Journal of Positive School Psychology
2022, Vol. 6, No. 3, 8863–8876 http://journalppw.com

Experiences of Patients with Pulmonary Tuberculosis: Input to Healthcare Strategies and Programs

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Abstract

This study aimed to explore the experiences of patients with pulmonary tuberculosis in terms of physical, social, emotional, mental and spiritual aspects of life as basis for inputs to healthcare strategies and programs. The study utilizes qualitative research wherein interviews were done to get data saturation from the informants. There were ten informants chosen from the top barangay which has the highest incidence of pulmonary tuberculosis in Batangas City. Findings showed that patients with pulmonary tuberculosis often experience changes in their routines and activities. They isolate themselves from others as a result of stigma. Additionally, tuberculosis can cause depression and can affect the decision-making skills of patients having the disease. Hence tuberculosis can strengthen one's faith in God. Meanwhile, the TB program of the Department of Health greatly contributes to the betterment of patients. Moreover, the community health workers should continue educating the community people that they should not limit their activities but instead engage themselves in healthy activities to promote wellness. Government should allocate more nurses in the community to promote home visit that can increase case finding. By this, nurses will look for patients with tuberculosis instead of waiting for the patients to consult the health center.

Keywords: pulmonary tuberculosis, health strategies and programs, experiences

I. INTRODUCTION

Diseases that arose around the world affect every country's health system. One of the diseases that is continuing to infect globally is the tuberculosis disease (Churchyard et al., 2017). This remains one of the worldwide health problems faced by every country with vast implications of an approximate case of 10.4 million of this disease last 2015. In order to cease the epidemic of the tuberculosis, it is crucial to obstruct its transmission. Further, the intercessions needed to intrude on tuberculosis transmission should be focused to high-chance gatherings and settings. Interventions that focused on intruding the tuberculosis transmission and speeding up the decrease in tuberculosis frequency and mortality around the world. This article also provided information to give a significant level outline of what was thought about tuberculosis transmission, utilizing the tuberculosis transmission course as a structure, and to lay the right foundation for the articles in this arrangement, which address explicit parts of tuberculosis transmission.

In India, 2.7 million people were affected by the tuberculosis last 2017. Eventhough the Revised National TB Control Programme had achieved their milestone in coverage, the quality of how they care and treat patients with tuberculosis remained to be significantly low which is not enough to combat the raising cases of this disease. Low patient care can be an effect of provider's knowledge and practice where it had be a factor why patients consistently lost to follow-up. The study by Bhatnagar (2017), aimed to integrate facts that served as evidence on patient's experience and satisfaction with their TB care in India and to formulate an improved quality service. The study reported that poor user-experience encounters were regularly liable for patients interfering with treatment or exiting their TB care. Patient-centeredness, or ease of use of TB care can be

improved by presenting individualized or adaptable DOTS that was receptive to client conditions and needs. Client experience information ought to be deliberately gathered utilizing a normalized, public instrument for ID of explicit bottlenecks and achievements in nature of TB care from the patients' point of view.

Tuberculosis (TB) treatment in the Philippines is essential for community health programs. It affects all quality of life domains, including general health perceptions, bodily sensations, and psychological health. Spiritual well-being and physical, social, and role functioning.

Eradication of tuberculosis is one of the priorities of the Department of Health because it still the main cause of mortality and morbidity. The fact is true that there are still people who create social stigma to these patients who have TB as they have the belief that it is very contagious and they can acquire the disease.

In line with this, Department of Health (DOH) launched a program called Directly Observed Treatment Short course (TB-DOTS), the National Center for Disease Prevention and Control of the DOH lead a program to reduce the incidence in our country. Despite several programs, still the country has an increasing number of cases, ignorance remains high, and the stigma still associated with it keeps people from seeking treatment.

Thus, one of the most common problems of TB patients is the feeling of being unaccepted and lacking of social support from families and friends. Having TB will make the patients feel isolated; hence, an awareness of patients' experiences can help nurses to understand behaviors so that appropriate and proper interventions can be applied towards recovery from illness. Nurses have the responsibility of making these patients feel not isolated as well as providing emotional help and interventions for recovery of the disease.

II. RESEARCH OBJECTIVES

The researcher engaged in this study to find out the lived experiences of patients with Pulmonary Tuberculosis. Specifically, it explored patients' experiences with pulmonary tuberculosis in terms of psychological aspects of life, thus serving as the basis for inputs to healthcare strategies and programs.

III. RECONNAISSANCE

In the United States, it was said that tuberculosis was still a public health problem particularly people with immunosuppressed condition and other groups which have a higher susceptibility of risks. Tuberculosis disease is obtain in active and latent forms. Active disease can happen as primary tuberculosis, growing soon after disease, or postprimary tuberculosis, creating after an extensive stretch of inactive contamination. In the other hand the latent tuberculosis is a category which causes asymptomatic infection that may lead to postprimary infection (Nachiappan, et.al. 2017). Like any other disease that occur, tuberculosis can be treated, prevented and cured. In the study by Reid (2019), during the 50 years that had passed dealing the pandemic that killed many people, ending the problem with tuberculosis was discovered to be achievable. With the hope of ending this disease that killed hundreds of millions in the past few years, last 2017, elevated number of cases who died from getting infected of tuberculosis was 1.6 million people which was recorded to be the highest death than any other infectious diseases. The world can at this point does not disregard the colossal pall casted by the tuberculosis scourge. Going ahead, the worldwide tuberculosis reaction should be a comprehensive, extensive reaction inside the more extensive maintainable advancement plan.

On the meeting held by the United Nations General Assembly Hugh Level last September 26, 2018, they tackled the tuberculosis infection. With the commitment of every UN Member State, they supported to end the global tuberculosis pandemic which is estimated until the year 2030. In accordance, the WHO published the Global Tuberculosis Report last Oct 17, 2019. The report specifies date from 202 countries and territories which is approximately 99% of the population of the world and the number of tuberculosis cases. In

the year 2020, tuberculosis still holds the record for the highest mortality from any infectious diseases worldwide. The WHO added in their report that the current action of progress is not sufficient: the worldwide total pace of decrease for tuberculosis frequency was just 6.3% somewhere in the range of 2015 and 2018, which was substantially less than that of the 2020 achievement of 20% (Harding, 2019).

In connection, a study conducted by Imperial (2018), also stated that tuberculosis killed more people compared to other infectios diseases that arose. In his study, he conducted a three pivotal trials testing 4-mongh regimen that failed to meet non-inferiority margins. However, four-fifths of participants were cured. Through a pooled investigation of patient-level information with outside approval, they distinguished the populaces qualified for 4-month treatment, characterized aggregates that were difficult to treat and assess the effect of adherence and dosing procedure on results. In 3,405 members remembered for investigations, standard smear evaluation of 3+ comparative with <2+, HIV seropositivity and adherence of ≤90% were huge danger factors for ominous result. Four-month regimens were non-substandard in members with negligible infection characterized by <2+ sputum smear grade or non-cavitary illness. A difficult to-treat aggregate, characterized by high smear evaluations and cavitation, may require spans >6 months to fix all. Routine length can be chosen to improve results, giving a separated medication approach as an option in contrast to the 'one-size-fits-all' treatment as of now utilized around the world.

In the Philippines, tuberculosis (TB) landed as the sixth leading cause of morbidity and mortality even there was an evident progress that had been made in the detection and cure of TB under the Directly Observed Treatment Short Course because the combat in opposition to the disease was a heavy task to do. Jung and Kim (2018) added that in order for the tuberculosis management to develop, it needed coordinated and collaborative efforts for a specific and efective interventions. Thus, a mathematical TB model that was fitted to the Philippine data was organized to understand its transmission dynamics.

The spread of tuberculosis disease in the Philippines and strategies in mitigating and controlling the persistent elevation of cases were the focus of Jung and Kim's (2018) study where they suggested strategies for the reduction of high risk latent and infections TB patient with a minimal intervention implementation costs. Suggestions such as distancing control were determined to be the most systematic way when a single intervention was utilized. However, it was an intimidating duty to implement a full scale employment of the distancing control because the burden can be lessened by the combination of other control interventions. At the end of their study they found that improving dynamic case discovering control rather than case holding control along with separating and inert case discovering control appeared to have huge potential for reducing the spread of TB in the Philippines.

Treatment, vaccines and other medications that were implemented for more than 50 years were effective but unfortunately this disease still endure and topped as the leading cause or mortality worldwide especially in the Philippines. The growing cases of tuberculosis patients in the Philippines were because of symptomatic patients that avoided to seek for care or medications. Through a study by Banay, Garfin, Kau, Smith, and Zimmerman (2020), Philippines investigated barriers to seek care that used behavioral science lens. The findings that the barriers include vague symptoms; association of TB risk with lifestyle and habits; expectations of stigma, discrimination, isolation; short-term costs; long-term financial burden of TB, and undergoing medical intervention. More perceived benefits and setting the perceived expenses in a proper perspective were the suggested method for a more effective improvement.

In relation to the study mentioned, White (2020) said that regardless of the advancement in diagnosis and treatment for tuberculosis, it stays as a health burden in the world bevause it

is the leading cause of death from a single infectious agent. Some of the risk factors of tuberculosis that were determined were undernutrition and diabetis. These two conditions were in lined with the nutritional origin which increases mortality and adverse outcome when not prevented. Through the implementation of the "END TB Strategy," it was advised that "All persons with TB need to be assessed for nutritional status and should receive nutritional counselling and care according to need." Additionally, "all persons with TB should be screened for diabetes" and, "in addition to HIV/AIDS, other co-morbidities and health risks associated with TB require integrated management" thus in the middle and low class country, it was a challenge to implement this strategy because their financial ability was the major problem that even enough nutritious food a day was difficult for them. Diabetis and under nutrition can increase risk with other health problems and a higher susceptibility to be infected with tuberculosis.

Worldwide, case identification of TB has been sustained, wherein approximately 4.3 million cases were assessed to be either not analyzed or not advised. Constraints of the DOTS system which have zeroed in on detached case discovering (PCF) by smear microscopy among indicative people have been progressively perceived. Morishita (2017) stated that because of this, directed dynamic case discovering (ACF) has recaptured an expanded consideration as a corresponding system to fill the case recognition hole. For the last one and half many years, enormous benefactor reserves have been activated worldwide and various ACF projects have been carried out in high and moderate weight nations to animate and accumulate worldwide proof. The World Health Organization (WHO) encouraged a survey of accessible proof and gave standards and suggestions on methodical evaluating for dynamic TB . On a fundamental level, orderly screening including ACF should target explicit gatherings that are at high danger of TB or have helpless admittance to TB administrations, or both . As indicated by the WHO rules, it was firmly suggested for individuals living with human immunodeficiency infection (HIV), close contacts of individuals with TB, and individuals presented to silica, and restrictively suggested for different gatherings like detainees, travelers, individuals with diabetes mellitus, and metropolitan ghettos occupants.

In the indigenous and non-indigenous populace in many countries around the world, including Australia, the discrepancy in tuberculosis (TB) rates exist. The social determinants of well-being were the key to well-being imbalances remembering incongruities for TB rates. There are restrictions in the predominant biomedical and epidemiological ways to deal with addressing, understanding and tending to the inconsistent weight of TB for Indigenous people groups addressed in the writing. Hence, the mentioned paper applies a social determinant of well-being approach and analyzes the underlying, automatic and verifiable reasons for imbalances for TB in Indigenous Australia (Devlin, Judd, MacLaren, Massey, & Widders, 2019).

Meanwhile Mayan, Gokiert, Robinson, Tremblay, Abonyi, Morley, Long, (2019) mentioned that the indegenous people living in Canada encountered disproportionately high tuberculosis (TB) rates while those in the praire areas have the advanced TB presentation. The environment has seen to influence the elevating rates of the tuberculosis cases. This explained why the community of indigenous people has a higher number of cases wherein the delay of accurate diagnoses, conserved stigma and shame, and their limiting understanding of the disease greatly affect the spread of the tuberculosis. Members living in urban communities experienced critical challenges getting a precise conclusion. Tuberculosis data littly affected members' TB information, paying little heed to where they lived. Various misdiagnoses principally among urban focus members,being disgraced for having the illness and an absence of comprehension of TB would all be able to add to cutting edge introductions and high paces of the sickness among Indigenous Peoples of the Prairie Provinces. In

the urban populace, misdiagnoses can be present, what more in the indigenous area wherein absence technology and shame can be a lot more problem.

The way a patient was taken care or treated can be a great factor to his or her immediate recovery from a disease. This was supported by a study conducted by Cazabon and Pai (2020), wherein they stated that a patient-centered care can lead the End TB strategy. Evaluating patient's experience and satisfaction with the various tuberculosis services has shown that mostly satisfied users with the TB care they have been provided are more likely to attend for the follow-up medications. Meanwhile, those dissatisfied patients were unlikely to be back for follow-up. The high fulfillment rates might have been because of absence of training on great quality patient consideration or dread of losing admittance to medical care. A normalized patient focused device could be intended to help survey client experience and patient fulfillment to permit correlations among wellbeing frameworks and nations.

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IV. METHOD

Research Design

Qualitative -phenomenological research was used in exploring and understanding TB patients' everyday life experiences. According to Neubauer, Witkop and Varpio (2019), phenomenological research was defined as an approach to research wherein their objective is to describe the essence of phenomenon through seeking the perspective of people who experience a specific topic. This helped the researchers to study the lived experiences of patients with pulmonary tuberculosis.

Locale

The researcher got the qualitative sample through purposive sampling method in the selected barangay in Batangas City, with the highest incidence of TB according to the record of City Health Office.

Informants

This study had thirty (30) informants who met the criteria set forth by the researcher, namely: patients with pulmonary tuberculosis and who are currently undergoing treatment.

Instrument

The interview questions that were used were self-made interview guide questions to cite the informants' experiences in terms of physical, social, emotional, mental and spiritual aspects of life.

V. DATA COLLECTION PROCEDURE

The research was conducted with the use of systematic procedure, wherein, the title and objectives were pre-approved by the Dean and Director of Research Center. The interview guide questions were also validated by some clinical instructors who are expert in Community Health Nursing.

The researcher was guided by the phenomenological steps provided by Streubert,

which begin with the process of bracketing, to explicate the researchers own beliefs and biases so as to avoid influencing the results of the data collection.

To avoid interrupting their activities in their homes, interviews were conducted on their convenient time. The interview was conducted in a quiet, conducive to conversation and secure location to give more ease for the informants. The interview lasted from 25 to 35 minutes.

The informants were briefed, that they would be doing a semi-structured, face-to-face interview and that follow up questions may ensue depending on the information that they provide. In addition, the interview was audio-recorded, thus the informants were made aware of the presence of an audio recorder, which was used throughout the interview. Confidentiality was exercised utmost and the informants could answer in Filipino. Data generation continued until such time that data saturation was achieved.

The researcher listened to the audio-recordings of each informant and transcribed it verbatim using oTranscribe, a free web application that is open sourced. The transcripts were then printed and analyzed.

VI. DATA ANALYSIS

Data analysis was done to ensure that the uniqueness of each participant's lived experience was preserved. At the same time, the researcher attempted to understand the phenomenon under investigation by dwelling and becoming immersed with the data. The researcher used the steps provided in Colaizzi's process for phenomenological data analysis to aid in the data analysis. These steps included reading and re-reading the transcript to obtain a general sense of the whole content. Each transcript has significant statements that pertain to the phenomenon under study and should be extracted. These statements are recorded on a separate sheet noting their pages and line numbers, and their meaning was formulated from these significant statements. Hence, the acquired purposes were sorted into categories, clusters of themes, and themes. The study's findings were integrated into a detailed description of the phenomenon under investigation. Likewise, the fundamental structure of the phenomenon was described. Finally, validation of the findings was sought from the research informants to compare the researcher's descriptive results with their experiences.

VII. ETHICAL CONSIDERATIONS

The protection of informants and the consideration of their rights are the moral obligations of a researcher in all research studies. The ethical standards are as important in quantitative research as in qualitative research. In qualitative research, the ethical standards must evolve from the fact that it is dynamic and the researcher must remain alert to the possibility of unanticipated ethical concerns. In addition, the evolving standards must root themselves from the basic ethical principles of autonomy, beneficence and justice (Streubert & Carpenter, 2015). Thus, this study utilized the ethical measures of informed consent and voluntary informant participation, right to withdraw from the study, confidentiality, privacy, and the dissemination of results.

VIII. RESULTS AND DISCUSSION

Based on the results of the in-depth interview that were transcribed and analysed, the following themes were identified:

1. Physical Effects of Tuberculosis

Tuberculosis is still on the list of top health problems that causes mortality in the Philippines. It mainly affects the lung parenchyma that causes a wide variety of symptoms such as chronic cough, fever night sweat and weight loss. It also causes low immunity and makes patient weak that result to limited activities of daily living as attested by the informants.

In the physical aspect, the informants divulged that the signs and symptoms they experienced were body weaknesses, fever, cough, body pains, shortness of breath and hemoptysis. These are the results of their compromised or inadequate immune system response resulting in further progression of disease.

This agrees with the article by Khatri (2020), which stated that the signs and symptoms of tuberculosis are insidious. Thus, number of patients experience cough, chest pain, coughing up blood, feeling tired, night sweats, chills, fever, loss of appetite, and weight loss. The cough may be nonproductive, or mucopurulent sputum may be expectorated. Both systemic and pulmonary symptoms were chronic and may have been present for weeks to months. Elderly patients usually present with less pronounced symptoms than younger patients.

Moreover, when asked about the physical changes they felt when they learned about their condition, most of the informants stated that the activities they did before the onset of their disease cannot be done now that they are ill. They said that they reduced their amount of activities into which they can tolerate them, and even their children were also affected.

Moreover, when asked about the physical changes they noticed when they learned their condition, some of the informants divulged that their hobbies were also affected by their disease. Aside from their activities, the time they do it was also affected because the rest they needed will make them recover swiftly. Various activities such as playing sports, cooking, doing household chores and driving was also lessened into a tolerable scale because of their condition.

Another physical adjustment the patients felt was they cannot resume to their work and their household chores since they are disabled by their diseases. They worry that their body cannot exert more and that they might spread their disease. Some of the informants were greatly affected by their disease to the point that they cannot resume to work.

Basaraba and Hunter (2017) said that the progress of this disease can be transmitted hrough intrabronchiolar and lymphatic routes. Thus, people with tuberculosis disease of the lungs or throat were probably infectious, patients need to stay at home from work or school to lessen the spread of the TB bacteria.

Tuberculosis, being a highly infectious disease that primarily involves the respiratory system, also affects other organs of the body. Notable signs and symptoms are chronic cough, chest and back pains, weight loss, sweating, fatigue and body malaise. These were experienced by the patients which impaired their ability to perform various tasks thus further invalidating them to do household chores or to work.

Based on the interview, limited activity of daily living and inability to perform their hobbies and chores that they usually do before they have contracted their disease were identified as the physical effects of tuberculosis. Hence this was supported in the study of Van Aswegeb and Roos (2017) wherein they stated that activities and physical impairments became limited to people who experienced tuberculosis.

2. Social Effects of Tuberculosis

Isolating Oneself to Others/ Social Stigma

One of the most common problems of PTB patients is the feeling of being unaccepted and lacking of social support. Having a communicable disease such as PTB will make the patients feel isolated. Many patients experience isolation and stigma as their families and friends avoided or shunned them. Patients responded to these attitudes by isolating themselves and becoming secretive about their illness. Most of the informants admitted that they isolate themselves from their family and friends in various social gatherings in order for them to not spread their disease. Another is that they are afraid that they will be judged due to their illnesses.

Mayan, Gokiert, Robinson, Tremblay, Abonyi, Morley, and Long, (2019) mentioned that the indegenous people living in Canada encountered disproportionately high tuberculosis (TB) rates while those in the praire areas have the advanced TB presentation. The environment have seen to influence the elevating rates of the tuberculosis cases. This explained why the community of indegenous people have a higher number of cases. Hence, the delay of accurate diagnoses, conserved stigma and shame, and their limiting understanding of the disease greatly affect the spread of the tuberculosis. Members living in

urban communities experienced critical challenges getting a precise conclusion. Tuberculosis data littly affected members' TB information, paying little heed to where they lived. Various misdiagnoses principally among urban focus members,being disgraced for having the illness and an absence of comprehension of TB would all be able to add to cutting edge introductions and high paces of the sickness among Indigenous Peoples of the Prairie Provinces. In the urban populace, misdiagnoses can be present, this is also present in the indigenous area wherein absence technology and shame can be a lot more problem.

The lack of knowledge of other people regarding their disease resulted to them being judged and discriminated. Some of them tried to avoid social encounters while others were supported by their family and friends in facing the trials they faced during the onset of their disease.

They even admitted that separating themselves is a sacrifice in order for their family and friends to be safe. Moreover, they felt the need to isolate themselves in order to prevent further judgement casted by others.

In a study that was published by Datiko, Jerene, and Suarez (2020), it was mentioned that despite the effort of the different health agency to find and treat tuberculosis, there were four million that were missed last 2017 due to barriers like poor socioeconomic conditions and stigma among the people. Unfortunately, tuberculosis related stigma remains unexplored.

The stigma associated with many diseases results from prejudice, which can be split into two categories: instrumental and symbolic attitudes. Some of the multiple causes are fear of infection or pollution, fear of the difference, an association of the condition with poverty and other discrediting factors, and a means of upholding existing power differentials. There might be significant uncertainty in the personalities of well-being laborers and relatives as they endeavor to adjust to wants to help victims while holding biases and acting in oppressive ways. The effect on victims is significant, yet there is minimal comprehension of the exact idea of the reasons for shame and separation.

Patients frequently disconnect themselves to try not to contaminate others and stay away from awkward circumstances, for example, being disregarded or turning into the subject of tattle. Being either a patient or an ex-patient will probably influence business possibilities. Unmarried ladies frequently find it challenging to get hitched because of separation by imminent spouses and parents-in-law. In contrast, married women may find they are divorced because they have TB or if a history of TB is subsequently revealed. Another concern about being identified as a person with TB is it makes it more difficult for people with a cough of long duration to seek care because of the public nature of the TB diagnostic process. By delaying seeking care, these people may develop more severe symptoms, meaning they will be more challenging to treat. As the people stay irresistible for longer, they are bound to send the infection to other people. Second, worries about shame and oppression of TB make it more challenging for patients to go on with care because their feelings of dread toward being distinguished as being or having been tainted with TB prevent their admittance to administrations every day.

3. Emotional Effects of Tuberculosis

Feeling of Depression

Patients with pulmonary tuberculosis experience depression due to the sudden change in their health condition and lifestyle. This also occur as the result of stigma and they consider it as a burden for them and to their family. The informants stated that they were sad when they found out that they have tuberculosis since most of them do not have any vices that will serve as a factor of the development of their disease. Moreover, they were affected by the reaction given to them by other people.

Individuals who endure tuberculosis face clinical and cultural outcomes after recuperation, including expanded dangers of repetitive tuberculosis, unexpected passing,

decreased lung work, and continuous shame (Dodd & Seddon, 2021). This is supported in an article by Cattamanchi (2018), which stated that tuberculosis disease can cause life-threatening complications when not treated accordingly like permanent lung damage.

Patients with MDR TB face broad psychosocial challenges including sadness, stress, shame and discrimination.These difficulties may reach out to losing their employment when the conclusion is found, diminished marriage possibilities, absence of social help and monetary weights. The outcomes of disgrace bring about low confidence, trouble, segregation, social avoidance and detachment which thusly lead to a diminished HRQOL, non-divulgence and difficulties with treatment adherence (Roba, 2018).

4. Mental effects of Tuberculosis

Altered Decision Making

Patients with tuberculosis often think first of their condition and others in making a decision. Some even experienced thinking twice before arriving at decisions.

Health education was essential to engage patients and empower their commitment towards tuberculosis (TB) control. Thus, despite all the efforts at raising awareness, ignorance about tuberculosis remains high and the stigma still associated with it keeps people from seeking treatment (Kigozi, Heunis, Engelbrecht, Jansvan Rensburg & Dingie van Rensburg, 2017).

When asked about the mental effects their disease has brought to them, they said that they had to really think wisely when it comes to decision making. Now, they have to put into consideration their disease and those others who will be affected by it.

With their disease in mind, they always have a lapse in their judgment since they always think of what others will say regarding their disease or they always put in their minds that if they engage in activities that will tire them then the progress of their recovery will be slowed down.

The manifestations of the resiliency that patients demonstrated and how tuberculosis impacted decisions involving treatment-seeking and their adherence are shown in the study of Cremers et al. (2018). It highlighted patients' strategies for adapting to adversities, such as pausing TB treatment when lacking food to avoid becoming psychotic, consuming alcohol to better cope, obtaining social grants, and avoiding stigmatizing attitudes

Moreover, as stated by Craig and Loannaki (2016) Tuberculosis (TB) related stigma was a significant social determinant of well-being. Examination by and large features how disgrace can significantly affect people and networks, remembering delays for looking for medical services and adherence to therapy.

5. Spiritual Effects of Tuberculosis

Strengthened Spirituality

During the interview, the informants were asked about their spirituality in connection with their disease encounters. They were asked about their faith in God after having their disease and yet their responses were all optimistic. The informants did not blame God for their conditions, but instead their faith was strengthened. Some informants mentioned that though they cannot attend mass every Sunday, at least they are praying and still believing God. All of the informants agreed that their faith in God is the best treatment that they could ever have.

It is apparent with the informants' testimonies that their Faith in God is the greatest weapon they have against their diseases. This also proves that their belief that they will be spiritually strengthened in dire times is the only thing that keeps them from not giving up and succumbing to the debilitating ability their disease can bring to them.

The informants of the study kept their strong faith in God; they did not blame Him for what happened to them. Despite their condition, their faith has strengthened and instead of blaming God they always asked for his guidance. Religions refer to aspects of beliefs and behavior, including spirituality, related to the sacred or supernatural and grounded in a religious community or tradition. Most

Americans believe that their spiritual beliefs and behaviors influence their health.

This was supported by research study written by Farendita, Kirana, Hastuti, and Widyastuti (2020) wherein they mentioned that spiritual intelligence was one of the solutions that offers spiritual calm and can be used to face and solve life problems. It was an intelligence that manifests in ways of behaving and living in a broader context of life. The improvement of a decent otherworldly angle can make somebody more ready to decipher their life and have a degree of self-acknowledgment of their condition in order to give a positive reaction to changes in his well-being. Culture and otherworldliness impact the way that an individual thinks. People who have high profound knowledge have the certainty that they can use the conditions that they experience as a blessing from God. They will take shrewdness from their circumstance. This makes the people with high otherworldliness consistently think emphatically. They attempt to enhance the mending cycle to speed up and support their recuperating. Thus, profound knowledge when thinking will lead people to a superior quality life.

General Objectives: To develop inputs to health care strategies and programs that improve patients' experiences such as the physical, social, emotional, mental, and spiritual burdens among TB patients

Table I. *Inputs to Health Care Strategies and Programs*

Specific Objectives	Program/Activities	Responsible Person	Expected Outcomes
1. To strengthen the collaboration between TB patients and their treatment partners	a. All patients with tuberculosis enrolled in the DOTS program are required to attend health education provided by a trained individual, which consists of the following instructions: A brief review of the disease, including how the disease is contracted and spread; basic principles of treatment; consequences of failure of treatment; and mechanics of the DOTS program including the schedule of drug intake, filling up of the daily drug diary and schedule of follow-up visits. b. Monitoring sheet for the intake of medicines. c. Two (2) times a week home visitation of the treatment partner.	TB patient Barangay Health Workers Public Health Nurses	Regular intake of TB drugs will be ensured and patients will be cured.
2. To promote tolerable activities and adequate nutrition among TB patients	a. Prepare and distribute a progressive activity schedule that focuses on increasing activity tolerance and muscle strength b. Prepare and provide a nutritional plan that allows small, frequent meals and liquid dietary supplements to meet basic caloric requirements.	TB patients Public Health Nurse Physician	TB patients will have a better nutritional status and the physical symptoms will be relieved by the various tolerable activities

3. To increase awareness among community people regarding tuberculosis and its nature by developing effective and culturally-responsive communication materials	a. Conduct health education in the community regarding Tuberculosis to emphasize that the disease is curable. b. Distribute leaflets with information about Tuberculosis, its risk factors, its mode of transmission, and ways to prevent acquiring such disease c. Provide continuous health education to all TB patients and encourage family and community participation in TB control.	TB patients Nurses Barangay Health Workers Community People	Community people will be aware that the disease can be treated easily through compliance to the treatment regimen and TB patients will be able to interact with community people without experiencing social stigma.
4. To assist TB patients in coping with the emotional burden and the social stigma brought about by their disease.	a. Formulate a core group consisting of TB patients to promote sharing of experiences and establish a sense of having someone they can relate to. Social support can help patients overcome structural barriers and personal barriers, and community and family members' attitudes may affect a patient's decision to stop or continue TB treatment. In such circumstances, community-based b. Establish an advocacy group that will promote awareness of tuberculosis by educating the public in its mode of spread and methods of control. c. TB treatment programs and stringer involvement of local and social networks to support TB patients.	TB patients Nurses Barangay Health Workers Volunteers	TB patients will gain friends and will meet people who have the same disease wherein they will realize that there are someone who can relate to them and they will not be alone in facing their disease.
5. To assist the patients preventing sadness and boosting their self-esteem.	a. Plan a morale booster program that will emphasize their recovery if they adhere in their treatment regimen. b. TB treatment literacy among those with the disease, their families, and communities, through empowering the healthcare provider with knowledge of TB.	Advocacy groups Barangay Health Workers Community People	TB patients will be encouraged and their feeling of depression will diminish that will result in their eagerness to adhere in their treatment regimen and achieve their fast recovery.

IX. CONCLUSION

Based on the findings, the following conclusions were drawn:

1. Patients who suffer from pulmonary tuberculosis became physically weak because their immune system is compromised.
2. Patients with pulmonary tuberculosis isolate themselves from others due to stigma and as a preventive measure for their family and friends to be protected against the transmission of tuberculosis.
3. Tuberculosis patients experience depression due to sudden changes in their lifestyle brought about by their condition.
4. Tuberculosis can affect the decision-making skills of persons afflicted with the disease.
5. Having afflicted with the disease strengthens their faith in God.

RECOMMENDATIONS

1. The proposed inputs to health care strategies and programs may be implemented.
2. The support of local government may be tapped and strengthened to help TB patients feel that they are more essential members of society.
3. Health care workers may continue on educating the community that they should not limit their activities but instead engage themselves in healthy ones that can promote wellness.
4. The local government may allocate more nurses in the community to promote home visits that can increase case finding and reach them for help in terms of emotional or physical problems regarding their disease.

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