

**LEVEL OF KNOWLEDGE AND SELF-EFFICACY IN THE USE OF
INFORMATION AND COMMUNICATION TECHNOLOGY
AMONG NURSING STUDENTS**

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AMONG NURSING STUDENTS**

An Undergraduate Thesis
Presented to the Faculty of the College of Nursing,
Midwifery and Radiologic Technology
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In Partial Fulfillment of the
Requirement for the Degree
Bachelor of Science in Nursing

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CERTIFICATE OF PANEL APPROVAL

In partial fulfillment of the requirements for the Bachelor of Science in Nursing degree, this research study entitled, **“LEVEL OF KNOWLEDGE AND SELF-EFFICACY IN THE USE OF INFORMATION AND COMMUNICATION TECHNOLOGY AMONG NURSING STUDENTS”**, prepared and submitted by Hernandez, Nichole Ann D., Leuterio, Kian Jayn Z., Luzano, Ma. Elaine Joy C., Makilat, Hanna M., Manapsal, Claire K., has been examined and recommended for acceptance and approval.

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ABSTRACT

The integration of information and communication technology (ICT) into healthcare systems has evolved significantly since the 1980s, enhancing administrative and fiscal functions in hospital settings. Despite these advancements, current literature reveals a limited understanding of how nursing students' actual knowledge of ICT relates to their self-efficacy in using these tools. This study assessed the level of knowledge and self-efficacy in the use of ICT among nursing students and examined the significant relationship between the two variables. Anchored in Patricia Benner's Novice to Expert theory (1982), students' knowledge is framed as a progressive process, wherein self-efficacy is developed through repeated practice and increasing understanding. The research utilized a descriptive correlational design and included 146 third-year nursing students, selected using stratified random sampling, from a higher education institution in Ozamiz City, Misamis Occidental, during the academic year 2024–2025. This study utilized two sets of instruments, both researcher-made and modified questionnaires, to evaluate the respondents' level of ICT knowledge and self-efficacy. Data analysis was carried out using the mean, standard deviation, and Pearson product-moment correlation coefficient (r). Results indicated that respondents demonstrated very high levels of ICT knowledge and self-efficacy. A strong positive correlation was found, indicating that nursing students with greater ICT knowledge feel more confident in their ability to apply these tools. This indicates a strong preparedness for effective learning and clinical performance in technology-integrated healthcare environments. This underscores the potential of educational interventions focused on ICT to foster both knowledge and self-efficacy simultaneously, thereby

preparing nursing students with the digital competencies essential for contemporary healthcare practice.

Keywords: *descriptive correlational, information and communication technology, knowledge, nursing students, self-efficacy*

DEDICATION

This research endeavor is sincerely dedicated to the individuals who provided unwavering support and guidance that played a vital role in this successful outcome.

To God Almighty, whose infinite love and divine guidance continually gave the researchers wisdom and perseverance throughout this journey, they offer their deepest gratitude.

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The Researchers

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The Researchers

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INTRODUCTION

Rationale/Background of the Study

The emergence of information and communication technology has shifted many aspects of healthcare that benefited patients and advanced healthcare as a whole (Hameed et al., 2024). Numerous discussions have emerged regarding the recent advances in ICTs, which serve a vital role in improving healthcare delivery (Reddy et al., 2020). ICT encompasses communication devices and platforms such as radio, television, computer networks, the internet, smartphones, and personal digital assistants that healthcare providers use in their practice (Fares et al., 2021). Its integration has significantly enhanced health information management, including digital health (eHealth). Consequently, as ICT advances rapidly, its applications in healthcare have expanded to include electronic health records, virtual consultations, and clinical decision-support systems. These innovations have improved healthcare accessibility, safety, service continuity, and cost-effectiveness (Li et al., 2022).

Delivering healthcare services to ensure good health and well-being is a critical goal and a continuing difficulty within the field (Hameed et al., 2024). Increasing demands and rising costs associated with delivering care and operating facilities continue to burden the healthcare industry (Abaku & Odimarha, 2024). The quality of healthcare services is associated with several factors, including the qualifications of the healthcare delivery team, hospital facilities, and the availability of recent equipment (Senbekov et al., 2020). In this context, integrating technology into healthcare procedures and services was of utmost importance for delivering care (Shaikh et al., 2023). The Southeast Asian countries,

particularly the Philippines, have steadily increased their access to and use of ICT over the years, supporting the transformation of both healthcare services and education (Macariola et al., 2021).

The vast majority of nursing students are aware of and familiar with ICT. They can easily access computers and, consequently, internet services. Along with other medical students and officers, nursing students are generally familiar with computers and ICT (Noor et al., 2021). While many students demonstrate commendable ICT knowledge, some have only an adequate understanding. In general, students' perception of ICT use is suboptimal (Abdullahi et al., 2022). Depending on how it is utilized, ICT can significantly influence academic performance. According to Qaddumi et al. (2020), ICT positively contributes to students' academic achievement. Therefore, Bester et al. (2021) emphasized that universities should enhance their compliance with ICT and e-learning programs for student nurses.

ICT holds a crucial place in nursing education, preparing students with skills needed for lifelong, evidence-based practice. However, there is a common belief that students enrolling in higher education institutions possess fundamental ICT abilities. Because of these misconceptions, higher education institutions, including nursing schools, fail to incorporate ICT competencies at the entry level, resulting in insufficient support for addressing students' diverse needs (Harerimana et al., 2022). This gap in assessment and preparation may hinder students' ability to acquire the level of knowledge necessary for safe and efficient clinical practice. Ensuring that nursing students have sufficient ICT knowledge is essential, especially as healthcare delivery increasingly relies on digital tools.

In the current healthcare trend, ICT enables nurses to deliver accurate,

individualized care by leveraging digital technologies and data-informed approaches (Jayousi et al., 2024). Digital systems have shifted the nature of tasks, eliminating certain actions, like sorting information, while empowering individuals to perform advanced tasks and engage with customized systems. Consequently, students and professionals alike need to become more digitally skilled and flexible to address these evolving requirements and seize emerging opportunities (Larson & DeChurch, 2020). Research has shown that both actual skill and a person's confidence in their capacity to operate digital technologies influence how efficiently those tools are used. Notably, digital-system self-efficacy is a strong predictor of user success and engagement (Ulfert et al., 2022).

Considering the fast-paced advancement of ICT, it has become increasingly important for healthcare providers, including students and practitioners, to build strong self-efficacy to ensure effective and efficient practice (Prigoff et al., 2020). Self-efficacy, as defined by Li et al. (2022), is an individual's confidence in their ability to perform the necessary actions to manage situations that may arise. Studies indicate that strong ICT-related self-efficacy correlates with improved academic outcomes and increased clinical competence. Enhancing students' confidence in their digital capabilities should therefore be a priority in nursing education, especially as they transition into digitalized clinical environments. (Prigoff et al., 2020). Nonetheless, despite its importance, the adoption of digital tools has been slow in many healthcare settings, often due to barriers such as poor digital literacy and limited ICT competencies among health professionals (Longhini et al., 2022).

Although ICT is increasingly embedded in modern healthcare systems, the current literature reveals a limited understanding of how nursing students' actual knowledge of

ICT relates to their confidence in using these tools. While existing studies have acknowledged that both nursing students and registered nurses hold favorable views toward ICT in clinical settings, these studies often include mixed samples or focus primarily on attitudes rather than exploring specific relationships between cognitive and affective dimensions of ICT competence (Sehar & Alwi, 2023).

Furthermore, previous investigations tend to emphasize external factors, such as cultural or professional differences, while overlooking the internal dynamics within student populations. Limited research has specifically examined the relationship between what nursing students know about ICT and how capable they feel of applying it in their academic and clinical responsibilities (Kauttonen et al., 2025). Such a disconnect represents an empirical and population-specific gap in the existing body of work. Addressing this gap is essential, especially in regions where nursing curricula are still adapting to evolving technological demands. Therefore, the purpose of this study is to investigate the relationship between nursing students' level of knowledge and self-efficacy in utilizing ICT. The results are intended to inform focused educational programs and enhance students' preparedness to address the digital demands of modern healthcare practice.

Theoretical Framework

This study was anchored in Patricia Benner's Novice to Expert Theory (1982), which explains the progression of learning and the acquisition of confidence across five developmental stages: novice, advanced beginner, competent, proficient, and expert (Stern et al., 2021). Originally conceptualized to describe the development of clinical nursing expertise, Benner's framework is applicable to the acquisition of knowledge and

growth of self-efficacy in ICT use, particularly among nursing students adapting to the digital demands of contemporary education and practice (Alneama & Ibrahim, 2025).

Benner's framework supports the understanding that nursing students begin their ICT journey as novices, with minimal knowledge and performance heavily reliant on rules and structured instruction. In this stage, students are typically unfamiliar with most ICT tools used in academic or healthcare contexts. As they progress into the advanced beginner and competent stages, they start to recognize relevant elements in the digital environment and apply learned principles more independently (Booth et al., 2021). The latter stages, proficient and expert, are marked by deeper understanding, intuitive use, and confidence in integrating ICT tools for communication, data handling, and learning management tasks (Zemaitaityte et al., 2023).

This theory helps define the two key constructs of the study. Knowledge, as the independent variable, refers to the student's understanding of ICT concepts, applications, and functions. As students are exposed to ICT tools through instruction and experience, their knowledge increases incrementally. Self-efficacy, the dependent variable, is defined as a person's belief in their ability to use ICT effectively. As Benner's theory suggests, increased experience and knowledge with ICT typically result in improved self-efficacy. Thus, the framework helps generate testable predictions about the relationship between what students know and how confident they feel in using digital tools (Artiningsih et al., 2021).

Applying Benner's theory offers a developmental viewpoint that aligns to the learning journey of nursing students in digital environments. By conceptualizing ICT use as a skill that evolves through stages, the framework underscores the dynamic relationship

between learning and confidence. It highlights that self-efficacy is not static but shaped by experience, feedback, and growing familiarity with digital tools (İlaslan et al., 2022). This reinforces the value of structured ICT training and continuous exposure to relevant technologies.

In conclusion, Patricia Benner's Novice to Expert Theory provides a relevant and useful foundation for exploring the relationship between knowledge level and self-efficacy in the application of ICT among nursing students. It conceptualizes students' learning as a progressive process, helping educators and researchers understand how digital confidence is built through repeated practice and increasing understanding (Bancroft et al., 2024). Grounding this study in Benner's framework not only strengthens the theoretical base but also contributes to more informed recommendations for improving ICT integration and student support in nursing education.

Conceptual Framework

The integration of ICT continues to shape modern healthcare by enhancing communication, documentation, and overall care delivery. This research rests on the premise that nursing students' knowledge and self-efficacy in the use of ICT are foundational to their effectiveness in technology-supported healthcare environments (Peñaflor-Espinosa & Espinosa, 2021).

Knowledge in the Use of ICT. This refers to nursing students' practical understanding and familiarity with ICT tools commonly used in both academic and clinical settings. It includes skills in using basic computer functions, digital platforms for communication and documentation, and access to electronic information relevant to

nursing care. According to Nes et al. (2021), having foundational ICT knowledge is essential in allowing students to navigate digital systems safely and efficiently. As this level of knowledge increases, students are better able to integrate digital tools into their clinical thinking and academic performance (Oliveira & Costa, 2021). Being familiar with ICT systems allows students to work more effectively in increasingly digital nursing environments.

Furthermore, knowledge of ICT use is not a fixed trait but one that grows with continued use and exposure. While many nursing students enter training with some experience using technology, studies highlight that many commencing pre-registration students often still require structured guidance and regular opportunities to strengthen their ICT capabilities (Gasteiger et al., 2021). Nurses are central to adopting and using technological tools in clinical practice, making it essential for students to develop these competencies early in their education (Huang, 2020). Continual learning in ICT ensures students are better prepared for evolving healthcare technology.

Self-Efficacy in the Use of ICT. It pertains to an individual's belief in their capacity to coordinate and perform tasks necessary for competent use of digital tools in nursing contexts. This involves confidence in using electronic health records, participating in virtual learning environments, and utilizing healthcare-related applications (Wang & Chuang, 2023). A higher level ICT self-efficacy is often associated with stronger motivation, greater persistence in learning, and a greater likelihood of adopting digital innovations in practice (Davis & Wands, 2025; Ortiz, 2025). It plays a key role in how students translate their knowledge into action and affects their willingness to use ICT tools regularly and effectively.

Additionally, an individual's self-efficacy in using ICT may be influenced by various personal and educational factors. For example, older students often report lower levels of internet-related self-efficacy, whereas those with greater exposure and training tend to feel more capable with digital tools (Padilla-Carmona & Flores, 2021a). Training is especially effective for improving confidence in basic applications, whereas a positive mindset helps enhance attitudes toward ICT use in general (Padilla-Carmona & Flores, 2021b). Building self-efficacy through supportive learning environments can improve students' readiness to engage with technology.

In summary, this posits that the nursing students' ICT knowledge directly supports the development of their self-efficacy in applying these technologies. When students become more knowledgeable and skilled with digital tools, they tend to feel confident and competent in applying these skills in real-world nursing scenarios. Brown et al. (2020) emphasized that understanding the connection between these two variables can guide the creation of learning strategies and curriculum interventions that address both digital knowledge and self-efficacy in ICT use. This not only supports the study's objectives but also contributes to ongoing discourse on digital literacy and readiness in nursing education (Kajander-Unkuri et al., 2020).

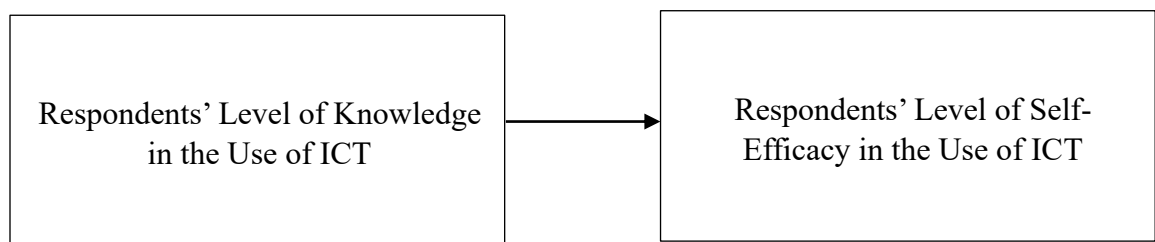


Figure 1. Schematic Presentation of the Study

Objectives of the Study

This study aimed to assess the level of knowledge and self-efficacy in the use of ICT among nursing students. Specifically, this study sought to answer the following questions: 1. Assessed the respondents' level of knowledge in the use of ICT; 2. Determined the respondents' level of self-efficacy in the use of ICT; 3. Explored the significant relationship between the respondents' level of knowledge and self-efficacy in the use of ICT.

It was hypothesized that: (Ho1) there was no significant relationship between the respondents' level of knowledge and self-efficacy in the use of ICT.

Significance of the Study

The findings of this study were significant for several reasons and benefit a diverse group of stakeholders within nursing education and healthcare.

Nursing Students. As primary beneficiaries of this study, students will gain meaningful insight into their current ICT knowledge and self-efficacy. Such awareness will enable them to recognize both their strengths and areas for improvement, further encouraging them to develop ICT skills. By becoming more confident and capable with digital tools for both learning and clinical practice, students will be better equipped to navigate the technological requirements of contemporary healthcare while delivering efficient and informed patient care.

Nursing Educators. As key facilitators of student learning, they will play a vital role in shaping future nurses for technology-integrated clinical environments. This study will offer meaningful insights into students' existing ICT knowledge and self-efficacy,

guiding the development of targeted instructional strategies. With this information, educators will adopt more effective approaches, such as simulation, blended modalities, and direct digital activities, to address existing gaps and foster digital literacy across nursing programs.

Healthcare Institutions. As eventual employers of nursing graduates, healthcare institutions stand to benefit indirectly from this study. In today's rapidly evolving clinical environment, where electronic health records, telemedicine, and data-driven care are becoming the norm, there will be a growing need for nurses with not only clinical competence but also digital aptitude. Findings from this study will support the preparation of a workforce with essential digital capabilities and confidence, leading to greater efficiency, improved documentation accuracy, and coordinated care delivery in healthcare settings.

Policymakers. This study will be valuable to policymakers shaping nursing education and implementing healthcare reforms. By highlighting the nursing students' current level of ICT competence, this study will underscore the need for standardized competencies, funding for digital training, and infrastructure enhancements. These changes can strengthen the technological foundation of nursing education and clinical practice at a systemic level.

Future Researchers. This study will lay the groundwork for continued exploration into ICT-related competencies in nursing education. Future researchers will be able to build on these findings to conduct longitudinal studies, compare outcomes across institutions or regions, and examine the effects that specific interventions have on ICT knowledge and

self-efficacy. The insights gain may enrich the broader discourse on how digital competencies influence healthcare quality and clinical effectiveness.

RESEARCH METHODOLOGY

This section outlines the methodology employed in the study. This includes the research design, environment, respondents & sampling procedure, data gathering instruments & procedure, scoring guidelines, mode of analysis, and ethical considerations.

Design

This study utilized a quantitative, descriptive-correlational research design. The descriptive component aimed to systematically collect and present data regarding the levels of knowledge and self-efficacy in using ICT among third-year nursing students. It provided a detailed account of the target population's characteristics without manipulating any variables. The correlational design enabled the investigation of potential relationships between levels of ICT knowledge and self-efficacy. This design is appropriate for identifying patterns and associations that can guide the development of educational strategies and future interventions (Abusubhiah et al., 2023). Overall, this research design provided a foundational understanding that can support the development of data-driven approaches to enhance ICT integration in nursing education.

Environment

This study was conducted at one of the accredited higher educational institutions in Ozamis City, Misamis Occidental. Conducting this research in this setting was crucial, as it provided insights specific to the institution's nursing curriculum. This institution provided a conducive environment for the research, with easy access to respondents and

resources necessary for the study's successful execution. This well-established and accredited institution provided an ideal environment to explore nursing students' ICT knowledge and self-efficacy, offering insights that can guide curriculum improvement and development of academic support tailored with the needs of future nurse practitioners.

Respondents of the Study/Unit of Analysis and Sampling Procedure

The study's respondents were 146 third-year nursing students enrolled in the 2024-2025 academic year who had completed the nursing informatics course and were undertaking clinical training. The study included respondents of any age, gender, or academic standing who had consented to participate. This inclusion ensured a diverse sample reflective of the student population's varying ICT exposure and experiences. Stratified random sampling was used to select respondents to ensure adequate representation of students with varying degrees of prior clinical experience. This method reduced sampling bias and enhanced the reliability of comparisons across subgroups.

Data Gathering Instruments

This study used a structured questionnaire which was divided into two main parts:

A. Respondents' Level of Knowledge in the Use of ICT Questionnaire. This instrument was employed to assess the students' knowledge of ICT use. It utilized a 4-point Likert Scale with the following responses: 4 - Strongly Agree; 3 - Agree; 2 - Disagree; 1 - Strongly Disagree.

B. Respondents' Level of Self-Efficacy in the Use of ICT Questionnaire. This tool was adapted from the ICT Self-Efficacy Scale developed by Tzafilkou et al. (2021) to

align with context of nursing education. This part of the instrument measures self-efficacy in using ICT. Responses were recorded on a 4-point Likert Scale with the following responses: 4 - Strongly Agree; 3 - Agree; 2 - Disagree; 1 - Strongly Disagree.

Data Gathering Procedure

Prior to data collection, the researchers secured formal authorization from the Dean of the College of Nursing, Midwifery and Radiologic Technology to conduct the study among third-year nursing students. The researchers coordinated with faculty members to identify and reach eligible participants who met the inclusion criteria.

Researchers provided a comprehensive explanation of the study's intent and objectives to every potential respondent. A consent form was provided for them to read and sign, confirming voluntary participation. Informed consent was obtained by assuring the respondents that their responses would remain confidential and that their identities would be kept anonymous throughout the process. Additionally, the respondents were informed that the results would be solely used for academic and research purposes. They were also informed that joining the study was completely voluntary, with the freedom to discontinue participation at any stage without penalty.

Following consent, questionnaires were handed out individually to each qualified respondent in either paper or digital format via Google Forms, depending on accessibility and convenience. The researchers provided respondents with clear instructions for completing the survey and were present during distribution to address any concerns and ensure independent responses. After data collection, completed questionnaires were retrieved, reviewed for completeness, and encoded for statistical analysis. All gathered data

were stored in a restricted, password-protected file with exclusive researcher access and permanently destroyed and deleted in accordance with ethical guidelines, to maintain confidentiality.

Validity and Reliability of the Instrument

To establish the appropriateness and accuracy of data gathering instruments, both questionnaires were subjected to validation and reliability testing. The instruments underwent pilot testing with 20 third-year nursing students, who were excluded from the main study to evaluate their clarity and consistency.

Instrument reliability was determined using Cronbach's alpha, with a threshold of 0.70 or above meeting the standard for acceptability. In this study, the instruments yielded Cronbach's alpha values of 0.9084 and 0.9215, respectively, demonstrating strong internal consistency and confirming their reliability and validity.

Scoring Guidelines

The first and second sections of the structured questionnaires were evaluated using the following continuum:

A. Respondents' Level of Knowledge in the Use of ICT. In assessing the respondents' level of knowledge in the use of ICT, the following scale was used:

Responses	Continuum	Interpretation
4- Strongly Agree	3.26 - 4.0	Very High
3- Agree	2.51 - 3.25	High
2- Disagree	1.76 - 2.50	Low

1- Strongly Disagree 1.00 - 1.75 Very Low

B. Respondents' Level of Self-Efficacy in the Use of ICT. In assessing the respondents' level of self-efficacy in the use of ICT, the following scale was used:

Responses	Continuum	Interpretation
4- Strongly Agree	3.26 - 4.0	Very High
3- Agree	2.51 - 3.25	High
2- Disagree	1.76 - 2.50	Low
1- Strongly Disagree	1.00 - 1.75	Very Low

Mode of Analysis/ Statistical Treatment

The collected data were systematically tabulated, evaluated, and analyzed using statistical methods consistent with the study's objectives.

Mean and Standard Deviation were used to evaluate the overall level of knowledge and self-efficacy of respondents in using ICT. The mean represented the average responses, while the standard deviation represented the extent of variation in their answers.

Pearson Product–Moment Correlation Coefficient (r) was utilized to analyze the relationship between students' knowledge and self-efficacy in the use of ICT. This method measured both the degree and direction of the variable's linear relationship.

Ethical Considerations

Prior to conducting the study, permission was requested from the Dean of the College of Nursing, Midwifery and Radiologic Technology. Following approval, the researchers obtained informed consent from respondents, ensuring they had ample

opportunity to review the study information before confirming their participation. It was emphasized that their involvement was entirely optional, with the freedom to discontinue any time without penalty. The study required respondents to complete a self-report questionnaire. Confidentiality was upheld by safeguarding their privacy and ensuring anonymity of responses. The collected data were reserved solely for research purposes and kept securely until the study's completion and publication. Respondents were assured that their involvement would not extend to any use outside this research.

RESULTS AND DISCUSSIONS

This section presents the results and discussions of the following topics:

Respondents' Level of Knowledge in the Use of ICT

Respondents' Level of Self-Efficacy in the Use of ICT

Significant Relationship Between the Respondents' Level of Knowledge and Self-Efficacy in the Use of ICT.

Respondents' Level of Knowledge in the Use of ICT

Table 1 shows the respondents' level of knowledge in using ICT. Findings indicate a very high level of ICT knowledge, with a mean score of 3.49 and a standard deviation of 0.48, indicating that the majority of respondents rated themselves as highly knowledgeable in using ICT.

The highest-rated items included skills in using Microsoft Office tools such as Word, Excel, and PowerPoint, and the ability to effectively browse the internet for academic resources ($M = 3.64$). These skills are fundamental to academic productivity and reflect students' readiness to meet the digital demands of higher education. Similarly, high scores were observed in saving and organizing digital files ($M = 3.59$), operating digital devices with ease ($M = 3.56$), and navigating online platforms such as Google Classroom ($M = 3.54$). These results affirm that students are not only familiar with common ICT tools but also use them confidently in their academic routines (Paul & Roy, 2023).

Although all items fell within the "very high" range (3.26–4.00), the lowest-rated areas were in troubleshooting basic computer and internet connectivity issues ($M = 3.31$)

and protecting devices from viruses and malware ($M = 3.31$). The higher standard deviation in these items also suggests greater variation in students' self-reported competencies, indicating that while many students feel capable, some may struggle with technical problem-solving or cybersecurity awareness. As highlighted by Chavan et al. (2020), this gap points to an area for improvement in students' overall ICT preparedness.

These results align with previous studies, which note that while nursing students often demonstrate strong user-level ICT knowledge, they may benefit from enhanced training in more advanced or technical aspects of digital literacy (Chavan et al., 2020). Developing a well-rounded ICT skill set, including technical troubleshooting and device protection, is vital for ensuring continuity in both academic and professional settings (Abou Hashish & Alnajjar, 2024).

Interpreted through Benner's (1984) Novice to Expert Theory, these results suggest that third-year nursing students are progressing from novice or advanced beginner levels toward greater competency in ICT use. As students acquire greater experience and confidence in using technology, their skill development aligns with the theory's continuum of growth, moving toward more autonomous and efficient digital performance (Cain & Coldwell-Neilson, 2024). The findings indicate that the respondents are adequately equipped with essential ICT skills needed for academic success. However, addressing specific gaps in technical problem-solving will be essential in further enhancing their digital competence, particularly as healthcare and education become increasingly reliant on technology.

Table 1

Respondents' Level of Knowledge in the Use of ICT

n=146

Overall Mean	Std. Deviation	Interpretation
3.49	0.48	Very High

Legend: 3.25-4.00(Very High); 2.5.-3.24 (High); 1.75.-2.40 (Low); 1.00-1.74 (Very Low)

Respondents' Level of Self-Efficacy in the Use of ICT

Table 2 shows the respondents' level of self-efficacy in using ICT, with an overall mean of 3.36 (very high) and a standard deviation of 0.49 (minimal variability). These results demonstrate nursing students' strong confidence in using ICT tools across academic and clinical contexts (Warshawski et al., 2019).

The highest-rated statement, *"I am adaptable to learning and using new digital systems in clinical settings"* (M = 3.45), reflects the students' strong confidence in adjusting to evolving digital environments, a critical skill in modern healthcare (Mokhtar et al., 2023). Meanwhile, slightly lower but still high ratings were observed in areas such as managing and organizing digital academic materials, evaluating the credibility of online sources (M = 3.40), using ICT for academic tasks, teaching basic computer applications, and navigating nursing-related online systems (M = 3.35). According to Artiningsih et al. (2021), these findings imply that students possess well-rounded ICT self-efficacy across both academic and clinical domains, underscoring the importance of digital competence in enhancing educational outcomes and patient care.

Despite overall high self-efficacy, the lowest-rated statement pertained to solving minor technical issues on computers and mobile devices (M = 3.25). While still categorized

as “very high,” the lower mean and higher standard deviation suggest some variability in students’ confidence with practical troubleshooting. This reflects a common pattern observed in similar studies, in which nursing students excel at basic ICT use but may lack confidence or experience in addressing technical problems (Partipilo et al., 2024).

From the perspective of Benner’s Novice to Expert Theory, these findings suggest students are progressing from basic competence toward more confident and autonomous use of technology. Takashiki et al. (2022) noted that as students accumulate exposure and experience, particularly through clinical practice and academic assignments, their self-efficacy is expected to grow, reinforcing their journey from novice to proficient levels in ICT use.

Table 2

Respondents’ Level of Self-Efficacy in the Use of ICT

n=146

Overall Mean	Std. Deviation	Interpretation
3.36	0.49	Very High

Legend: 3.25-4.00(Very High); 2.5.-3.24 (High); 1.75.-2.40 (Low); 1.00-1.74 (Very Low)

Significant Relationship Between Respondents’ Level of Knowledge and Self-Efficacy in the Use of ICT

Table 3 presents the relationship between respondents’ level of knowledge and self-efficacy in the use of ICT. The Pearson correlation analysis yielded a coefficient of $r = .735$, with a p-value of .000, indicating a strong, positive, and significant relationship at the 0.01 level (2-tailed).

This result suggests that students with advanced knowledge of ICT are also more confident in using ICT tools effectively. In other words, as students become more informed and knowledgeable about digital systems and applications, their confidence in applying such tools in academic and clinical settings also increases. This aligns with prior findings which emphasize that foundational knowledge enhances competence and promotes independent learning on digital platforms (Hori & Fujii, 2021).

From a developmental perspective, Benner's (1984) Novice-to-Expert Theory helps frame this correlation by highlighting how experiential knowledge and familiarity with tools and systems are essential for progressing from novice to proficient stages. Students with greater ICT knowledge are more equipped to recognize patterns, solve problems, and use systems intuitively, which directly contributes to stronger self-efficacy. Murray et al. (2019) explained that this transition reflects a movement along the continuum from basic understanding to advanced integration of digital tools in academic training and clinical application.

Moreover, a strong correlation suggests that instructional strategies aimed at deepening students' knowledge of ICT could concurrently foster higher self-efficacy. This reinforces the value of a curriculum that balances theoretical instruction with applied digital skill-building, particularly as nursing education increasingly incorporates electronic health records, simulation software, telehealth systems, and other ICT-based modalities (Mohamed, 2025).

Thus, the statistically significant and robust relationship between knowledge and self-efficacy affirms that these constructs are interdependent in the context of ICT use among nursing students. Ibrahim & Aldawsari (2023) emphasized that educational

interventions designed to improve students' ICT knowledge are likely to yield meaningful gains in self-confidence, equipping future nursing professionals to acquire the technological expertise needed in today's healthcare practice.

Table 3

Significant Relationship Between Respondents' Level of Knowledge and Self-Efficacy in the Use of ICT

Variables	r	p-value	Remarks
Level of Knowledge and Self-efficacy in the Use of ICT	0.735	0.000	Highly Significant

Ho: There is no significant relationship between the respondents' level of knowledge and self-efficacy in the use of ICT.

Legend: $p < 0.01$ (Highly Significant); $p < 0.05$ (Significant); $p > 0.05$ (Not Significant)

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Based on the findings, the following conclusions are drawn:

1. Nursing students exhibited a very high level of knowledge regarding the effective use of ICT. This indicates students are well-versed in basic ICT tools and digital concepts relevant to academic and clinical tasks. However, despite the high average, there remain areas, particularly technical troubleshooting, where students could benefit from targeted support to strengthen their operational capabilities.
2. Students had a very high level of self-efficacy in the using ICT, reflecting strong confidence in managing digital tools effectively. With strong self-efficacy, they consistently engage actively with ICT tools, applying them across educational and healthcare environments. This reflects how perceived competence significantly drives actual engagement with digital technologies. The results reinforce the idea that self-efficacy serves as a critical determinant of a student's readiness to integrate technology into learning and healthcare contexts.
3. A strong, significant positive correlation was found between level of ICT knowledge and self-efficacy. This implies that as nursing students' understanding of ICT tools deepens, their confidence in using these tools also increases. The relationship implies that cognitive familiarity and practical confidence are mutually reinforcing and essential to the development of digital competency in nursing education.

Recommendations

Based on the findings and conclusions of this study, the following recommendations are proposed:

1. Nursing students are encouraged to proactively explore and engage with various ICT tools commonly used in healthcare settings, including but not limited to electronic health records (EHRs), virtual simulation programs, and telemedicine applications. Early exposure to these systems can promote digital familiarity and enhance long-term competency.
2. Nursing educators may organize periodic workshops and ICT literacy training, especially for early-year students. These can help bridge observed skill gaps, particularly in technical troubleshooting, and provide organized opportunities for students to apply digital knowledge in practical, hands-on situations.
3. Healthcare institutions are advised to coordinate with nursing schools to integrate academic ICT training into hospital systems, promoting more relevant, practice-oriented student learning.
4. Policymakers may mandate the integration of ICT competency frameworks within nursing curricula. This ensures that all nursing students meet a national standard for ICT knowledge and skills, preparing them for a digital healthcare environment.
5. Future researchers are encouraged to investigate external and contextual barriers to students' use of ICT, including limitations in digital infrastructure, inconsistent connectivity support, and organizational readiness. Understanding these barriers may inform more inclusive and effective strategies to support ICT integration in nursing education.

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APPENDIX A – Research Questionnaire (Blank)

LEVEL OF KNOWLEDGE AND SELF-EFFICACY IN THE USE OF INFORMATION AND COMMUNICATION TECHNOLOGY AMONG NURSING STUDENTS

(Self-Administered Study)

PART I. Respondents' Level of Knowledge in the Use of ICT

Directions: Please read each statement carefully and indicate the extent to which you agree or disagree with the statement by marking the appropriate response on the 4-point Likert Scale provided.

4 – Strongly Agree; 3 – Agree; 2 – Disagree, 1 – Strongly Disagree

Statements	4	3	2	1
1. I know how to use Microsoft Office applications (e.g., Word, PowerPoint, Excel).				
2. I can browse the internet effectively to gather academic resources.				
3. I know how to save and organize digital files properly.				
4. I can operate computers, tablets, and smartphones with ease.				
5. I know how to use online platforms like Google Classroom for academic work.				
6. I can troubleshoot basic computer and internet connectivity problems.				

7. I know how to use databases to search for scholarly nursing articles.				
8. I understand the importance of backing up digital files regularly.				
9. I can install and update basic software programs on a computer.				
10. I know how to protect devices against viruses and malware.				

PART II. Respondents' Level of Self-Efficacy in the Use of ICT

Directions: Please read each statement carefully and indicate the extent to which you agree or disagree with the statement by marking the appropriate response on the 4-point Likert Scale provided.

4 – Strongly Agree; 3 – Agree; 2 – Disagree, 1 – Strongly Disagree

Statements	4	3	2	1
1. I am confident in learning new software without direct supervision.				
2. I feel capable of using ICT tools to complete my academic tasks.				
3. I can solve minor technical issues on computers and mobile devices.				
4. I feel comfortable communicating through email and messaging platforms for academic purposes.				
5. I believe I can teach others how to use basic computer applications.				

6. I can use nursing-related online systems (e.g., eHealth portals) confidently.				
7. I am adaptable to learning and using new digital systems in clinical settings.				
8. I feel capable of managing and organizing my digital academic materials.				
9. I am confident in evaluating the credibility of online information sources.				
10. I feel confident in applying basic ICT knowledge even under pressure or time constraints.				

APPENDIX B – Sample of Filled Out Questionnaire

Questions Responses **146** Settings

PART I. Respondents' Assessment of Knowledge in the Use of ICT

Directions: Please read each statement carefully and indicate the extent to which you agree or disagree with the statement by marking the appropriate response on the 4-point Likert Scale provided.

4 - Strongly Agree; 3 - Agree; 2 - Disagree; 1 - Strongly Disagree

Knowledge in the Use of ICT *

	4	3	2	1
I know how to use Microsoft Office applications (e.g., Word, PowerPoint, Excel).	☐	☒	☐	☐
I can browse the internet effectively to gather academic resources.	☒	☐	☐	☐
I know how to save and organize digital files properly.	☐	☒	☐	☐

Questions Responses **146** Settings

I can operate computers, tablets, and smartphones with ease.	☒	☐	☐	☐
I know how to use online platforms like Google Classroom for academic work.	☐	☒	☐	☐
I can troubleshoot basic computer and internet connectivity problems.	☐	☒	☐	☐
I know how to use databases to search for scholarly nursing articles.	☐	☒	☐	☐
I understand the importance of backing up digital files regularly.	☒	☐	☐	☐
I can install and update basic software programs on a computer.	☐	☒	☐	☐

Questions
Responses
146
Settings

I know how to protect devices against viruses and malware.
☐
☒
☐
☐

PART II. Respondents' Assessment of Self-Efficacy in the Use of ICT

Directions: Please read each statement carefully and indicate the extent to which you agree or disagree with the statement by marking the appropriate response on the 4-point Likert Scale provided.

4 - Strongly Agree; 3 - Agree; 2 - Disagree; 1 - Strongly Disagree

Self-Efficacy in the Use of ICT *

4321

I am confident in learning new software without direct supervision.
☐
☒
☐
☐

I feel capable of using ICT tools to complete my academic tasks.
☒
☐
☐
☐

Questions
Responses
146
Settings

I can solve minor technical issues on computers and mobile devices.
☐
☒
☐
☐

I feel comfortable communicating through email and messaging platforms for academic purposes.
☐
☒
☐
☐

I believe I can teach others how to use basic computer applications.
☐
☒
☐
☐

I can use nursing-related online systems (e.g., eHealth portals) confidently.
☐
☐
☒
☐

I am adaptable to learning and using new digital systems in clinical settings.
☐
☒
☐
☐

I feel capable of managing and organizing my digital academic materials.
☐
☒
☐
☐

I am confident in evaluating the credibility of online information sources.
☐
☒
☐
☐

I feel confident in applying basic ICT knowledge even under pressure or time constraints.
☐
☒
☐
☐

**LEVEL OF KNOWLEDGE AND SELF-EFFICACY IN THE USE OF INFORMATION AND
COMMUNICATION TECHNOLOGY AMONG NURSING STUDENTS**

(Self-Administered Study)

PART I. Respondents' Level of Knowledge in the Use of ICT

Directions: Please read each statement carefully and indicate the extent to which you agree or disagree with the statement by marking the appropriate response on the 4-point Likert Scale provided.

4 – Strongly Agree; 3 – Agree; 2 – Disagree, 1 – Strongly Disagree

Statements	4	3	2	1
1. I know how to use Microsoft Office applications (e.g., Word, PowerPoint, Excel).	/			
2. I can browse the internet effectively to gather academic resources.	/			
3. I know how to save and organize digital files properly.	/			
4. I can operate computers, tablets, and smartphones with ease.	/			
5. I know how to use online platforms like Google Classroom for academic work.	/			
6. I can troubleshoot basic computer and internet connectivity problems.	/			
7. I know how to use databases to search for scholarly nursing articles.	/			

8. I understand the importance of backing up digital files regularly.	/			
9. I can install and update basic software programs on a computer.	/			
10. I know how to protect devices against viruses and malware.	/			

PART II. Respondents' Level of Self-Efficacy in the Use of ICT

Directions: Please read each statement carefully and indicate the extent to which you agree or disagree with the statement by marking the appropriate response on the 4-point Likert Scale provided.

4 – Strongly Agree; 3 – Agree; 2 – Disagree, 1 – Strongly Disagree

Statements	4	3	2	1
1. I am confident in learning new software without direct supervision.		/		
2. I feel capable of using ICT tools to complete my academic tasks.	/			
3. I can solve minor technical issues on computers and mobile devices.	/			
4. I feel comfortable communicating through email and messaging platforms for academic purposes.	/			
5. I believe I can teach others how to use basic computer applications.	/			
6. I can use nursing-related online systems (e.g., eHealth portals) confidently.		/		

7. I am adaptable to learning and using new digital systems in clinical settings.	/			
8. I feel capable of managing and organizing my digital academic materials.	/			
9. I am confident in evaluating the credibility of online information sources.		/		
10. I feel confident in applying basic ICT knowledge even under pressure or time constraints.		/		

APPENDIX C – Informed Consent Form

**Misamis University**
Ozamiz City

MISAMIS UNIVERSITY RESEARCH CENTER
CERTIFIED: ISO 21001: 2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)

MU-RC-042/13 November 2024

Thesis/Research Data Gathering Approval Form

Date: April 25, 2025

Name of Authors: HERNANDEZ, LEUTERIO, LUZANO, MAKILAT, MANAPSA
College/Department: COLLEGE OF NURSING, MIDWIFERY, and RADIOLOGIC TECHNOLOGY
Research Title: STUDENT KNOWLEDGE AND SELF-EFFICACY IN THE USE OF INFORMATION AND COMMUNICATION TECHNOLOGY IN RELATION TO NURSING INFORMATICS

Data Gathering Procedure:

a. *Type of Research: (Kindly check)*

☒ Quantitative	☐ Qualitative	☐ Experimental
☒ Approved Research Title & Problem/Objectives	☒ Approved Data Gathering Procedure	☒ Approved Data Gathering Instrument/Data Sheets

b. *Respondents/Participants/Subject/Samples to be Collected:* 146 third year nursing students

c. *Procedure:*

☒ Survey	☐ Interview	☐ Experimentation	☐ Laboratory Testing
--	------------------------------------	--	---

d. *Place of Implementation/Study Area:* Misamis University

If to be conducted outside the school campus, indicate the nature of transportation to be used:

☐ Own private vehicle	☐ public utility vehicle	☐ rental	☐ Others, please indicate _____
--	---	---------------------------------	--

e. *Date/s of Implementation/Sampling:* April to May 2025

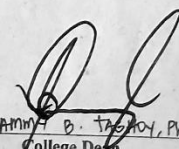
Attachments:

☒	Approved Letter of Consent from the designated authority in the area/place where the study is to be conducted
☐	Signed Parents' Consent

The thesis proposal mentioned above is hereby recommended for the commencement of data gathering implementation.

Recommended by:

 <u>CHONA J. ROBLES, MAN, RN</u> Thesis/Research Adviser	 <u>ARNELAN M. ELMEDULAN, MAN, RN</u> Thesis/Research Instructor
---	---

Approved by: 
SAM B. TASCAY, PhD, RN
College Dean

CONTROLLED DOCUMENT

APPENDIX D – Approved Letter of Consent



MISAMIS UNIVERSITY
Ozamiz City 7200, Philippines
College of Nursing, Midwifery and Radiologic Technology
Tel No. +63 88 521-0367 / Telefax No. +63 88 521-2917
E-mail Address: mu@mu.edu.ph

CERTIFIED: ISO 21001:2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)
GRANTED: AUTONOMOUS STATUS by the Commission on Higher Education (CHED)

April 25, 2025

DR. SAMMY B. TAGHOY
Dean, College of Nursing, Midwifery and Radiologic Technology
Misamis University

Dear Dr. Taghoy:

Good day!

The undersigned are 3rd year students of Misamis University, Ozamiz City taking up Bachelor of Science in Nursing and are currently working on research study titled "STUDENTS' KNOWLEDGE AND SELF - EFFICACY IN THE USE OF INFORMATION AND COMMUNICATION TECHNOLOGY IN RELATION TO NURSING INFORMATICS." This study aims to assess the third-year nursing students' knowledge and self-efficacy in the use of information and communication technology in relation to nursing informatics. With this, they would like to ask for an approval from your good office to allow them to conduct the study. It will be conducted within Misamis University, Ozamiz City, from April to May 2025.

Rest assured that all information derived herein will be treated with utmost confidentiality.

Thank you very much and God bless.

Sincerely yours,


NICHOLE ANN D. HERNANDEZ

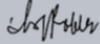

KIAN JAYN Z. LEUTERIO


MA. ELAINE JOY C. LUZANO

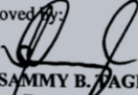

HANNA M. MAKILAT


CLAIRE K. MANAPSAL
Researchers

Noted by:


MS. CHONA J. ROBLES
Research Adviser

Approved by:


DR. SAMMY B. TAGHOY
College Dean

APPENDIX E – Sampling Computation


Raosoft®

Sample size calculator

What margin of error can you accept? %
5% is a common choice

What confidence level do you need? %
Typical choices are 90%, 95%, or 99%

What is the population size?
If you don't know, use 20000

What is the response distribution? %
Leave this as 50%

Your recommended sample size is **146**

The margin of error is the amount of error that you can tolerate. If 90% of respondents answer *yes*, while 10% answer *no*, you may be able to tolerate a larger amount of error than if the respondents are split 50-50 or 45-55. Lower margin of error requires a larger sample size.

The confidence level is the amount of uncertainty you can tolerate. Suppose that you have 20 yes-no questions in your survey. With a confidence level of 95%, you would expect that for one of the questions (1 in 20), the percentage of people who answer *yes* would be more than the margin of error away from the true answer. The true answer is the percentage you would get if you exhaustively interviewed everyone. Higher confidence level requires a larger sample size.

How many people are there to choose your random sample from? The sample size doesn't change much for populations larger than 20,000.

For each question, what do you expect the results will be? If the sample is skewed highly one way or the other, the population probably is, too. If you don't know, use 50%, which gives the largest sample size. See below under **More information** if this is confusing.

This is the minimum recommended size of your survey. If you create a sample of this many people and get responses from everyone, you're more likely to get a correct answer than you would from a large sample where only a small percentage of the sample responds to your survey.

Online surveys with Vovici have completion rates of 66%!

Alternate scenarios

With a sample size of	100	200	300	With a confidence level of	90	95	99
Your margin of error would be	7.43%	2.65%	0.00%	Your sample size would need to be	126	146	174

Save effort, save time. Conduct your survey online with Vovici.

N - 234 (population size)

n - 146 (sample size)

3rd yr. Blocks	%	n
A : 39	17%	25
B : 36	15%	21
C : 40	17%	25
D : 40	17%	25
E : 40	17%	25
F : 39	17%	25
Total : 234	100%	146

APPENDIX F – Statistical Computations

OBJ. 1

Descriptive Statistics: K1, K2, K3, K4, K5, K6, K7, K8, ...

Variable	Mean	StDev
K1	3.6438	0.5084
K2	3.6370	0.5103
K3	3.5890	0.5340
K4	3.5616	0.5629
K5	3.5411	0.5524
K6	3.3082	0.7004
K7	3.4726	0.6346
K8	3.5137	0.6129
K9	3.3493	0.7296
K10	3.3082	0.7004
KNOWLEDGE	3.4925	0.4808

OBJ. 2

Descriptive Statistics: S1, S2, S3, S4, S5, S6, S7, S8, ...

Variable	Mean	StDev
S1	3.3219	0.6842
S2	3.3493	0.5824
S3	3.2466	0.7004
S4	3.3904	0.6256
S5	3.3493	0.7007
S6	3.3493	0.6389
S7	3.4452	0.5636
S8	3.3973	0.5691
S9	3.4041	0.5328
S10	3.3699	0.5874
SELF-EFFICACY	3.3623	0.4853

OBJ. 3

CORRELATION: STUDENTS' KNOWLEDGE AND SELF EFFICACY

Correlations		
	VAR00003	VAR00004
VAR00003 Pearson Correlation	1	.735**
Sig. (2-tailed)		.000
N	146	146
VAR00004 Pearson Correlation	.735**	1
Sig. (2-tailed)	.000	
N	146	146

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

APPENDIX G – Documentations



Appendix H – Grammarly and Turnitin Results



Grammarly Proofreader

Writing quality ⓘ 99

AllGrammarClarity ✓



You did it!

There are no more clarity suggestions.

See all suggestions



22% Overall Similarity

The combined total of all matches, including overlapping sources, for each database.

Filtered from the Report

- Bibliography

Exclusions

- 3 Excluded Sources

Match Groups

-  **105 Not Cited or Quoted 20%**
Matches with neither in-text citation nor quotation marks
-  **13 Missing Quotations 2%**
Matches that are still very similar to source material
-  **2 Missing Citation 0%**
Matches that have quotation marks, but no in-text citation
-  **0 Cited and Quoted 0%**
Matches with in-text citation present, but no quotation marks

Top Sources

- 13%  Internet sources
- 9%  Publications
- 21%  Submitted works (Student Papers)

Integrity Flags

0 Integrity Flags for Review

No suspicious text manipulations found.

Our system's algorithms look deeply at a document for any inconsistencies that would set it apart from a normal submission. If we notice something strange, we flag it for you to review.

A Flag is not necessarily an indicator of a problem. However, we'd recommend you focus your attention there for further review.

CURRICULUM VITAE

PERSONAL DATA

Name : Nichole Ann D. Hernandez
Date of Birth : March 30, 2003
Place of Birth : Oroquieta City
Home Address : P-3 Taboc Sur, Oroquieta City
Civil Status : Single
Contact No. : 09609008498
Email : hnikki707@gmail.com



EDUCATIONAL BACKGROUND

Elementary : Oroquieta City Central Elementary School
Upper Loboc, Oroquieta City

Secondary : Misamis Occidental National High School
Gov. A. Bernad St., Poblacion 1, Oroq. City

Senior High School : Misamis Occidental National High School
Gov. A. Bernad St., Poblacion 1, Oroq. City

College : Misamis University
H.T. Feliciano St., Aguada, Ozamiz City

CURRICULUM VITAE

PERSONAL DATA

Name : Kian Jayn Z. Leuterio
Date of Birth : February 25, 2002
Place of Birth : Oroquieta City
Home Address : P-6 Mobod, Oroquieta City
Civil Status : Single
Contact No. : 09387627833
Email : kianleuterio22@gmail.com



EDUCATIONAL BACKGROUND

Elementary : Oroquieta SDA Elementary School
Talairon, Oroquieta City

Secondary : Misamis Occidental National High School
Gov. A. Bernad St., Poblacion 1, Oroq. City

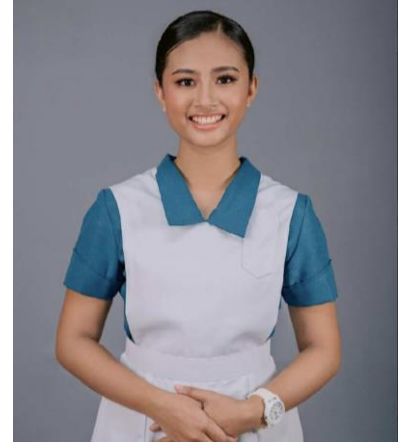
Senior High School : La Salle University Integrated School
St Columban Dr, Ozamiz City

College : Misamis University
H.T. Feliciano St., Aguada, Ozamiz City

CURRICULUM VITAE

PERSONAL DATA

Name : Ma. Elaine Joy C. Luzano
Date of Birth : March 25, 2005
Place of Birth : Caloocan City
Home Address : P-3, Lower Sto Nino Mahayag
Zamboanga del Sur
Civil Status : Single
Contact No. : 09057586802
Email : luzanoelainne@gmail.com



EDUCATIONAL BACKGROUND

Elementary : Cleto C. Araya Elementary School
Miligan, Molave Zamboanga del Sur

Secondary : Molave Vocational Technical School
Mabini Street, Brgy Madasigon, Molave Zamboanga del Sur

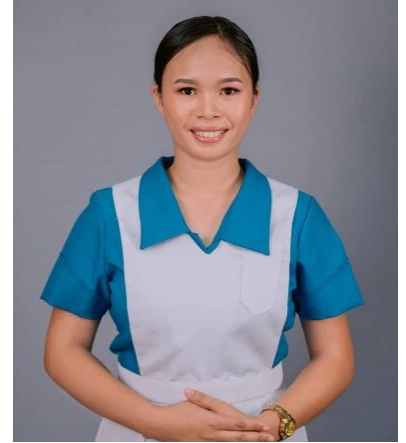
Senior High School : Molave Vocational Technical School
Mabini Street, Brgy Madasigon, Molave Zamboanga del Sur

College : Misamis University
H.T. Feliciano St., Aguada, Ozamiz City

CURRICULUM VITAE

PERSONAL DATA

Name : Hanna M. Makilat
Date of Birth : January 11, 2003
Place of Birth : Ozamiz City
Home Address : P-2 Malaubang, Ozamiz City
Civil Status : Single
Contact No. : 09816273072
Email : hannamakilat11@gmail.com



EDUCATIONAL BACKGROUND

Elementary : Malaubang Integrated School
Ozamiz City

Secondary : Malaubang Integrated School
Ozamiz City

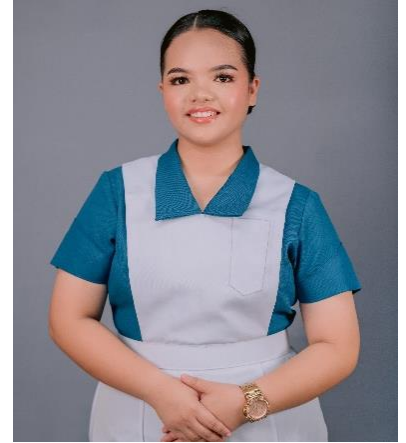
Senior High School : Ozamiz City National High School
Ozamis City

College : Misamis University
H.T. Feliciano St., Aguada, Ozamiz City

CURRICULUM VITAE

PERSONAL DATA

Name : Claire K. Manapsal
Date of Birth : March 07, 2003
Place of Birth : City of Paranaque, Fourth district
Metro Manila
Home Address : P-4A Carangan, Ozamiz City
Civil Status : Single
Contact No. : 09380253021
Email : erialcnamidnuk97@gmail.com



EDUCATIONAL BACKGROUND

Elementary : United Church of Christ in The Philippines
Rizal Avenue, Lam-an, Ozamis City

Secondary : La Salle University Integrated School
St Columban Dr, Ozamiz City

Senior High School : La Salle University Integrated School
St Columban Dr, Ozamiz City

College : Misamis University
H.T. Feliciano St., Aguada, Ozamiz City