



Original Article



Content Analysis of Social Media Posts about the Bayanihan e-Konsulta Program during the COVID-19 Pandemic: A Case in the Philippines

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Abstract

Background: In response to the surge of COVID-19 cases in the Philippines, Bayanihan E-Konsulta (BEK) was launched to provide free teleconsultation services. As healthcare started shifting online to respond to the public's health needs, there was little understanding of the beneficiary experience during their remote interaction with the healthcare provider and its related services. With this, the study aimed to describe the presence experience and valued service processes among the beneficiaries of BEK.

Methods: One hundred seventy-five posts and tweets from Facebook, Twitter, and Instagram were gathered using search terms relating to BEK and hashtags from April 2021 to May 2022. After the exclusion of irrelevant data, data that do not contain the following criteria: 1) Date of posting: April 5, 2021, to May 31, 2022; 2) Location: Philippines; and 3) written in Filipino or English language, direct and thematic content analyses were conducted to determine the beneficiaries' experience and valued service process with BEK.

Findings: This directed analysis uncovered that beneficiaries highlighted *Operational Presence* the most in their BEK-related posts, followed by *Clinical Presence*, *Social Presence*, and *Therapeutic Presence*. Subsequently, the thematic analysis surfaced the four most valued service process themes: *chatbot-aided assessment*, *immediate volunteer response*, *comprehensive medical attention*, and *empathetic care and concern*.

Conclusion: This study emphasized the services to which the beneficiaries of Bayanihan E-Konsulta hold high regard, specifically the important role of quick response, efficient service, and client-centered approaches that created a comfortable and accessible setting for receiving and rendering care. The findings may help teleconsultation and other healthcare service providers understand how to enhance their service processes for better service delivery, patient health outcomes, and satisfaction.

Keywords: Content Analysis, COVID-19, Bayanihan, e-Consultation, Philippines, Bayanihan e-Konsulta

Introduction

The surges in the number of COVID-19 cases significantly impacted essential healthcare facilities, leading to hospital intensive-care units, ward beds, and isolation beds at full capacities (Morales & Lema, 2021) in most areas in the Philippines. Combined with the strict implementation of lockdowns and protocols (Amit et al., 2021), as well as the fear of spreading and contracting the infection, non-urgent visits were avoided by patients, while others were discouraged from seeking consultation to help manage healthcare worker availability (Center for Disease Control and Prevention, 2021). Information dissemination to the public was essential, and the social media networks filled in the gap, with Twitter and Facebook becoming information sources (Galido et al., 2021) of health-related content and health delivery options.

In response to the restrictions in healthcare access, some healthcare delivery systems were shifted remotely to reduce virus transmission (Macariola et al., 2021) and provide access to medical attention and assistance. These changes paved the way for various teleconsultation services initiated by hospitals, agencies, organizations (Macariola et al., 2021) and individuals. These services have been the alternative go-to options for health seekers to promote and maintain well-being through COVID-19 hotlines, websites, mobile apps, and social media platforms (Bayanihan E-Konsulta, 2021).

In April 2021, the Office of the Vice President launched Bayanihan E-Konsulta (BEK), a free teleconsultation service lodged via Facebook and Messenger for outpatient cases for the National Capital Region and nearby provinces (Quiambao, 2021). The initiative was made in response to the rising coronavirus cases in the country (Fernandez, 2021) amidst lockdowns, limiting people's access to healthcare and medical assistance. Based on the Filipino concept of "bayanihan," BEK exemplified "the spirit of solidarity, civic unity and cooperation" (Siruno, 2021) by calling for volunteer doctors, nurses, as well as non-medical professionals through social media. The volunteers were mobilized to help decongest hospitals by providing teleconsultations, hospital referrals, medical assistance, and related services. After more than one year in operation, Bayanihan E-Konsulta mobilized 947 and 1761 medical and nonmedical volunteers and served over 58,000 patients (Robredo, 2022).

Consequently, numerous posts, comments, and other forms of feedback on social media were written about the beneficiary's experiences with BEK's service. However, there was little understanding of the experience and what left an imprint during their free remote interaction with the volunteer healthcare providers and related services. In the light of Barrett's (2016) grounded theory of nurses and teleconsultation, this study was conducted to capture how the different types of nursing presence were experienced and service processes valued by the beneficiaries of BEK. These perspectives may aid with identifying areas for consideration, formulation of core competencies, and creation of support programs for personnel and program development.

Methods

Design

Content analysis was utilized to examine the reviews about BEK found on Facebook, Twitter, and Instagram and determine the Filipino experience of BEK services during the COVID-19 pandemic. Content analysis describes phenomena systematically and objectively to provide a concise yet comprehensive (Elo & Kyngäs, 2008) set of concepts or categories. On the one hand, directed content analysis (Hsieh & Shannon, 2005) involved Barrett's (2016) theory of nurses and teleconsultation to identify initial coding categories and operational definitions of the beneficiary posts about their BEK Experience. On the other hand, thematic content analysis was employed to explore patterns and connections (Anderson, 2007) across the gathered data that helped generate themes describing the services valued by the beneficiaries.

Data Elicitation

Data Triangulation (Guion, 2002) of relevant posts and tweets, using the search term “Bayanihan Ekonsulta” and the following hashtags: #Bayanihanekonsulta and #Bayanihanekonsultaovp was done. Data were gathered from some of the most popular social media platforms among internet users in the Philippines (Pulse Asia Research Inc, 2021): Facebook, Twitter, and Instagram. Posts were purposively selected according to the following inclusion criteria: 1) Date of posting: April 5, 2021, to May 31, 2022; 2) Location: Philippines; and, 3) written in Filipino or English.

In addition to text reviews or posts, the posting date and any attachments, such as pictures or videos, were also gathered for validation. The social media account legitimacy was also considered by properly assessing the profile photo, username, user bio, profile content, activity, followers, friends, and profile interaction (Romero, 2020) to prevent any biased or false data that may adversely affect the findings. Furthermore, reviews written by volunteers, those containing politics, insults, spam, and inappropriate language, were filtered out to solely focus on the available public posts about the BEK’s services. Subsequently, the extracted data were manually sorted for and were encoded in Google Spreadsheets and stored to a restricted access Google Drive including screenshots for validation and safekeeping.

Two-hundred seventy-nine (279) posts and tweets initially generated using the search keys were collected. Tweets and posts from Facebook and Twitter accounted for most of the data, with 142 (50.90%) and 135 (48.39%), respectively, and only 2 (0.72%) posts from Instagram. Of the 279 posts, 104 (37.28%) were excluded based on set criteria: volunteer posts, those containing politics, insults, spam, unrelated and inappropriate language, leaving only 175 (62.72%) posts for analysis. Figure 1 reflects the whole process of data elicitation.

Ethical Considerations

Social media platforms, such as Facebook, are considered publicly accessible websites wherein people share their information that others can access freely (Franz et al., 2019). Consent was reasonably presumed since the terms and conditions that users agree to when signing up to a social media platform cover the use of their data for research (Government Social Research Profession, 2016). The generated publicly available posts from online users were de-identified by clearing out their names in the screenshots and giving tags to maintain anonymity. Moreover, the researchers did not collect and use personal data for any purposes outside the academic research project and kept the information gathered confidential. Additionally, the researchers ensured that the work is free of plagiarism and research misconduct and that the findings were accurately represented. Furthermore, the study obtained approval from the UST College of Nursing - Ethics Review Committee under the Protocol Code: USTCON ERC - 2022-SR23.

Modes of Analysis

This study used Barrett’s grounded theory (2016) on nurses and teleconsultation, which postulates that nurses or nursing persons or groups, in this case, provided the different types of presence during teleconsultation to bridge the distance inherent in the medium, as a guide for content analysis. Barrett (2016) identified four subcategories of presence, namely *operational presence*, *clinical presence*, *therapeutic presence*, and *social presence*. *Operational presence* refers to the operational and organizational roles which involve the facilitation and organization of the teleconsultation; *clinical presence* encompasses the specific tasks and activities in patient-focused care, such as patient assessment; *therapeutic presence* involves provision of reassurance, support, comfort, and development of nurse-patient relationship; and *social presence* refers to the social interaction with

the patient during a teleconsultation session (Barrett, 2016). The parallelism with the relationship established by BEK with their beneficiaries to this theory highlights the value of presence when rendering services.

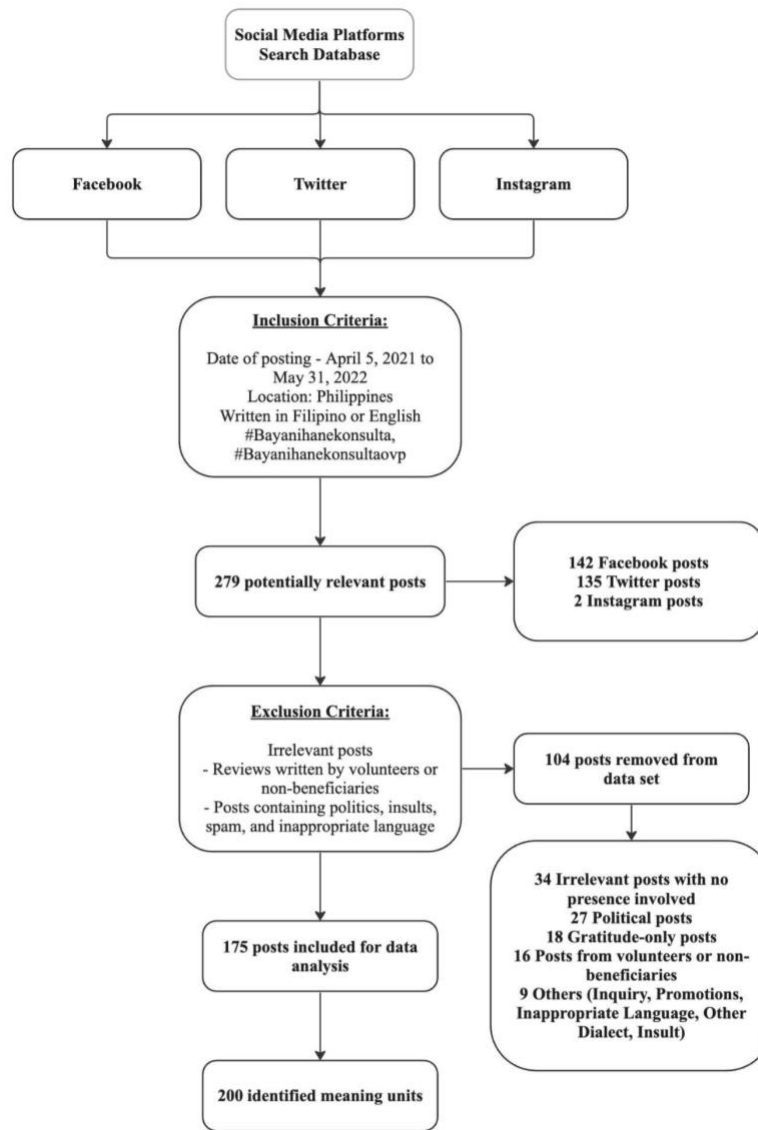


Figure 1. Data Gathering Flowchart

Posts and tweets gathered from Facebook, Twitter, and Instagram were read, copied, and analyzed word-per-word (Bengtsson, 2016) for meaning units that fit the definition of Barrett’s (2016) different types of presence. This process was performed repeatedly until all meaning units had been classified (Bengtsson, 2016) into the four subcategories to make sense of the nursing presence received by the beneficiaries. Subsequently, the data was further read and reread, and the codes were examined for commonalities and relationships with other codes to identify patterns and determine the themes (Bengtsson, 2016) that describe the service processes valued by the beneficiaries with BEK.

Rigor

The trustworthiness and reliability of the data gathering and analysis was ensured by taking into consideration credibility, dependability, and transferability (Graneheim & Lundman, 2004). Social media accounts of those who posted about their BEK experience were carefully examined for legitimacy to avoid any possible biases and ensure credibility. Data triangulation was also employed to overcome fundamental biases arising from using a single data source (Mayr & Weller, 2017) by considering the perspective of users from different social media platforms. Furthermore, the researchers also conducted meetings, allowing each member to objectively examine the validity of the gathered data.

Transferability (Graneheim & Lundman, 2004) was achieved through a rich presentation of the findings with the appropriate quotations. Additionally, describing the research setting, data collection procedures, and analysis methods assisted with improving transferability (Karsiye et al., 2021). These activities provide future researchers with the context of the population involved and how the study was conducted. Subsequently, it also facilitated the judgment of other researchers to determine its applicability to other populations (Graneheim & Lundman, 2004). Wholly and carefully documenting the steps taken during the coding and analysis of the data (Kasirye, 2021) helped ensure that researcher bias did not skew the interpretation of the data to fit a certain narrative and only portrayed presence experience as determined by the framework established for the analysis (Sutton & Austin, 2015). Moreover, dependability was assured through thorough repetition of data gathering and analysis to guarantee the accuracy and reliability of the data gathered. In addition, consistency was also obtained through the constant rechecking of approved and appropriate codes, themes, and processes of data analysis (Nowell et al., 2017).

Findings

With the BEK beneficiary posts and tweets gathered from Facebook, Twitter and Instagram, one hundred seventy-five (175) posts were analyzed using a *codebook* to identify meaning units that describe the type of nursing presence experienced by the beneficiaries. Moreover, as several posts may be categorized in more than one type of presence, a total of two hundred (200) meaning units were identified and analyzed, which reflected (a) operational (71; 35.5%), (b) clinical (67; 33.5%), (c) social (27; 13.5%), and (d) therapeutic presence (35; 17.5%) (see *Table 1*) experiences.

Operational Presence

Operational presence showcases how the volunteers assisted patients using teleconsultation and how structured and organized its services are. A glimpse of the operational and organizational roles of the volunteers of BEK from the seventy-one (71) meaning units classified under this type of presence involves their ability to link patients to volunteer doctors, as shown in one of the beneficiaries' posts who commented, "*I registered yesterday morning, and I have already received an immediate response from the bridging agents to the doctors who attended to my needs as a COVID-positive patient.*"

Some beneficiaries shared the amount of time spent before they were accommodated. On the one hand, others experienced receiving an immediate response within minutes like a beneficiary who expressed, "*Less than 10 mins, may tumawag na sakin from [Bayanihan] E-Konsulta para ipaalam na nasa queue na ako. Less than 30 mins, nakausap ko na yung doctor.*" ("In less than 10 minutes, someone from [Bayanihan] E-Konsulta called to inform me that I'm already in the queue.

Table 1. Codebook for Nursing Presence Experienced with BEK

Types of Nursing Presence (Barrett, 2016)	Description	Sample Meaning Units	Frequency & percentage of classified meaning units under each type
Operational Presence	Refers to the functional and organizational roles that involve the facilitation and organization of teleconsultation (Barrett, 2016).	<p>“I registered yesterday morning, and I have already received an immediate response from the bridging agents to the doctors who attended to my needs as a COVID-positive patient.”</p> <p>“Amazing response and services. The volunteer called and patched us through to a doctor, and we will be contacted by another specialist tomorrow”</p>	71 (35.5%)
Clinical Presence	This encompasses specific tasks and activities in patient-focused care, such as patient assessment (Barrett, 2016) and management.	”We had several teleconsultations with the Bayanihan e-konsulta.”	67 (33.5%)
Social Presence	Refers to the social interaction with the patient during a teleconsultation session (Barrett, 2016).	"The volunteers were responsive and caring; they always monitored my condition daily."	27 (13.5%)
Therapeutic Presence	Involves the provision of reassurance, support, comfort, and the development of the nurse-patient relationship (Barrett, 2016).	<p>“During our time of need, [BEK] was there.”</p> <p>“[BEK] gives me a sense of relief that there is someone monitoring my condition”</p>	35 (17.5%)

Less than 30 minutes, I was able to speak with the doctor.”). On the other hand, it took hours for some people to receive calls or messages, such as a beneficiary who stated, “*Messaged them [on] Aug 3, mga 7:50 PM. Then nag-reply yung bot. Then today, Aug 4, tumawag sa nanay ko mga 4:30 PM...*” (“*Messaged them [on] Aug 3 around 7:50 PM. Then the chatbot replied. Then today, Aug 4, they called my mother around 4:30 PM.*”). Nonetheless, they were both accommodated within a day. Aside from the instances above, the operational presence also entails arranging other services for the beneficiaries, such as a consultation with a specialist. One beneficiary mentioned, “*Amazing response and services. The volunteer called and patched us through to a doctor; we will be contacted by another specialist tomorrow...*”

Clinical Presence

Clinical presence is when the volunteers from the BEK cater to the needs of the clients through consultations, prescriptions, provision of healthcare needs and supplies, and continuous health monitoring. Sixty-seven (67) meaning units containing clinical presence, surfaced.

After the initial accommodation and arrangement of teleconsultation, coordinators directed the beneficiaries to volunteer physicians for consultation and a thorough assessment of the client's current condition. As expressed by one beneficiary, "*We had several teleconsultations with the Bayanihan e-konsulta*". Some also described the conversations they were having with the volunteers. As stated by another, "*Thorough conversations with the doctors happened.*"

Other health concerns were addressed, and given prescriptions after the consultation. As one beneficiary expressed, "*Thank you doc kahit ang dami ko tanong. prescription is sent to you real time!*" ("Thank you doc even if I had many questions. Prescription is sent to you real-time"). After the consultations, healthcare supplies specific to their needs were sent. Certain beneficiaries who were diagnosed with a COVID-19 infection were provided with COVID care kits consisting of medications and relief goods. One client conveyed, "*They gave more than ten medicines sa COVID care kit at yung mga kailangan. They also gave free oxygen*". ("They gave more than ten medicines in the covid care kit, as well as needed materials/groceries.") Health monitoring materials and equipment were also provided, "*Madami syang laman na makakatulong sa'yo to monitor your progress such as thermometer, oximeter, log sheet plus vitamins saka ibang gamot for covid symptoms.*" ("It contains many items that can monitor your [health] progress such as thermometer, oximeter, log sheet plus vitamins at other medications for covid symptoms.") Additionally, volunteers conducted daily follow up check-ups and monitoring. This was evident as some of the beneficiaries stated "*may mga follow-up pangungumusta pang naganap*" ("there were follow-up updates that occurred"), "*minomonitor din kami ng volunteer doctors every day.*" ("we were also monitored by volunteers everyday") and "*Big help po at meron nagmomonitor na doctor and staff kay Dad.*" ("It was a big help to have doctors and staff monitor our Dad").

Social Presence

Social presence is felt by having someone to consult and provide companionship, support, and empathy. There are 27 meaning units identified with this type of presence, which shows how the volunteer intersected with and demonstrated genuine concern for the beneficiaries. As one shared, "*The volunteers were responsive and caring; they were always monitoring my condition daily.*" Additionally, they were patient and reliable sources of information for the beneficiaries. One mentioned, "*very patient staff... and very patient doctor... even if I had many questions.*" Furthermore, several beneficiaries described the volunteers as kind, approachable, polite, and friendly.

Therapeutic Presence

Therapeutic presence (35 meaning units) imparts a feeling of relief, safety, and comfort through the attention provided to the beneficiaries. Recognizing and responding to non-verbal cues that might signify important patient issues and providing holistic care that accommodates not only physical health but also mental, psychological, and spiritual well-being.

The therapeutic presence experienced through BEK is evident in the sense of relief imparted to their beneficiaries, who described their experience as "*helpful to those who need immediate health consultation at this time of the pandemic*". The beneficiaries also expressed their appreciation to the support and patience provided by the volunteers of BEK, as they posted, "*umalalalay sa amin from the start ng symptoms,*" ("supported us since the start when symptoms appeared").

The volunteers also extended their therapeutic presence to the beneficiaries' spiritual wellbeing by accommodating to their beliefs. The beneficiaries of BEK received assistance for their medical condition and the reassurance, support, and comfort they needed. In one of the beneficiaries' posts, they recounted an interaction between their mother and a volunteer when, during the consultation with the doctor, the mother asked the volunteer to pray with her for her recovery, which the volunteer obliged. The beneficiary posted, *"Then nagulat ko how the staff prayed for Mommy. Naiyak ako kasi di ko expected na a stranger will pray like that for mom."* ("I was surprised that the staff prayed for Mommy. I was emotional because I did not expect that a stranger would pray like that for mom.").

The meaning units generated were also subjected to thematic analysis to surface the service processes valued by the beneficiaries during their teleconsultation with BEK, which emerged the following themes, namely (a) chat-bot aided assessment, (b) immediate volunteer response, (c) comprehensive medical attention, and (d) empathetic care and concern (see *Table 2*).

Chatbot-Aided Assessment

This theme primarily focuses on the mode of initial patient assessment with the immediate automated response by a chatbot from the BEK page. Automated replies provide initial responses in the absence of a representative from the BEK organization and are programmed to answer commonly asked questions Manners, J. (2022, September 27). As one beneficiary expressed, *"Sumagot lang ako sa automated FB messenger questions ng page then after two days, pinadalhan kami ng #covidcarekit ."* ("I just answered the automated FB messenger questions of the page then after two days, they sent us a covid care kit.") Aside from providing answers, automated responses were also programmed to gather initial data from the beneficiaries, as one explained. *"I signed up through the program's chatbot and was assigned a nurse for patient monitoring and was sent a kit with ease."* However, despite the positive experience and interventions with the chatbot, there was a response that was left unattended and had only received automated responses as one stated, *"Nagtry ako halos every day magchat pero puro autobot nagrereply."* ("I tried to chat almost every day, but only autobots have responded)."

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Table 2. Sample themes, codes, and meaning units for the BEK service processes		
Themes	Codes	Sample Meaning Units
Chatbot-aided Assessment	Delegated to automated system	"I tried to use Bayanihan E-Konsulta. I just answered the automated FB messenger questions of the page, then after two days, we received a #covidcarekit"
Immediate volunteer response	Reduced waiting time	"Less than 10 minutes, someone called me from [Bayanihan] E-Konsulta to inform me that I was in queue. Less than 30 mins, I already talked to the doctor"
	Accommodated at late hours	"...even at late hours, almost all volunteers can reply"
Comprehensive medical attention	Received consultation with a detailed explanation of diagnosis	"Appreciate your time and effort in listening and explaining the initial diagnosis?"

	Received medicine prescription	“Wednesday morning, [Mother] got in touch with Bayanihan E-Konsulta. In the afternoon, teleconsult was done. [Father] had the meds prescribed and today, he is much, much better. “
	Received COVID-care kit and oxygen tanks	“I already received the COVID Kit... complete and was not shorthanded, the medications were complete with a guide on when to use them, and complete with supplies for monitoring.”
	Instructed on managing oxygen levels	“We were taught how to manage her O2 levels.”
	Periodical monitoring	“They continued monitoring and checking up on us. Every day, a nurse/staff member asks about our condition.”
	Home-to-hospital transport	“Since suspected appendicitis and they want to make sure I was attended to immediately, they offered to transport me to the hospital.”
Empathetic care and concern	Received prayers and well wishes	“They didn’t need to wish for our recovery, but it seems that their empathy and care are innate.”
	Accessible to the less fortunate	“They helped many people who cannot afford to go to the hospital.”

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Immediate Volunteer Response

The theme, *immediate volunteer response*, encompasses the experience related to the prompt calls or replies beneficiaries received from the volunteers to address their concerns and inquiries. Most beneficiaries expressed satisfaction with the quick accommodation, like one beneficiary who stated, “*Nakakatuwa kasi ang bilis ng response nila, tinawagan agad ang mother ko.*” (“It’s so delightful because of their quick response, they immediately called my mother.”). On top of that, beneficiaries also described receiving a response within 24 hours, for example, “*Within 24 hours, may tumawag na sa kanya and nagpadala na ng covid care kit sa bahay niya.*” (“Within 24 hours, someone called our staff and sent a covid care kit to their house.”). Furthermore, one beneficiary shared their experience on being accommodated even at late hours as they commented, “*kahit dis-oras na ng gabi, halos lahat ng volunteers nagrereply.*” (“Even though it’s late at night, almost all of the volunteers still respond.”).

Comprehensive Medical Attention

The theme ‘*comprehensive medical attention*’ was experienced by those seeking medical assistance from BEK. The transaction starts with an inquiry to the Facebook page that triggers chatbot and volunteer assessments. The concerns gathered are triaged and redirected for medical consultations with doctors. As needed, they may be either sent with COVID care kits or oxygen tanks or offered hospitalization depending on their diagnosis, including regular volunteer monitoring.

BEK provides free medical consultations from volunteer doctors. A COVID-positive beneficiary shared, “*After thorough conversations with the doctors, prescriptions were quickly processed, including a separate assessment and prescription for Molnupiravir, which was also delivered today and given for free.*” BEK also accommodated non-COVID cases. One beneficiary shared their experience when their father had an upset stomach, “*Wednesday morning, nanay (mother) got in touch with BEK. In the afternoon, teleconsult was done. Tatay (Father) had the meds prescribed, and today, he is much, much better.*”

After the medical consultations, beneficiaries received complete covid care kits from BEK. One of the beneficiaries unexpectedly received a care kit, stating, “*I received my covid care kit today. I didn’t expect to have one kasi (because) po almost feeling better but still have symptoms.*” Moreover, some beneficiaries also receive oxygen tanks in addition to the care kit, stating “*nagpadala agad ng covid care kit..salamat po ng marami! kuddos sa team na to lalo na po sa naghatid ng Oxygen tank*” (“They delivered a COVID care kit immediately. Thank you so much to the team, especially to those who brought the oxygen tank”). Another beneficiary mentioned, “*We were taught how to manage her O2 levels.*” There are also some beneficiaries who received COVID care kit more than once, “*Sa pangatlong pagkakataon, nakatanggap ang pamilya namin ng COVID-19 Care Kit*” (“I was able to receive COVID-19 Care Kit for the third time”).

Some beneficiaries were also periodically monitored with their health status. A beneficiary told, “*Patuloy ang kanilang pag monitor at pangangamusta. Araw-araw may nag a-ask na nurse/staff sa aming kondisyon.*” (“They continued monitoring and checking up on us. Everyday there is a nurse/staff that asks about our condition”). Another beneficiary mentioned about phone call monitoring, “*multiple times a day na phone check til gumaling sya*” (“...phone check multiple times a day until they got better”).

Empathetic Care and Concern

The concept of ‘*empathetic care and concern*’ appears with the collective positive emotion evoked from the inclusive and accessible care they received from BEK during their time of need. Alluded to in this theme are people who lack financial resources to be able to afford health services, who posted, “*Marami siyang*

natutulungan na mahihirap na hindi kayang magpatingin sa hospital sa kawalan pera” (“They helped many people who cannot afford to go to the hospital”). Moreover, the beneficiaries were happy to receive prayers for recovery and well wishes from the volunteers. They appreciated how their care and concern extended to their psychological and spiritual well-being. One beneficiary described their experience with, “*Hindi din nila kailangang i-wish kami na gumaling na, pero mukhang innate talaga sa kanila ang pagiging emphatic at mapagmalasakit.*” (“They didn’t need to wish for our recovery, but it seems that their empathy and care is innate”).

Discussion

This study captured the presence experienced including services that impacted the beneficiaries of BEK as posted in social media. The beneficiaries valued operational presence the most, followed by clinical presence. Particularly, immediate response and comprehensive medical attention are mentioned the most as it conveys to them the urgency to respond when seeking health needs. Moreover, therapeutic and social presence is experienced as empathetic care and concern during the interaction with the volunteers. These findings highlight the Nursing Presence manifested by the volunteers of BEK with how the healthcare services were organized and delivered, including the acts of concern for the holistic well-being of the beneficiaries including providing motivational statements or sharing a prayer.

Operational presence serves as the introduction to the BEK services, and this leaves a first impression on the beneficiaries and initiates the establishment of trust and reliability, the foundation of a good patient-care relationship. Moreover, volunteer-initiated services, especially in times of crisis, made it possible to respond to the needs of many beneficiaries remotely and were able to guide the teleconsultation services. BEK utilized a chatbot to help manage the initial patient assessments, data gathering, documentation and volume of people seeking assistance during the height of the pandemic, reducing waiting time and potentially improving patient satisfaction. Although chatbots offer initial responses, they have a limited variety of answers, making it difficult to respond frequently to multiple questions, which often means that clients are sometimes left without a solution and have to go through more steps to contact the support team. Nevertheless, with the advent of artificial intelligence, these bots may be trained to respond to frequently asked questions and may help ease and shorten the process.

It should also be noted that the ability to get an appointment within an hour of the same day (Aldosari et al., 2020) and knowing about the diagnosis and treatments within minutes (Folio, 2022) contributes to the noted reduced waiting time and increased satisfaction of patients as evidenced in the grateful posts and lauded the convenience provided by fast replies of the volunteers in BEK. These posts may mean that the beneficiaries put premium to the availability of a platform and immediacy of responses during those health-seeking moments.

Moreover, many beneficiaries also valued the volunteers’ efforts in guiding them through the teleconsultation process, which helped make their interactions and experiences more effective. Aside from that, being accommodated at late hours was also very much appreciated. We can assume that this was due to everyone constantly worrying and frantically searching for relief or assistance at different times of the day, especially during the height of the pandemic. Ultimately, operational presence is valued by the beneficiaries as it makes them feel that there is a platform to reach out to as they attempt to seek health. The healthcare providers had a sense of urgency towards their concerns, and it made them experience a swift service in times of crisis and distress. From this, it may be plausible that unclear processes and response delays may lead to negative feedback or experience. Hence, the availability of BEK as a good alternative consultation platform has been positively regarded. It should be noted that teleconsultation services improve processes to consequently increase patient satisfaction and outcomes. For instance, since clients value immediate responses, efforts to ensure responsiveness and fast

turnaround when delivering care services convey to the clients a sense of urgency towards their concern, especially in times of crisis and distress.

Following *operational presence*, the BEK beneficiaries' second most experienced nursing presence by the BEK beneficiaries is *clinical presence*, which in this study was understood as the comprehensive medical attention sought during the pandemic. For most of the beneficiaries, it is evident that they have received the attention and intervention aligned with their healthcare needs. The volunteers were mobilized to help decongest hospitals by providing medical assistance and related services remotely for outpatients who do not need to be hospitalized but deserve medical attention. They also managed to coordinate and conduct hospitalizations if need be.

As teleconsultation grew in popularity as an alternative means to provide medical attention and assistance during the pandemic, it also paved the way for patients and their families to attempt to seek healthcare (Galiero et al., 2020). When people had little access to and ability to act upon high-quality healthcare and the inherent limitations of teleconsultations, nursing persons or groups, the free services and medical supplies provided by the BEK became a lifesaver. The program ushered in a new way to access healthcare services using various compensatory strategies to enhance patient care and deliver the same experience of face-to-face interaction. Even when there was no public health emergencies, barriers like the distance to health services, losing a day of income for travel, the affordability of services, and dealing with the stigma associated with potential infectious disease diagnoses contributed to inequitable health care utilization in the low-income population (Lau et al., 2020). Thanks to the free services offered by the BEK, the accessibility of high-quality healthcare increased, particularly for the less fortunate, as the unemployment rate at the time of data collection (December 2021) was 6.6%, or 3.27 million unemployed Filipinos, despite the country's ongoing decline in COVID-19 cases.

In addition, the free COVID care kits provided beneficiaries with supplies that could help the beneficiary manage COVID-19 symptoms. After distributing the care kits, BEK volunteers continued the clinical presence as they continued to monitor the beneficiaries' health and progress. This monitoring is similar to the study conducted by Russo et al. (2021), which used nursing teleconsultation for patients with cardiovascular disease to achieve continuity of care and outpatient management, ensuring they followed the recommended interventions and improved their health status together with free provision and delivery of essential medications increased treatment adherence (Holbrook et al., 2021), as prescribed by the volunteer healthcare workers.

Social and therapeutic presence in this study is the empathetic care and concern provided to beneficiaries by the volunteers of BEK. Social presence can be described as the actions, understanding, and confirmation that appear to result from 'being there' (Tachakra & Rajani, 2002). This aspect of the role is not related to any particular therapeutic aim (Barrett, 2016) but is simply the result of the social interaction between the volunteer and the beneficiary. Notably, the interaction during the teleconsultation provided a broader therapeutic purpose. That is to say that the volunteers' attitude of being kind, approachable, polite, and friendly during the interaction with the beneficiaries serves a therapeutic purpose, in addition to the primary medical intervention provided. Thus, the experience of empathetic care and concern brought about by social presence results in the experience of therapeutic presence.

In order to bring out a therapeutic presence, there is a need to establish rapport with the beneficiary, which can pose a challenge due to the limitation of teleconsultation on some aspects of communication, such as nonverbal cues (Barbosa & Silva, 2017), body language, and connectivity. Active listening (Farid, 2020), excellent communication skills (Kerse et al., 2004) to create a psychologically and emotionally safe environment (Geller, 2020) may also help. All these elements work together to increase the effectiveness of therapeutic presence that transcends the restrictions on communication and imparts the experience of empathetic care and concern. Volunteers are an integral part of the process as their attitude contributes to creating the ideal environment for rendering and receiving care and enhances the experience of the whole service process. Ensuring

that clients have a pleasant experience during the service process, in addition to its ease of use and accessibility, will encourage them to seek professional help for their health concerns instead of relying on self-diagnosis and may encourage better compliance with health interventions. Furthermore, the findings highlight the integral role of personnel responsible for receiving the client in creating a comfortable setting for establishing rapport, receiving, and rendering care, especially an opportunity to provide health information and guidance instead of them getting it from unreliable sources.

However, it should also be considered that sustained volunteer engagement may put the program at risk. Staying afloat without regular personnel to deliver the services should be well thought about. Thus, safeguards should be put in place to ensure volunteer sustainability. These findings may also inform policymakers in formulating standards, core competencies and support programs that will promote not only active listening and therapeutic communication for personnel and program development but also encourage further participation among institutions and agencies to ensure that volunteers are also supported and their needs attended. This may also include clear guidelines, constant supervision, and proper staff scheduling to ensure responsiveness and or care given.

While this study was able to highlight the experiences previously presented, this study holds several limitations as 1) it did not cover paid teleconsultation services; thus, possible differences in the delivery and quality of services offered could considerably affect the experience; 2) The data are saturated within the National Capital Region and nearby provinces as BEK's services only covered this area. As such, perceptions of people beyond these places were not explored; 3) The study did not further explore any beneficiary posts outside the chosen three social media platforms. Thus, other beneficiary experiences shared on other social media platforms were not accounted for, and 4) barriers to adopting teleconsultation, such as poor computer literacy, lack of high-speed internet, outdated equipment, lack of technological resources, and shortage of staff, were not considered. Hence, future researchers may consider feedback from other paid teleconsultation services that cater to a larger population and have a broader reach; other social media platforms or search methods and data gathering modes; and volunteer experience. They may also explore the barriers to adopting teleconsultation and relate it to the enablers, constraints, and compensation aspects identified by Barrett (2016) that were not included in the current study as these elements may influence the degree to which the nursing presence could be achieved.

Conclusion

Bayanihan E-Konsulta has been a significant figure in the volunteer-led provision of accessible, quality health care during the surge of the COVID-19 pandemic. Nursing presence, as surfaced in the beneficiary posts, highlights (a) *operational presence* where they narrated organized and prompt responses to transact and link patients to volunteer doctors immediately; (b) *clinical presence* through the quality of medical services experienced by way of consultations, prescriptions, provision of healthcare needs and supplies, and continuous health monitoring; (c) *social presence* manifested through the volunteers' disposition and affect while interacting with the patients, and (d) *therapeutic presence* that brought about the expressed beneficiaries' sense of relief and reassurance after the service was received. Additionally, the service processes valued by the beneficiaries are the *chatbot-aided assessment, immediate volunteer response, comprehensive medical attention, and empathetic care and concern.*

While this study provides feedback to those who established the service along with the volunteers who shared their time, talent and treasure to reach those who may not have healthcare access during the pandemic, this also highlights opportunities to reimagine service delivery. The interactive elements of the program also fosters collaboration to share resources and expertise and opens opportunities to promote multimodal contents and access to educate the beneficiaries about health. This also calls for inter-agency partnerships, adoption, considerations

and actions for a more flexible, adaptable, sustainable, innovative and equitable approach to ensure population health and address sustainable development goals.

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