

Assessment on Alternative Health Care Modalities: A Basis for Health Training and Development

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ABSTRACT

World Health Organization (WHO) described traditional medicine as a health practice with strong historical and cultural roots, which has global acceptability and applicability. It is an important and often underestimated health resource with many applications, especially in the prevention and management of lifestyle-related chronic diseases. This research assessed the knowledge, skills and attitude on the alternative health care modalities of the resident of Poblacion West, General Tinio, Cabanatuan City, Philippines. The researchers used a quantitative descriptive correlational research method and a purposive sampling technique to examine the data from the respondents. A self-made questionnaire survey form was used to face-to-face collect data from the respondents. The research showed that most of the barangay health workers were female and do not have enough knowledge and skills to perform reflexology, acupressure, chiropractics, and nutritional therapy, but the respondents showed interest to learn more despite the fact that they have limited knowledge and skills about these modalities. Results were presented to the Barangay Health Workers (BHW)'s and heads to address the result of the study and possibly be the basis of health programs and development to aid respondents' gaps in their knowledge and practices of traditional healthcare modalities.

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1. INTRODUCTION

Traditional medicine is a health practice with strong historical and cultural roots, which has global acceptability and applicability [1]. Though the health practices using the traditional alternative medicine modalities can vary from country to country and from region to region, it is an important primary health care resource to many populations, and has been recognized as a component of achieving “health for all”. World Health Organization [1] acknowledges the contribution of these traditional health modalities to health, wellness, people-centered health care, and universal health coverage and seeks to bring traditional medicine “into the mainstream of health care, appropriately, effectively, and above all, safely”.

Every country in the world needs to be concerned about the sustainability of its health services. As a contribution to achieving sustainable services, traditional medicine has found global applications for the drivers of demand in many countries – in the prevention and management of chronic diseases, symptom management, and in meeting the health care needs of ageing populations. Given the unique health challenges of the 21st century, interest in alternative health care modalities is undergoing a revival because it is available, accessible, affordable,

and acceptable to the local population. This revival reinforces the need for countries to educate the population about the safety and quality aspects of traditional medicine to facilitate informed decision-making.

Traditional is an important and often underestimated health resource with many applications, especially in the prevention and management of lifestyle-related chronic diseases, and in meeting the health needs of aging populations. In the light of the situation stated above, this research proposal seeks to assess the knowledge and practices of the alternative health care modalities of the resident of General Tinio, Cabanatuan City. This study aims to produce data-driven health programs and development to aid respondents' gap in their knowledge and practices of traditional health care modalities.

2. RESEARCH METHOD

The study used quantitative research design utilizing descriptive-correlational method. The objective of the descriptive research design is to observe and gather data on a specific issue without attempting to infer cause-and-effect correlations [2]. According to [3], descriptive research focuses in providing data in a thorough manner so that hypotheses may be developed, trends can be explored, and patterns can be found. It was used to describe the respondents' profile in terms of age, sex educational attainment, and years of residency and their knowledge, skills and attitude in alternative health care modalities.

The research was conducted at Poblacion West, General Tinio, Cabanatuan City, Nueva Ecija, which is one of the university's adopted barangays. The respondents of this study were the Barangay Health Workers of General Tinio, Cabanatuan City, Nueva Ecija. The researchers used a quantitative correlational research method and a total population sampling technique to examine the entire population. Total population sampling is a type of purposive sampling technique that involves examining the entire population that have a particular set of characteristics [4].

The instrument used for data collection was questionnaire survey form, which is the most convenient approach for data collection. There was no time limit for the fulfillment of the questionnaire and took at least 10-20 minutes of the respondents' time to complete. Also, the respondents were allowed to answer the questionnaire according to a time most convenient for them. This study's validation was carried out with the support of faculty members who are specialists in the field. Expert academic members reviewed the study questions and the questionnaire to ensure the instrument's applicability and adequacy. Moreover, the research instrument was carried out through pilot testing. The respondents for the pilot testing are the barangay health workers of Cabanatuan city Rural Health Unit.

3. RESULTS AND DISCUSSIONS

Table 1 shows the respondents' profile, as to age, it can be seen that majority of the respondents ages ranging from 51-60 years old, with a frequency of 42 (32.81%). In terms of sex, the respondents are dominated by females, with a frequency of 126 (98.44%). Because of their innate desire to care for another person, many women are naturally drawn to careers in the medical field. The qualities of care, compassion, patience, and understanding are commonly attributed to nurses. In terms of educational attainment, majority of the respondents are high school graduates, with a frequency of 85 (66.41%). This finding is contrary to the requirements of an eligible BHW, which states that the BHWE shall be granted to a Local Health Board-accredited barangay health worker who has completed at least 2 years of college education leading to a college degree [5].

In terms of years in service, majority are in the healthcare service for 7-9 years, with a frequency of 39 (30.47%). Given this, it can be said that the majority of the respondents are eligible Barangay health workers, as stated by the Civil Service Commission, an eligible BHW must have been rendered continuously for a minimum of 5 years, implying that the BHW has served actively and satisfactorily on a full-time basis. Meanwhile, in terms of proper training in doing CAM, 118 (92.18%) of the total respondents have no formal training in CAM. Just like any other healthcare modality, proper training is essential in health and social care to ensure the safety of those receiving and providing care, as well as to maintain high standards of care quality. Training healthcare providers helps to instill the behaviors, attitudes, abilities, and knowledge required to provide high-quality, safe, person-centered care. Lastly, in terms of willingness to be trained, all of the respondents showed a positive attitude by their willingness to undergo proper training, with a frequency of 128 (100%). This is a good indicator that the respondents are being open to - or actively seeking - new experiences, skills, and information that will help them better perform their professions.

As it shown in **Table 2**, in terms of the respondents' knowledge of alternative healthcare modalities, specifically in terms of reflexology, acupressure, chiropractics, and nutritional treatment, it was discovered that all of the respondents as "Slightly not aware" of these modalities. This could be associated with the lack of adequate prior knowledge considering that they are not graduates of any health-related course, which could be the cause of this issue. Moreover, this could be associated with the absence of a training program currently in place as well as a lack of information. Just like any other healthcare modality, proper training is essential in health and social care to ensure the safety of those receiving and providing care, as well as to maintain high standards of care quality. Training healthcare providers helps to instill the behaviors, attitudes, abilities, and knowledge required to

provide high-quality, safe, person-centered care. However, it is worth noting that in the study of [6], an important new finding found that even with proper training, knowledge can decline or increase a year, as observed in Jiangxi and Liaoning provinces, respectively.

Table 1. Respondents' Socio-Demographic Characteristics

Parameters	Frequency n = 128	Percentage %
Age		
20 – 30 years old	2	1.56
31 – 40 years old	29	22.66
41 – 50 years old	26	20.31
51 – 60 years old	42	32.81
61 years old and above	29	22.66
TOTAL	128	100.00
Sex		
Male	2	1.56
Female	126	98.44
TOTAL	128	100.00
Educational attainment		
Elementary graduate	13	10.16
High School graduate	85	66.41
College graduate	22	17.19
Vocational	8	6.25
TOTAL	128	100.00
Years in service		
1 – 3 years	15	11.72
4 – 6 years	45	35.16
7 – 9 years	39	30.47
10 – 12 years	13	10.16
13 – 15 years	8	6.25
16 – 18 years	8	6.25
TOTAL	128	100.00
Proper training in doing CAM		
With proper training	10	7.81
Without training	118	92.18
TOTAL	128	100.00
Willingness to be trained		
Yes	128	100
No	0	0
TOTAL	128	100.00

Table 2. Knowledge of The Respondents to Alternative Health Care Modalities be Described in Terms of Different Modalities

Reflexology	WM	Verbal Description
I know about the methods of foot diagnosis, including the four ways of diagnosis: look, listen, question, and feel the pulse.	1.92	Slightly Not Aware
I know the benefits of reflexology.	1.81	Slightly Not Aware
I am aware of proper health screening by distinguishing between sick and healthy patients that need reflexology.	1.89	Slightly Not Aware
I am aware of the signs and symptoms that the patient may manifest that needs reflexology.	1.88	Slightly Not Aware
I can record and report the findings of the patient concisely.	2.15	Slightly Not Aware

Reflexology	WM	Verbal Description
I can recognize the need for next-level care and coordinate referrals.	2.09	Slightly Not Aware
Average	1.96	Slightly Not Aware
Acupressure	WM	Verbal Description
I know that it stimulates the body's circulatory, lymphatic, and hormonal systems.	1.95	Slightly Not Aware
I know that it is manual pressure (using mainly fingertips) is applied to the acupoints.	1.84	Slightly Not Aware
I am aware of proper health screening by distinguishing between sick and healthy patients that need acupressure.	1.71	Slightly Not Aware
I am aware of the signs and symptoms that the patient may manifest that needs acupressure.	1.73	Slightly Not Aware
I can record and report the findings of the patient concisely.	1.88	Slightly Not Aware
I can recognize the need for next-level care and coordinate referrals.	1.85	Slightly Not Aware
Average	1.82	Slightly Not Aware
Chiropractic	WM	Verbal Description
I am aware of proper health screening by distinguishing between sick and healthy patients that need chiropractic.	1.52	Not At All Aware
I am aware of the signs and symptoms that patients may manifest that need chiropractics.	1.52	Not At All Aware
I can recognize the need for next-level care and coordinate referrals.	1.77	Not At All Aware
I am aware that chiropractors approach patient care similarly to how traditional doctors do.	1.66	Not At All Aware
I am aware that the foundational sciences, such as anatomy and physiology, are included in chiropractic education.	1.56	Not At All Aware
I am aware that each country has different restrictions on the services that chiropractors may offer as part of their scope of practice.	1.63	Not At All Aware
Average	1.61	Not At All Aware
Nutritional Therapy	WM	Verbal Description
I know that nutritional therapy can achieve weight stabilization and develop healthy and sustainable eating habits.	2.91	Somewhat Aware
I am aware of proper health screening by distinguishing between sick and healthy patients that needs nutritional therapy.	2.85	Somewhat Aware
I am aware of the signs and symptoms that patient may manifest that needs nutritional therapy.	2.92	Somewhat Aware
I can record and report that findings of the patient concisely.	2.91	Somewhat Aware
I can recognize the need for next-level care and coordinate referral.	2.74	Somewhat Aware

Reflexology	WM	Verbal Description
I can counsel patient of the dos and don'ts after nutritional therapy.	2.87	Somewhat Aware
Average	2.87	Somewhat Aware
OVERALL	2.06	Slightly Not Aware

As it shown in **Table 3**, in terms of the respondents' knowledge of alternative healthcare modalities, specifically in terms of reflexology, acupressure, chiropractics, and nutritional treatment, it was discovered that all of the respondents as "Slightly not aware" of these modalities. This could be associated with the lack of adequate prior knowledge considering that they are not graduates of any health-related course, which could be the cause of this issue. Moreover, this could be associated with the absence of a training program currently in place as well as a lack of information. Just like any other healthcare modality, proper training is essential in health and social care to ensure the safety of those receiving and providing care, as well as to maintain high standards of care quality. Training healthcare providers helps to instill the behaviors, attitudes, abilities, and knowledge required to provide high-quality, safe, person-centered care. However, it is worth noting that in the study of [6], an important new finding found that even with proper training, knowledge can decline or increase a year, as observed in Jiangxi and Liaoning provinces, respectively.

Table 3. Skills of The Respondents to Alternative Health Care Modalities be Described in Terms of Different Modalities

Reflexology	WM	Verbal Description
I can conduct proper health screening and identify if reflexology is needed.	2.10	Poor
I can perform proper history taking for proper intervention.	2.19	Poor
I can safely perform the necessary steps in conducting reflexology.	2.01	Poor
I can properly evaluate the outcome of care given to the patient.	2.04	Poor
I can perform health teachings about reflexology.	2.08	Poor
I can distinguish and select, with reasonable assessment, to whom the patient should be coordinated.	2.26	Poor
Average	2.11	Poor
Acupressure	WM	Verbal Description
I can conduct proper health screening and identify if acupressure is needed.	1.77	Poor
I can perform proper history taking for proper intervention.	1.95	Poor
I can safely perform the necessary steps in conducting acupressure.	1.77	Poor
I can properly evaluate the outcome of care given to the patient.	1.82	Poor
I can perform health teachings about acupressure.	1.76	Poor
I can distinguish and select, with reasonable assessment, to whom patient should be coordinated to.	1.93	Poor
Average	1.83	Poor
Chiropractic	WM	Verbal Description

Reflexology	WM	Verbal Description
I can conduct proper health screening and identify if chiropractic is needed.	1.67	Poor
I can perform proper history taking for proper intervention.	1.85	Poor
I can recognize the need for next-level care and coordinate referrals.	1.59	Poor
I can safely perform the necessary steps in conducting chiropractic.	1.63	Poor
I can perform health teachings about chiropractic.	1.58	Poor
I can distinguish and select, with reasonable assessment, to whom the patient should be coordinated to.	1.87	Poor
Average	1.70	Poor

Nutritional Therapy	WM	Verbal Description
I can conduct proper health screening and identify if nutritional therapy is needed.	2.90	Fair
3.4.2 I can perform proper history taking for proper intervention.	2.81	Fair
I can safely perform the necessary steps in conducting nutritional therapy.	2.73	Fair
I can properly evaluate the outcome of care given to the patient.	2.72	Fair
I can perform health teachings about nutritional therapy.	2.74	Fair
I can distinguish and select, with reasonable assessment, to whom patient should be coordinated to.	2.91	Fair
Average	2.80	Fair
OVERALL	2.11	Poor

Legend: 4.21- 5.00 Excellent; 3.41- 4.20 Good; 2.61 – 3.40 Fair; 1.81- 2.60 Poor; 1.00-1.80 Very Poor

As it shown in **Table 4**, in terms of the respondents' skills in alternative health care modalities, specifically in terms of reflexology, acupressure, chiropractics, and nutritional treatment, it is found that all of the respondents have "Poor" knowledge of these modalities. This could be associated with the lack of training and seminars on these modalities. Moreover, a lack of hands-on practice may result in the inability to demonstrate such skills in alternative healthcare modalities. In the study of [6], an important new finding found that even with proper training, knowledge can decline or increase in a year, as observed in Jiangxi and Liaoning provinces, respectively. It could then be concluded that a piece of knowledge is best retained when practiced.

Table 4. Attitude of The Respondents to Alternative Health Care Modalities be Described in Terms of Different Modalities

(REFLEXOLOGY)		
4.1.1 I believe that attending seminars and workshops can help me build my competency in reflexology.	4.50	Very true to me
4.1.2 I can confidently give good information on maintaining a healthy lifestyle through the use of reflexology.	2.00	Untrue to me
4.1.3 I can confidently perform reflexology if needed by the patient	2.50	Untrue to me
4.1.4 I believe that there are fewer side effects when taking reflexology therapy.	4.60	Very true to me

4.1.5 I believe that people would be more likely to use reflexology if the treatments are near to them.	4.63	Very true to me
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4.1.6 I think that the more knowledgeable and skillful HCPs about reflexology., the more they can promote the interventions properly.	4.63	Very true to me
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Average	3.81	
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(ACUPRESSURE)

4.2.1 I believe that attending seminars and workshops can help me build my competency in acupressure.	4.51	Very true to me
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4.2.2 I can confidently give good information on maintaining a healthy lifestyle through the use of acupressure.	4.51	Very true to me
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4.2.3 I can confidently perform acupressure if needed by the patient	4.52	Very true to me
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2.4.4 I believe that there are fewer side effects when taking acupressure therapy.	4.52	Very true to me
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4.2.5 I believe that people would be more likely to use acupressure if the treatments are near to them.	4.51	Very true to me
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4.2.6 I think that the more knowledgeable and skillful HCPs about acupressure., the more they can promote the interventions properly.	4.53	Very true to me
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Average	4.51	
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(CHIROPRACTICS)

4.3.1 I believe that attending seminars and workshops can help me build my competency in chiropractic.	4.53	Very true to me
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4.3.2 I can confidently give good information on maintaining a healthy lifestyle through the use of chiropractic.	4.52	Very true to me
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4.3.3 I can confidently perform chiropractic if needed by the patient	4.60	Very true to me
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4.3.4 I believe that there are fewer side effects when taking chiropractic therapy.	4.60	Very true to me
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4.3.5 I believe that people would be more likely to use chiropractic if the treatments are near to them.	3.51	true to me
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4.3.6 I think that the more knowledgeable and skillful HCPs about chiropractic., the more they can promote the interventions properly.	3.53	true to me
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Average	4.2	
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(NUTRITIONAL THERAPY)

4.4.1 I believe that attending seminars and workshop can help me build my competency in nutritional therapy.	4.67	Very true to me
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4.4.2 I can confidently give good information on maintaining a healthy lifestyle though the use of nutritional therapy.	2.57	Somewhat true to me
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4.4.3 I can confidently perform nutritional therapy if needed by the patient	3.50	Somewhat true to me
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2.6.4 I believe that there are less side effects when taking nutritional therapy.	4.44	Very true to me
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4.4.5 I believe that people would be more likely to use nutritional therapy if the treatments are near to them.	4.50	Very true to me
4.4.6 I think that the more knowledgeable and skillful HCPs about nutritional therapy., the more they can promote the interventions properly.	4.50	Very true to me
Average	4.03	
OVERALL	4.13	

As it shown in **Table 5**, in terms of the respondents' attitude toward alternative health care modalities, specifically in terms of reflexology, acupressure, chiropractics, and nutritional treatment, it is found that the majority of the respondents' responses were verbally described as "Very true to me", which is an indication that the respondents have a positive attitude towards alternative health care modalities. These positive attitudes are attributed to them believing that these healthcare modalities are beneficial to the community. Having a positive attitude toward complementary medicine modalities may indicate that the respondents are inclined to increase their knowledge of the various modalities and refer patients to a complementary medicine practitioner when necessary. Similar to the study of [7], it was found that the respondents, despite a reported lack of knowledge regarding complementary medicine and limited personal use, participants had an overall positive attitude towards complementary medicine. Almost half of the participants reported enquiring about its use in history taking and were willing to refer patients to a complementary medicine practitioner.

Table 5. Significant Relationship Between The Socio-Demographic Profile of The Respondents and Their Knowledge of Alternative Health Care Modalities.

		Age	Sex	Educational Attainment	Length of service	Proper training in CAM	Willing to trained
Knowledge to alternative health care modalities							
Reflexology	Correlation	-	-.140	.056	-.121	-.271**	0.00
	Coefficient	.036					
	Sig. (2-tailed)	.689	.114	.527	.173	.002	0.00
	N	128	128	128	128	128	
Acupressure	Correlation	-	.059	.127	-.077	-.262**	0.00
	Coefficient	.035					
	Sig. (2-tailed)	.694	.505	.153	.390	.003	0.00
	N	128	128	128	128	128	
Chiropractics	Correlation	-	.127	.091	-.155	-.138	0.00
	Coefficient	.054					
	Sig. (2-tailed)	.541	.153	.308	.081	.121	0.00
	N	128	128	128	128	128	
Nutritional therapy	Correlation	-	-	.158	-.153	-.172	0.00
	Coefficient	.083	.205*				
	Sig. (2-tailed)	.349	.020	.074	.085	.052	0.00
	N	128	128	128	128	128	

*Correlation is significant at the 0.05 level (2-tailed)

**Correlation is significant at the 0.01 level (2-tailed)

From the **Table 6**, it can be seen that Proper Training in CAM is significantly correlated to their knowledge of Reflexology, having obtained a correlation coefficient of $-.271^{**}$, and knowledge of Acupressure, having a correlation coefficient of $-.262^{**}$. Meanwhile, other sociodemographic profiles, such as age, sex, educational attainment, length of service, and willingness to be trained, did not register any significant relationship with the respondents' knowledge of reflexology and acupuncture. Moreover, knowledge of Chiropractic did not register any significant relationship with age, sex, educational attainment, length of service, proper training in CAM, and willingness to be trained. As to Nutritional Therapy, gender is significantly correlated with a $-.205^{*}$ correlation coefficient for gender. While other profiles, such as age, educational attainment, employment status, length of service, and willingness to be trained, did not register any significant relationship. In support of this

finding, according to a survey by [8], featured in the report “State of Our Health: Exploring Gender Differences in Food and Fitness”, women are more focused on nutrition than men are, and women are more likely to exercise specifically to lose weight than men. This may also be associated with the nature of most women who prepare meals for their families.

Table 6. Significant Relationship Between The Socio-Demographic Profile of The Respondents and Their Skills in Alternative Health Care Modalities

		Age	Sex	Educational Attainment	Length of service	Proper training in CAM	Willing to trained
Skills to alternative health care modalities							
Reflexology	Correlation	-	.121	.021	-.029	-.165	0.00
	Coefficient	.025					
	Sig. (2-tailed)	.783	.175	.811	.742	.063	0.00
	N	128	128	128	128	128	
Accupressure	Correlation	.027	.161	-.013	-.027	.069	0.00
	Coefficient						
	Sig. (2-tailed)	.759	.070	.876	.762	.438	0.00
	N	128	128	128	128	128	
Chiropractics	Correlation	-	.148	.056	-.015	-.133	0.00
	Coefficient	.003					
	Sig. (2-tailed)	.977	.096	.527	.089	.134	0.00
	N	128	128	128	128	128	
Nutritional therapy	Correlation	-	.192*	.068	.009	-.238**	0.00
	Coefficient	.042					
	Sig. (2-tailed)	.639	.030	.447	.919	.007	0.00
	N	128	128	128	128	128	

*Correlation is significant at the 0.05 level (2-tailed)

**Correlation is significant at the 0.01 level (2-tailed)

As to the respondents and their attitude to alternative health care modalities, **Table 7** shows that the respondents' profile, in terms of age, sex, educational attainment, employment status, length of service, proper training in CAM, and willingness to be trained, did not register any significant relationship with the respondents' attitude of reflexology and nutritional therapy. While only the length of service is found to be significantly correlated to Acupressure, with a $-.209^*$ correlation coefficient, and to Chiropractic, with a $-.190^*$ correlation coefficient. This correlation between attitude in CAM and length of service may be attributed to the depth of understanding one has when it comes to their job. As supported by [10], it states that length of service is an important indicator of job satisfaction and employee loyalty in the workplace.

As to Skills in alternative healthcare modalities, **Table 7** shows that respondents' profile, in terms of age, sex, educational attainment, length of service, proper training in CAM, and willingness to be trained, did not register any significant relationship with the respondents' knowledge of reflexology and acupressure, and chiropractic. Meanwhile, sex and proper training in CAM all showed a significant correlation with Nutritional Therapy, having obtained a correlation coefficient of $.192^*$ (sex) and $-.238^{**}$ (proper training in CAM). It is known that many women are drawn to this healthcare profession because of their natural ability to care for another human being. Moreover, nurses are frequently viewed as sympathetic, caring, patient, and understanding. Nursing thrives on a woman's nurturing inclination [9].

Table 7. Significant Relationship Between The Socio-Demographic Profile of The Respondents and Their Attitude to Alternative Health Care Modalities

		Age	Gender	Educational Attainment	Length of service	Proper training in CAM	Willing to trained
Attitude to alternative health care modalities							

Reflexology	Correlation Coefficient	-	.079	.134		-.106	-.086	0.00
	Sig. (2-tailed)	.081	.036	.377	.131	.233	.335	0.00
	N	128	128	128	128	128	128	
Acupressure	Correlation Coefficient	-	.014	.126		-.209*	-.100	0.00
	Sig. (2-tailed)	.093	.296	.879	.157	.018	.259	0.00
	N	128	128	128	128	128	128	
Chiropractics	Correlation Coefficient	-	-.036	.160		-.190*	-.121	0.00
	Sig. (2-tailed)	.101	.256	.686	.173	.032	.173	0.00
	N	128	128	128	128	128	128	
Nutritional therapy	Correlation Coefficient	-	.018	-.005		-.067	-.044	0.00
	Sig. (2-tailed)	.067	.455	.840	.957	.450	.619	0.00
	N	128	128	128	128	128	128	

*Correlation is significant at the 0.05 level (2-tailed)

**Correlation is significant at the 0.01 level (2-tailed)

4. CONCLUSIONS

The respondents have a significant amount of experience in the healthcare field due to the length of time they have spent working in the field; nevertheless, they do not have a strong foundation in healthcare due to a lack of formal education and training. The respondents have limited understanding of the basic procedures and methods on reflexology, acupressure, chiropractics, and nutritional therapy. The respondents are incompetent to perform basic reflexology, acupressure, chiropractics, and nutritional therapy procedure. The respondents show a favorable attitude about learning CAM, despite the fact that they have minimal knowledge and skills in these modalities. Attitude in Reflexology and Nutritional therapy did not register a significant relationship to their profile. While the length of service is found to be correlated with the respondents' skills in acupressure and chiropractic. Meanwhile, knowledge of Chiropractic had no discernible association with the respondents' demographics. Only gender is substantially associated with the knowledge of Nutritional Therapy.

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