon recognition of telenursing.

Initially, transcription was done in order to established coding independently. Moreover, familiarization was recognized in order to gain content on the general topic.

Upon recognition, notes were gathered together with the repetitive terms appeared by nodes using NVivo.

Second, the codes was created to determine the intriguing relationship of the nodes. These nodes were categorized to perspective to the study. Upon this process. Differences were represented and extraction of non qualified terms was discarded.

Lastly, the results were translated from Bisaya to English. These coded are then presented by figures and structures.

Findings of the Study

In this study, five identified major categories were explained and presented: (1) Service Delivery (2) Advantage and Effectiveness Approach (3) Known Barrier (4) Providers Responsibility (5) Nurses Encounter. All of the following categories represents sub themes that will further pinpoint underlying approaches of the study.

Category 1: Service Delivery

This category shows the service delivery transition of public hospitals during and post pandemic. Moreover, the abstraction processes was presented in a figure.

1.1 Primary Care

All participants indicated transition towards primary care. Specifically that the majority lessen interaction with OPD and cater the majority of the in patient or those with critical condition. Eight participants (1,2,3,4,5,6,9,12) highlighted the same transition in respective hospitals.

"Since this is a municipal public hospital, we only offer primary care for our patients. Among our OPD, the usual cases, uti, respiratory problem. Among outpatient, doctors give/provide prescription and in any cases, if they are needed to be hospitalized for proper supervision, we encourage them."

- Participant 1

"During emergency cases we still cater them. Like bleeding, vehicle accidents, edema or COVID-19 related problems"

- Respondent 2

"During pandemic our operation is the same as before. However dental service was stopped because of the

municipal executive order. However, OPD emergency and other is still proceeding."

- Respondent 3

1.2 COVID-19 prevention Approach

Moreover, all the respondents has similar response towards the initial transition on the COVID-19 activities prevention. All of the 12 respondents agreed with the proper utilization of PPE and health testing among workers. Also, one of the respondent note the mental health program that may lessen the burden of COVID-19 pandemic anxiety effect.

"Especially those who needs rapid antigen testing, we applied it in our daily activities among patients to test for COVID-19, once positive the itself will cater them as per the regulation provided by the government."

- Respondent 1

"There are changes like practice of proper hand washing among nurses. Triage proper disinfection, and nurses are required to wear PPE "

- Respondent 3

"In our hospital, we tend to establish proper supervision of PPE, proper disinfection control and moreover we created program which distributes free sanitary and first aid kit among our patient:

- Respondent 4

" the hospital were able to establish program which promotes mental health care for all. This service delivery is free of charge and allows patient to have someone they can talk with, give consultation for free and establish connection with nurses and doctors"

- Respondent 6

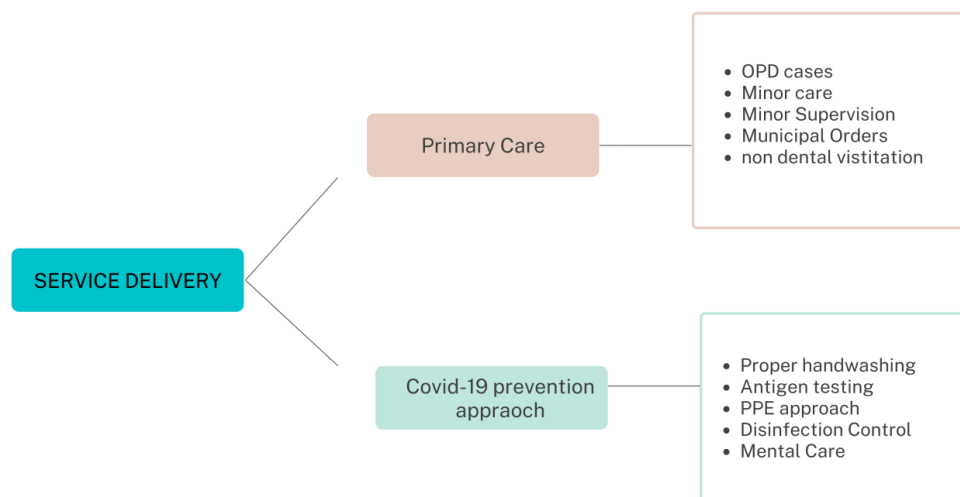


Figure 4: Abstraction of Category 1.

Category 2: Advantage and Effectiveness Approach

This category involves the various advantages and effectiveness of telemedicine and telehealth counseling among public hospitals in Aklan. The data presented are the common perspective of nurses and are shared among providers. Moreover, this also discusses the supervision of nursing accompanying the new service delivery.

2.1 Disease Prevention

Two of the respondents talks about the disease prevention that the new service delivery had to offer. This also embarks the ability to decrease risk of acquiring the disease and increase healthcare. Both respondents emphasized usage of online consultation remotely and readily.

“telehealth provide variety of changes especially minimization of spreading of disease. The hospital itself were able to regulate usage of online services.”

-Respondent 5

“The implementation of this system made easy among citizen and doctors as it minimize actual visit for consultation.”

-Respondent 8

2.2 Workload minimization

This sub category explains the advantage workload minimization that the new system works for. Two of the public hospital nurses discussed how the new system were able to identify minimization of physical workload approach. Therefore, this signifies the online activities of healthcare providers.

“The implementation of telemedicine and telehealthcounseling will eventually help us nurses to lessen broad framework of health delivery. We can actually do things faster right?”

- Respondent 4

“ Less workload since common problems are to be encountered. Unlike face to face that we need to handle them on their first day until their last day stay in the hospital. Also their documentation right. Less workload since common problems are to be encountered. Unlike face to face that we need to handle them on their first day until their last day stay in the hospital. Also their documentation right”

-Respondent 9

2.3 Security

This area disclose the effectiveness in regard with security and flexibility. It shows positive outcome among nurses when it comes with communicating with patient while keeping the documents secured virtually.

“ it actually helps the patient to disclose information without hesitance since they are at their safe place. And very convenient because we use free application like zoom and messenger. Moreover, during face to face, this is prone to consuming the time of patient, very costly in terms of transportation”

-Respondent 7

“to create and manage scheduling of health counseling with readily available prescription template which makes counseling very easy and cost effective with secured panel which only allows specific providers to have access of patient charting”

-Respondent 11

2.4 Travel Time

The majority of the respondents shows positive attitude with regards on how the new service delivery system were able to manage travel time. Hence, this explains that among the respondents, 8 of them (1,2,3,5,6,8,9,11) were able to critically collorate travel time minimization and safety of both parties.

“this continuously to prevent other health problems to occur. To allow bedridden patient to rest at their own phase without delaying health counseling. “

- Respondent 5

“One advantage of this system is lessening of time being consumed from traveling and waiting. This also allows fast consultation and effective set up to communicate with the healthcare facilitator”

- Respondent 8

“it lessens travel time, it helps both nurses and patient to actually consider proper appointment which is readily available 24/7. “

- Respondent 9

Category 3: Known Barrier

Category 3 shows the known barrier present between the new service delivery system and nurses perception. This includes how respondent's received telehealth and telemedicine as primary networking scheme during pandemic, or it may lead to a severe financial loss of the country's health resources.

3.1 Health proper testing

This signifies the current status of facilitation of health virtually. This revolve on the health proper testing and proper protocol of assessment. However, five of the respondents (2,4,6,7,8) had viewed this system to contribute on the barrier for accurate health testing.

“impossible to conduct a physical exam virtually, I must say. However, telehealth provide variety of changes especially minimization of spreading of disease”

-Respondent 4

“ in terms of emergencies like IV, as we know that we are the first line person that patient tend to talk with, we cannot provide fast services, first aid, and other health needs, even if we are capable of instructing them, it is still hard to cater hundreds of patients virtually.

- Respondent 6

3.2 Stability and Connectivity

This sub-category explains the main problem of the respondent towards the stability or longevity of the telemedicine or telehealth counseling. This also shows the appearance of connectivity and how capable is the new delivery system to set a consistent assistant to patient readily. Moreover, this discuss the prominent delay of catering various patient if no proper networking scheme will be provided.

“one cannot distinguish and assess properly the patient because of the given internet situation in the country. It maybe blurry, time issue.”

-Respondent 1

“Barrier of this system is internet connection. We know that Aklan really do not have the capacity to cater volumize system of care”

- Respondent 4

“The hospital itself were able to regulate usage of online services. Thus, it is somehow not that stable in the hospital since not all doctors are readily available to give online consultation”

- Respondent 12

“We know that Aklan has no enough capacity to cater expensive instruments to stabilize the usage of the

internet. Some patient live far away from the municipality preventing them to get proper health access”

- Respondent 11

3.3 General Acceptance

The general acceptance was recognized by nurses based on how the respondent's were able to confirm whether the patient respond positively or negatively with the new approach of healthcare. Moreover, this is from the view of nurses only based on daily experience.

“still not accepted by many and it is still difficult to handle patients who are not that literate in utilizing the system.”

- Respondent 1

“This is a new health system concept therefore, this needs acceptance not only by doctors and nurses but among the government and patients”

- Respondent 5

3.4 ICT and new service literacy

The respondents shows common response towards ICT literacy or the capability of both nurses and patient to use technology during consultation. Three of the respondent discussed on how this system will be difficult to implement if training are not given for free, municipalities do not provide general computer or phone. “I guess that this system will only make nursing or health environment to be chaotic especially that not all users are internet literate. Others also don't have any phone and signal. It may not be possible to every places of Aklan.

-Respondent 5

“Especially in today's time that we have to prioritize our health as fast and early as possible. However, this requires monetary assistance and virtual literacy for all”

- Respondent 7

3.5 Funding

Funding explains the need of monetary assistance to provide the need of enhancing technological information among rural places of Aklan. Moreover, this requires fast internet connection, updated tools and local computers or any other communication media. Thus, this shows a big part of barrier in conducting telemedicine and telehealth counseling towards the view of nurses.

“Especially in today's time that we have to prioritize our health as fast and early as possible. However, this requires monetary assistance and virtual literacy for all”

- Respondent 5

“this concept is to implement standardized regulatory funding that will initiate municipal phone and hospital equipment to facilitate the needs of virtual counseling. With this, it will give positive feedback to the needs of our patient”

-Respondent 7

“Barriers of this telemedicine and telehealth counseling is funding. This requires necessary training for nurses, doctors and others. This also needs high quality resource

or media to properly establish accurate consultation and avoid miscommunication”

- Respondent 11

Category 4: Recommended Approach

Category 4 shows the common recommendation made by nurses upon one's exposure to the new health system. This also includes the known provider's responsibilities in order to furthermore improved the health system of the province of Aklan, utilizing telemedicine and telehealth counseling as basis of telenursing.

4.1 Government support

Wide array of respondent shows that the support of the government is very vital to give a secured delivery health system in Aklan. Nurses also emphasize how it will create a strong foundation in catering all types of people in the province.

“Though I must say that this system is very useful nowadays, but to utilize this concept in our country in a long run without proper government assistant, this may not create a strong foundation for the health system”

-Respondent 5

“One outcome of this is ofcourse limited exposure to any virus. It will help remote places to have health access which will then improve health service in the country. But this must acknowledge the fact that this requires, financial stability and government support. Also this will cater wide number of patients”

-Respondent 7

“Nurses will highly accept and recognize this especially if there will be enough funding and sources for both the municipality and government hospitals. Nurses will eventually be able to help patients on time and assist them with their needs.”

-Respondent 10

4.2 Training

This sub category shows the consistent response of nurses on the need of proper training before facilitation of virtual consultation and assessment. In this regard, the majority of respondents agreed that to established a strong delivery system is to give nurses the chance to learn and accept this new type of challenge.

“this requires proper training for nurses to fully adopt the new technological platform. Also this calls for enough government funding and support”

-Respondent 2

“The outcome of this system is very viable this will enhance leadership of nurses, relationship with the patient and proper handling of healthcare for all”

-Respondent 6

“I still recommend the government;’s support and nurse training win handling patient virtually. I believe that this will enhance the means of giving everyone a equality to care”

- Respondent 10

4.3 Scheduling and Communication

This category emphasize the need of proper scheduling. Wherein it is important to take not a more comprehensive, user friendly and easy way to establish scheduling for virtual health checking appointment.

"Because in today's time doctors use it very much. however, they set schedule on their facebook account. Moreover, since this is a new health system, doctors tend to ask for additional fee for the service charge"

- Respondent 8

"This will be effective. Especially everything now is online. This will help every nurses and doctors to communicate easily with patients"

- Respondent 9

"Telehealth and telemedicine is a unique concept I must say. It helps nurses and other hospital staff to communicate virtually and establish health assistance anytime"

- Respondent 11

Category 5: Nurse Encounter

This category simplifies the nursing encounter from the exposure to telemedicine and telehealth counseling. This also discuss how nurses approach on the current health delivery system and their capacity to accept or decline the current approach.

5.1 Supervision

Supervision category explains the relevant activity of nurses in facilitating and supervising patients on the different processes of virtual check up. This shows that some of the respondents were able to encounter indirect supervision of virtual care

"I believe that the outcome will solely depend on how the nurses cater their patient. Though I must say that this system is very useful nowadays."

- Respondent 4

"I was able to cater patient who needs online consultation- of course it was supervised by the doctors, however patients were not satisfied because common drug prescription were only given and after three days from that no follow up checking by doctors was done."

- Respondent 7

5.2 Expanded care

This section shows that some of the respondents were able to acknowledge expanded care in utilizing telehealth consultation. Though is was prominent that they are still being supervised by the specific physician.

"During my encounters it allows private conversation with the patient before proceeding them with their doctor. It enables me to request for videos and pictures for me to analyze the situation of the patient. However this calls for security and strict compliance with information disclosure"

- Respondent 5

"This allows expanded care and fast consultation especially emergency cases since it allows 24/7 interaction between nurses and doctors"

-Respondent 6

5.3 Flexibility and Security

Flexibility was recorded among nurses. Some response fell under how this new system where able to be delivered in a flexible manner. This shows positive approach not only among patient but nurses at most.

"It really needs effort and knowledge in order to recognize the new health delivery system. Actually it also needs understanding since not all patients especially geriatrics are capable of understanding the standard protocol of virtual counseling."

-Respondent 4

"it allows private conversation with the patient before proceeding them with their doctor. It enablesto request for videos and pictures to analyze the situation of the patient."

-Respondent 9

"counseling by means of proper transfer of charting between doctors, patient and co nurses. Or this is a collaborative scheme"

-Respondent 10

5.4 Document tracking and Legality

Some of the respondents were able to handle charting patient documentation, presentation patient history and privacy keeping. These were all conducted upon training of cloud data bases in order to sustain the needs of COVID-19 ward. Also, 10 of the respondents presents positive approach towards document tracking and legality (1,3,5,6,7,8,9,10,11,12)

"During the pandemic era, we tend to utilize virtual charting which allows patient to actually have access on their data but of course they cannot edit the information without us supervising. This allows disclosure of information and true enough, it makes activity faster and effective"

-Respondent 3

"This amplify the need to encourage nurses to gradually learn the utilization of the new era of technology. This promotes better understanding of privacy, fast moving counseling and also this will lead us to a more prominent relationship with our patient"

-Respondent 5

"One of my encounter with this concept is supervising the docotr in proper documentation of patients health chart. We still do the standardized charting its just that we only document everything based on what they think they feel"

- Respondent 6

"I do recommend to enhance the regulatory aspect of this system provide law, disclosure of legal framework and assistance for the geriatric patients"

- Respondent 7

Discussion of the Findings

The shown interpretative data and analysis shows several encounters of nurses towards telemedicine and telehealth counseling in which is very helpful on the advanced approach of telenursing as a new networking scheme in the province of Aklan. Five categories were emphasize: (1) Service Delivery (2) Advantage and Effectiveness

Approach (3) Known Barrier (4) Providers Responsibility (5) Nurses Encounter. The results were able to create views on the possible positive or negative encounters of nurses on the new health delivery system.

The known health service delivery transition during and post pandemic

Coordinates health service delivery could be a promising approach to progress wellbeing framework strength. In any case, there's a need of prove particular to the lower to middle income nation wellbeing frameworks on how this health service delivery is utilized amid illness flare-ups. Moreover, The weakness of healthcare movement system is one of the reasons for the unfathomably tall mortality rate in that period. The stuffed and sullied environment of clinics revealed a broad people to tall chance of the defilement, energize compounding the scourge.

In addition, Mental wellbeing issues have especially surged amid the COVID-19 widespread and the resultant destructive mental result particularly among the cutting edge healthcare laborers have been named as the "silent pandemic." The over the top work requests at the side the more noteworthy individual chance of introduction and conceivably uncovering family individuals were real mental stressors to healthcare laborers amid the tallness of the widespread (Aguilar, 2022). The Covid-19 widespread has made a huge number of intense challenges for wellbeing care conveyance organizations, counting insufficient capacity, supply deficiencies, the require for care overhaul, and monetary misfortune (NEJM, 2022). Complexity science sees wellbeing care conveyance organizations as complex versatile frameworks that work in exceedingly complex and unusual situations. The viewpoint expect that much of organizational life is mysterious, questionable, or eccentric and hence cannot be standardized and controlled.

Also, it was shown the essence of mental health care delivery system, To abbreviate physical separate between patients and healthcare providers, whereas constraining presentation to COVID-19, telepsychiatry has been broadly embraced to supply administrations to patients with pre-existing mental wellbeing disarranges. In spite of the fact that telepsychiatry has ended up more standard in conveying mental wellbeing administrations amid COVID-19, assessment ponders of the fast transformation of care conveyance from face-to-face to telepsychiatry have been restricted (Li et al., 2022).

Advantage and Effectiveness Approach of the New Delivery Health System

The utilization of telemedicine has as of late, experienced quick development and expansion. Thus, the advancement of a procedure for scope, installment, and utilization approach has been prevented. Telemedicine proceeds to grow, and weight for arrangement advancement increments within the setting of

Government budget cuts and major changes in well-being benefit financing.

Telemedicine was additionally promising in terms of prosperity advantage utilization and costs. One survey, for case, found positive comes approximately from strange telehealth improvements, as well known as store forward advances, which allow patients or suppliers in one region to send computerized tests and remedial data electronically to wellbeing providers at distant off ranges for assessment at an accommodating time. The audit found that nonconcurrent prosperity advancements appear to result in shorter holding up times, less inconsequential referrals, higher levels of determined and provider fulfillment, and break even with or more better symptomatic precision since they do not require real-time meetings (RRB, 2020). Another overview found that telemonitoring for patients with heart disappointment seem to diminish travel costs and clinic affirmations.

With the fast improvement of telemedicine gear and data communication innovation, telemedicine has been created quickly and is utilized broadly worldwide as a modern mode of therapeutic benefit. In this way, telemedicine could be a significant strategy for government. to the imbalance of therapeutic assets between urban and provincial zones.

Known Barriers of New Health Delivery Health System

COVID-19 broad come around with various challenges for the prosperity care system. In organize to continue to care for patients with and without COVID-19 safely and effectively, multiple changes in sharpening models were imperative. This comes approximately in a fast move to telehealth models in various settings in both inpatient and outpatient areas. To maintain a strategic distance from and lessen the transmission of COVID-19, patients and providers had to alter to telehealth quickly.

A number of disadvantages of telehealth join hindrances with performing comprehensive physical examinations, possible results for specialized troubles, security breaches, and authoritative obstructions. Some faultfinders to telehealth utilize push that telehealth may antagonistically impact coherence of care, fighting that online instinctive are impassive and risky in that the virtual supplier does not have the great thing around a comprehensive history and physical examination to assist with assurance and treatment (Cascalla, 2018). Telehealth, moreover, faces numerous lawful and administrative obstacles counting wide varieties in rules, directions, and rules for hone. This changeability contributes to the perplexity for suppliers locked in within the home of telehealth. Wellbeing care suppliers ought to keep chance administration procedures in intellect and familiarize themselves with potential telehealth legitimate dangers and suggestions (Smith, 2018). Another potential boundary to compelling

telehealth hone is the precision of information transmission. A ponder examining the exactness of physical work estimations uncovered that Web transfer speed influences the legitimacy and unwavering quality for fine engine assignment measurements. This may result in wellbeing care professionals making clinical treatment choices and proposals based on possibly wrong patient information in case they need to be made aware of contrasts in mechanical frameworks (Thomas, 2019).

Telehealth was once constrained to the country or inaccessible communities but is presently progressively utilized to grow the geographic rewellbeingl-being care administrations and progress get to care. Components such as comfort, effectiveness, communication, security, and consolation have been recognized by patients as vital to utilize telehealth.

Providers Responsibility and the New Health Delivery System

Presented changes to out-patient administrations. Subsequently, get to to face-to-face OPD arrangements got to be an omnipresent boundary. The assignment of quickly re-designing how united wellbeing proficient administrations provided care by adjusting to the confinements forced by the widespread was critical, as AHPs are the third biggest workforce within the NHS with over 4M constant contacts per week. It brought about within the fast extension of telehealth as an elective medium of conveying healthcare (Eddison, 2022).

The utilize of telemedicine has appeared to permit for way better long-term care administration and understanding fulfillment; it too offers a unused implies to find well-being data and communicate with professionals (eg, through email and intuitively chats or videoconferences), in this manner expanding comfort for the persistent and decreasing the sum of potential travel required for both doctor and understanding. (Alvandi, 2018). Web-based malady administration programs empower clients to accept more noteworthy obligations for their possess care, offer assistance to healthcare suppliers to treat clients prior (when they are not as sick), give nearby and less costly administrations, expand rare healthcare assets, improve follow-up care, move forward client get to administrations, and increment the exactness and quality of patients' therapeutic records.

Nurses Encounters

Patient fulfillment expanded within the postintervention cohort for what to anticipate amid therapy, how to oversee side impacts, and nurses' mindfulness to quiet questions and stresses. There was diminished variance in patient fulfillment within the postintervention gather for quality of care gotten from nurses and caring way of nurses.

With the COVID-19 widespread, the strategy for conveying healthcare changed overnight. Telehealth got

to be an essential strategy of conveying care. Abruptly, medical attendants were anticipated to utilize innovation with exceptionally small, in case any, preparing in telehealth. All prove recommends that telehealth is here to remain. As such, it is presently time for healthcare suppliers to reflect on best hones for telehealth, and for nurture educators to guarantee that graduates are arranged to operate within the unused telehealth field (Rutledge, 2020). Nursing, as a profession, could be a dynamic advancing process. Telehealth is additionally an advancing prepare within the conveyance of wellbeing care. Obstacles to healthcare, such as a need for transportation, are lessened with the use of telehealth.

The advancements in well-being care availability with telehealth delivery is upheld by ponders within the writing. Illustrations of telehealth's impact are seen in patients with access impediments, facilitating specialty care for patients in country clinics, and decreasing healthcare costs. The patient's positive recognition of NP telehealth experiences is additionally backed within the writing. It is basic for NPs to have both specialized and non-technical telehealth abilities, to convey a viable NP-patient experience. This expressive, subjective inquire will investigate the nurture practitioner's discernments and capacity to distinguish telehealth behavior behaviors.

CONCLUSION

This broad constrained unused demands and actual weights on our healthcare system, staff, systems and workplaces. It revealed deficiencies in movement of care tallying get to, esteem, movement of care, connectivity/technology aberrations and Open Prosperity. It constrained extended exchange weights drivin by dropping salaries and extended costs as well as extended weights on staff and supplies. This organize prepare found that various of these can and are being tended to with telemedicine and related progresses. Also, the utilize of Telehealth innovations has the potential to create a positive affect within the healthcare lives of patients. For illustration, it offers helpful wellbeing care on the patient's time plan, sparing travel time for those in local zones. In expansion, it decreases healthcare costs for patients and makes strides the to get to healthcare masters. By utilizing two-way video, versatile smartphone apps and other devices such as sensors and screens, quality, life-saving schedule, or preventative healthcare is provided. Although there are expansive headways in innovation that are being implemented all of the United States, more examination should be completed in arrange to decide all of the conceivable outcomes that innovation should offer.

In conclusion, different innovations can be connected through Telehealth to engage patients to have control over their healthcare, but despite current inquiries, more examination ought to be completed to decide all of the conceivable outcomes innovation should offer. The objective of the extend that motivated such examination was to plunge more profound into the unused

innovations being made on a everyday premise, but most vitally find how to move patients to a diverse fashion of healthcare that requires utilizing innovation. Basically, the group is well educated on innovation inside Telehealth and centered on reasonably conveying this to the patient.

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