

Lived Experiences of Health Workers from the Caraga Regional Hospital (CRH) in Times of Covid-19 Pandemic

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ABSTRACT

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This study intends to unfold the lived experiences of the health workers from the Caraga Regional Hospital (CRH) during the outrage of the COVID-19 pandemic. A total of five (5) medical doctors, five (5) nurses, and five (5) non-medical staff were subjected to Focus Group Discussions (FGD). Results showed that health workers have different experiences in terms of health benefits. Although the majority of the respondents were able to avail sufficient benefits, some health workers considered the benefits delayed and insufficient. Poor and delayed logistics support during the early years of the pandemic was also encountered. In

terms of feelings towards their employer, the majority of the respondents are highly satisfied, while they have expressed feelings of discomfort towards the job. Common difficulties experienced by the health workers include negative social impressions, weariness and discomfort towards the family's safety, and insufficient



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medical supplies and workforce. On a positive note, the coping strategies of the health workers are strong adherence to safety and health protocols, optimism towards the situation, and quality conversation with psychology experts, friends, and families. These findings are significant inputs to CRH management for planning and better human resource management.

INTRODUCTION

The unexpected rise of the Corona Virus 19 or COVID-19, in the first quarter of 2020 brought serious challenges to healthcare institutions where no one was prepared. In the Philippines, government news reports showcased several health workers who died due to infections and complications brought about by Covid-19 (Philippine News Agency, 2020). da Silva and Neto (2021) healthcare workers were more vulnerable to COVID-19 infection than the general population because of their frequent contact with infected individuals. In addition, they have been required to work under stressful conditions without proper protective equipment and uncertain health benefits.

Accordingly, many health workers have manifested mental health issues and anxiety. Tan et al. (2020) reported that healthcare workers caring for patients with COVID-19 reported anxiety, depression, and stress. Wang et al. (2020) added that increasing work demands on healthcare professionals conflicted with their duties to family and friends, which caused psychological stress. de Pablo et al. (2020) mentioned that many health workers were reportedly anxious about having to self-isolate, quarantine, or become ill. Being placed in quarantine for healthcare workers was positively associated with minimizing direct contact with patients and not reporting to work.

Healthcare workers like nurses, doctors, and other medical staff that work on the front lines in China experience symptoms of anxiety, depression, and difficulty sleeping (Que et al., 2020). More specifically, 46.04% had anxiety, 44.37% had depression, and 28.75% experienced insomnia. Over 70% of healthcare workers in Wuhan, China, reported psychological distress (Zerbini et al., 2020). Healthcare workers were at risk for developing trauma or other stress-related disorders due to fears of falling ill and not knowing what would happen. It was also found that post-traumatic stress was common among health workers, with nurses demonstrating higher anxiety than others in the medical field.

da Silva and Neto (2021) cited reviews related to the COVID-19 pandemic on the effects on psychological and mental health outcomes, including depression, anxiety, and fear in nurses and other healthcare workers. Baskin and Barlett (2021) reported that while studies on the mental and psychological

impact of Covid-19 on general front liners were piling in the literature, there remained a need for more on the holistic wellness and resilience of health workers handling Covid-19 patients. The wellness of health workers deployed in Covid wards was affected along with the mental, emotional, and psychological aspects (Rajkumar, 2020).

Difficulties during the pandemic have been very evident in the literature. Particularly in the Philippines, news and social media reports reveal the challenging situations of health workers. However, very little research has been published regarding the experiences of the health workers who are situated in the National Capital Region (NCR), where health facilities were notably given very late. Hence, this study provides additional information regarding the challenges experienced by the health workers in the Caraga Regional Hospital (CRH). It must be noted that CRH is the first public institution to cater to Covid-19 patients in the Caraga region. The results of the study will serve as inputs to the country's health department in preparation for another wave of the pandemic.

FRAMEWORK

This study is mainly anchored on the Health Belief Model (HBM), which was developed in the 1950s (Hochbaum, 1958 as cited in Sleet et al., 2010) and is one of the widely used theories for health behavior and posits that health behaviors are a function of whether a person (1) feels threatened, (2) believes that change of a specific kind will result in a beneficial outcome at an acceptable cost, (3) experiences an extrinsic stimulus (such as instructional information or a reminder system) (Champion et al., 2008), and (4) feels competent to take the necessary action to overcome perceived barriers and successfully engage in or carry out the activity or action in question (Sleet et al., 2010). Thus, the key constructs of the HBM are perceived susceptibility and perceived severity, perceived benefits and perceived barriers, cues to action, and the most recent addition to the model, the construct of self-efficacy.

Glanz and Bishop (2010) reported that HBM has most often been applied to research related to asymptomatic health issues, such as health screening. The model has also been used in unintentional-injury research (Sleet, 2010) and in Occupation Safety and Health (OSH) to explain the safety-related behaviors of healthcare workers. An OSH-related example of the use of this model comes from Sadeghi et al. (2018), who conducted a quasi-experimental study of infection control practices to prevent transmission of blood-borne illness among 100 emergency room workers in Iran. The study evaluated an

educational intervention based on the HBM to modify the attitude and behavior of nurses in emergency centers (randomized to a treatment or control group) regarding awareness of and compliance with infection control practices (standard precautions, or SPs).

In the context of the current study, the Health Belief Model or HBM is very useful in understanding the health beliefs and perceptions of health workers who are handling COVID in terms of the physical, mental, or psychological threats that they experienced. Figure 1 specifically shows the research flow applying the Input-Process-Output-Outcome (IPOO) scheme.

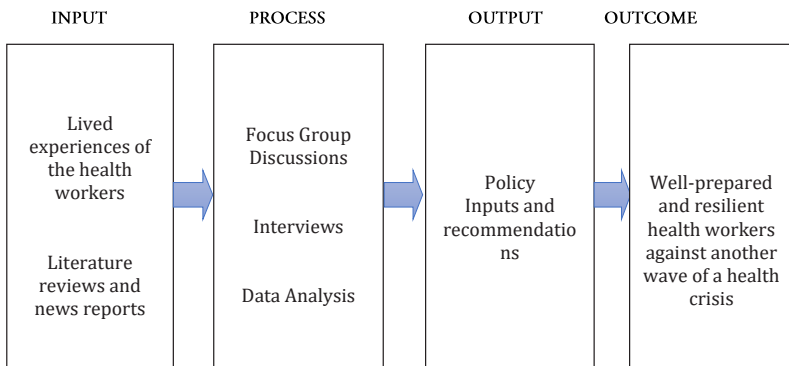


Figure 1. Research flow using the IPOO model

OBJECTIVES OF THE STUDY

The main goal of this study is to describe the lived experiences of the health workers from the Caraga Regional Hospital (CRH) in times of the Covid-19 pandemic. Specifically, this study aims to (1) determine the experiences of the health workers in terms of the benefits received, (2) determine the difficulties experienced by health workers during the pandemic, and (3) describe the health workers' coping strategies in continuing their services beyond the pandemic period.

METHODOLOGY

Research Design

This research employed a purely qualitative approach considering that all evidence or data were obtained from the lived experiences of the health

workers. The qualitative methodology allowed the researcher to collect “rich descriptions” of information from participants in the study to better understand the participants’ lived experiences while serving the public during the Covid-19 pandemic (Creswell & Wisdom, 2012).

Research Site

The study was conducted in Caraga Regional Hospital or CRH, one of the public hospitals in the Philippines, which has a relatively huge capacity for Covid- 19 patients in the Caraga region. In 1946, CRH was formerly called Emergency Hospital with 25 authorized beds in Surigao City, which was converted into Surigao Provincial Hospital of Surigao del Norte. The said Provincial Hospital was turned to the national government in 1958.

On February 11, 1997, by virtue of Republic Act No. 8255, the Surigao Provincial Hospital of Surigao del Norte was finally converted to Caraga Regional Hospital or CRH. This conversion renationalized the hospital under the supervision of the Department of Health. As a regional hospital, CRH shall serve as a referral hospital for patients from lower-level healthcare facilities in Surigao del Norte and neighboring provinces of the region.

In 2013, CRH started its preparation for ISO 9001:2008 certification, which was improved to ISO 9001:2015 in 2017. This change in the certification level was motivated by the mandate and the commitment to providing quality healthcare services to all customers. Currently, CRH has 390 nurses, 95 medical doctors, and 487 non-medical personnel.

The Caraga Regional Hospital (CRH) is the first public hospital that caters to Covid-19 patients during the sprout of Covid-19 positive cases in the region. However, until now, CRH continues to cater to patients with diagnoses other than Covid-19.

Participants

This study considered five (5) medical doctors, five (5) nurses, and five (5) non-medical staff from the Caraga Regional Hospital (CRH) in the Focus Group Discussions (FGD). These participants have rendered services during the outbreak of COVID-19. They also have voluntarily participated in the study.

Instrumentation

An interview guide was designed to document the respondents’ lived experiences regarding their benefits, challenges, and coping skills while they were handling Covid – 19 patients. It was submitted to the Medical Center Chief for content validation, and his comments and suggestions improved the construction of the questions. The approval from the Chief for the content validation of the

interview guide was successfully secured and finally approved by the dissertation adviser.

Research Ethics Protocol

The researcher considered the ethical requirements in the conduct of the research undertaking. As a result, a letter of request was secured from the Chief Directors of the hospitals involved in the conduct of the study. Upon its approval, the researcher identified the respondents to be involved in the study and sent a letter to the Chief Nurse to legitimize the conduct of the study. Likewise, a letter of consent was also prepared for the consent letter to ensure that all their responses were treated with the utmost confidentiality and were used for research purposes only.

Data Gathering

Letters asking permission to conduct the study were sent to the Hospital Director. Upon its approval, respondents of the study were identified and informed of the purpose of the study and their participation in the research undertaking. Then, with consent, data collection started with the distribution of the questionnaire.

The interview was scheduled according to the free time of the respondents. They were assured of anonymity by using numbers for the identity of the participants instead of their real names as they signed the informed consent form. They were given the freedom to express their views and opinions while extending utmost respect and courtesy in the course of the interview. Their responses during the interview were kept private for confidentiality.

Data Analysis

All data were recorded and were kept confidential. Further, actual statements were analyzed using thematic analysis.

RESULTS AND DISCUSSION

Table 1

Experiences of the Health Workers on the DOH Benefits Intended for the Pandemic

Respondent	Actual Responses	Category	Theme
	- We haven't received all of the benefits yet, but we are taking the risk of getting exposed.		

<p>-Nurses -Non-Medical Personnel</p>	<p>-I just comply with the needed requirements. If given, I am thankful. If not, I do not complain.</p> <p>-Have not been able to claim my benefit w/ the front liners who tested positive because of the requirements.</p> <p>- Mandated benefits of DOH were not given to all front liners, that's why every front liner was disgusted.</p> <p>-The problem I encountered to be vail to avail of the mandated DOH benefits for health workers is delaying/ delaying the benefits process.</p> <p>-I had been a COVID-19-positive patient as well. But did not receive the 15k cash assistance.</p> <p>So far, I received the exact benefit from July to December. Still, we haven't received the mandated DOH benefit.</p>	<p>Untimely Release of Monetary benefits and claims</p>	<p>Pending health benefits</p>
<p>-Nurses -Medical Doctors</p>	<p>-We received SRA & OCA, which are very beneficial to HCW</p> <p>- As a health care worker, my salary increased as a Nurse! And we got monetized as the first recipients of the COVID-19 vaccine</p> <p>-The benefits were very helpful in coping with this pandemic times.</p>		

	<p>-As a previous DOH employee, I was able to have mobilization benefits & oca. The DOH/government is trying to provide despite being unprepared or equipped to handle the pandemic. I am thankful for what I can avail.</p> <p>-Each & every one of us availed the vaccination for COVID-19 to protect ourselves from the viruses. To boost our immune system.</p> <p>- The benefits provided by DOH is beneficial & a good motivation for health worker because it made me happy and more inspired to work hard for the patients.</p>		
<p>-Medical Doctors -Nurses -Non-Medical Personnel</p>	<p>-There were no vehicles available yet during the first month of the lockdown - Shortage of PPEs, No rides - DOH benefits are being delayed - Delay in paying the risk allowance due for health workers. But I also understand that our government has many things to be addressed, like the costs of PPEs. So I waited patiently, praying there would be enough funds for this.</p>	<p>Inadequacy of Logistics support</p>	<p>Poor and delayed logistics support</p>
<p>Non-Medical Personnel</p>	<p>-It was so struggling to avail of mandated DOH benefits because the employer sometimes did not give extra care to the beneficiaries. - The struggles are not equally given the SRA for front liners</p>	<p>Challenges on claims and support</p>	<p>Insufficient health benefits</p>

	<p>- Special Risk Allowance was a small amount to receive by the health care workers. It is so hard to serve people with COVID-19.</p> <p>-we might face struggles like a lack of funding for risk allowance if we don't receive it on time, but this never hampers us from providing quality health care.</p>		
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When it comes to the benefits that are supposed to enjoy by health workers during the pandemic, table 1 presents different experiences of the health workers as manifested in their respective thematic responses. Actual statements from the respondents were grouped into three relevant categories: the untimely release of monetary benefits and claims, inadequacy of logistics support, and challenges on claims and support. The first two (2) emerging themes are extracted from the monetary benefits and claims category. It can be observed that health workers are divided. Some health workers mentioned that their health benefits are pending while complying with most requirements. In support of this thematic response, one of the health workers said, *“Have not been able to claim my benefit w/ the front liners who tested positive because of the requirements.”* This experience among respondents show similarities in the reports regarding the delayed and insufficient benefit for health workers (Pena, 2021). On the other note, some health workers also have positive impressions of the benefits they receive while complying with similar requirements. The availability of sufficient health benefits is the second thematic response under the first category. This again exposed the proportion of health workers who felt contented and grateful for the benefits they received from the government during the pandemic. These benefits include Special Risk Allowances (SRA) and logistics support. In one of the responses obtained during the interview, one who shared a positive experience mentioned, *“As a previous DOH employee, I was able to have mobilization benefits & OCA. Good the DOH/government are trying its best to provide despite being not really ready or equipped to handle pandemic. I am thankful for what I can avail.”* Another health worker said, *“Yes. The benefits were given along with the voluminous requirements. But this is the process. We have COA and DBM guidelines to avoid corruption. As a whole I am so thankful because the benefits are real and we actually enjoyed it. It may not compensate fully for our sacrifices, but it symbolizes the care of the government toward us. The benefits or risk allowances are indeed helpful. I feel contented”*. The

untimely release of the Special Risk Allowances (SRA) is due to the considerable adjustment of the Department of Budget and Management (DBM), considering that the COVID-19 pandemic was not considered in the previous budget planning. However, despite the delay, all health workers (regardless of tenure), as specified under the CRH Memorandum Order No. 08-007 Series of 2021, could enjoy the SRA, although more was needed for some beneficiaries. The appropriation for the SRA grant is authorized by Administrative Order No. 42, Series of 2020.

Because of the negative experiences of other health workers, two emerging themes, namely, poor and delayed logistics support and insufficient health benefits, were obtained. Accordingly, logistics support, including providing personal protective equipment (PPE), was delayed. In the report published by the Philippine News Agency (PNA, 2020), delays in the release of medical supplies and equipment are expected because of several processes that are also being followed strictly. The notes regarding the insufficient health benefits may be attributed to the experiences of non-plantilla personnel with no employer-employee relationship by law but who have spent working hours similar to and beyond those rendered by permanent health workers. The legislators can review this aspect of the law, considering that the tasks performed in the hospitals do not vary significantly across plantilla positions.

Table 2
Difficulties Experienced by Health Workers during the Pandemic

Respondent	Actual Responses	Category	Theme
-Nurses	-Stigma from the people, especially when they see you anywhere wearing scrub suits -the discrimination of being a frontline also have a fear of having COVID. - It's when dealing with people around you during times that you got positive for COVID - 19 & the discrimination against all front liners caring for COVID-19 patient	Undesirable Psychological and social pressure	Negative social impressions of health workers

	<p>-Discrimination was worst during those times. Limited access to our daily needs due to lockdown.</p> <p>-Its when dealing with people around you during times that you got positive for COVID - 19 & the discrimination against all front liners caring for COVID patient</p> <p>-Discrimination was worst during those times. Limited access to our daily needs due to lockdown.</p>		
<p>-Medical Doctors -Nurses</p>	<p>-You can't go home every day with your family</p> <p>-We have to be away from our family.</p> <p>-Problems I encountered as a front medical liner during this pandemic during my quick visit to my relative social distancing is my genuine concern.</p> <p>- Difficulties going home after work especially having a family member with comorbidities.</p> <p>-I can't take care of my own family</p> <p>- cannot hug my children and sleep in a separate room</p> <p>- In going home, I feel anxious about bringing a virus.</p> <p>-Worrying because I don't want them to get sick because of me.</p> <p>- It was very challenging going home every time because I was afraid that I might be a carrier of the virus on the surge of their sickness because I am assigned to the ER.</p>	<p>Family-related concerns</p>	<p>The feeling of weariness and discomfort toward the family's safety</p>

	-Difficulties going home after work especially having a family member with comorbidities.		
-Medical Doctors -Nurses -Non-Medical Personnel	-Lack of medical supplies and protective equipment -lack of resources. Lack of workforce - difficulty in transportation less to little tricycle on top of that overprize fare. More understaffing due to staff being quarantine -Lack of RTPCR testing, lack of contact tracing, also lacking quarantine facilities -difficulty in transportation less to little tricycle on top of that overprize fare. More understaffing due to staff being quarantine -Lack of resources due to lockdown, lack of workforce due to limitations. -Lack of PPEs or limited PPEs provided	Lack of Hospital resources	Insufficient medical supplies and workforce

Table 2 shows the different difficulties or challenges experienced by health workers during the pandemic. The challenges and difficulties experienced by health workers during the pandemic are grouped according to three relevant categories. These include undesirable psychological and social pressure, family-related concerns, and a lack of hospital resources. The first emerging theme is the problems encountered regarding the negative impressions of the community towards the health workers.

According to one of the respondents, *“It’s when dealing with people around you during times that you got positive of COVID - 19 & the discrimination to all front liners caring with COVID patient”*. This is further confirmed by respondent F by saying, *“Stigma from the people especially when they see you anywhere wearing scrub suits.”* In the study by Zhang and Li (2020), it was found that health workers are the most discriminated sector during the pandemic. Because of their high exposure to COVID patients, health workers suffered stigma and marginalization from many people. Zhang and Li (2020) further stated that medical actioners did

not only suffer anxiety at hospitals but more with the social pressures from social discrimination. Fortunately, most respondents have high coping skills that make them quickly adapt to reality and continue serving the public.

The family-related concern is the major problem that the respondents encountered. This was the time in the interview when some health workers shared their experiences with falling tears. For example, respondent G said, *“It was very challenging going home every time because I was afraid that I might be a carrier of the virus on the surge of their sickness because I am assigned at the ER.”* In addition, respondent H mentioned, *“I can’t take care my own family and cannot hug my children and sleeping into separate room”*. If difficulties are ranked, the family-related problem is considered the first serious negative impact of the COVID-19 pandemic on the lives of health workers. Shreffler et al. (2020) mentioned that some health workers in other parts of the globe have surrendered and resigned from the profession due to family-related reasons. In another statement from a respondent, *“Resignation from work was actually a possibility that I considered during the first surge of COVID-19. But it was also my family who reminded me of my oath as a public servant. I am so lucky to have a supportive family at my back though challenges seemed unbearable at the start”*. The feeling of weariness for the safety of the family was the hardest battle cry among the health workers. But, despite such adversity, the respondents were able to surpass the trying times and enjoy the fruits of their hard work through the smiles and gratitude they received from their clients.

Moreover, another difficulty that emerged during the first quarters of the COVID-19 surge was insufficient medical supplies and workforce. Unfortunately, the scarcity of resources was observed along with the significantly increasing number of COVID cases in the region. Respondent J stated, *“difficulty in transportation less to little tricycle on top of that overprize fare. More understaff due to staff being quarantined”*. In support, another health worker said, *“Lack of resources. Lack of manpower”*. This situation was also emphasized in Pena’s (2021) report about the healthcare problems in the Philippines in the early years of the pandemic. It was mentioned in the same report that medical supplies and the workforce are significantly disproportionate to the rising number of COVID patients. In another report, supplies of oxygen tanks and even bed spaces were inadequate. However, the problem was gradually addressed when procured materials were delivered, more staff were hired, and the COVID-19 vaccination program was implemented.

Table 3

Coping Strategies of the Health Workers in The Continuation of Their Services Beyond the Pandemic Period

Respondent	Actual Responses	Category	Theme
-Nurses -Doctors	<ul style="list-style-type: none"> - Need to be very cautious: proper disinfection of clothes & things is done. - Time management, be vigilant at all times. - Always stay fit in a healthy way following the policy & procedure - By following protocols religiously - Using proper PPE and listening to the instruction and protocol of the hospital in serving COVID patients. -observe proper safety protocol and wearing of a mask -Always stay fit in a healthy way following the policy & procedure -By following protocols religiously -Using proper PPE and listening to the instruction and protocol of the hospital in serving COVID patients. 	Prevention and protection mechanisms	Strong adherence to safety and health protocols
-Nurses -Doctors	<ul style="list-style-type: none"> -Staying positive always. - Lengthen my patience - Praying, positive outlook on the situation. - Being optimistic, Prayers & believing in yourself. & believing in yourself. -Strategies or techniques I did use to cope with these difficulties are challenging myself not to overthink if I may find symptoms or overcome them. 	Personal belief system	Optimism toward the situation

	<p>-With faith in the above and continued prayers for guidance, we were able to cope with the difficulties we encountered.</p> <p>-By having a positive outlook and giving the best to stay healthy and fit.</p> <p>-strategies or techniques that I did use to cope with the difficulties experienced during the pandemic are: do physical exercise, deep breathing for 5 minutes, worry - less, and never be too anxious for anything for us to stay healthy.</p>		
Nurses	<p>- I talk to my friends a lot</p> <p>- By attending stress debriefing.</p> <p>- talked with friends/ colleagues</p> <p>- By telling my family and friends about my problems to release my stress and struggles in life to avoid depression.</p> <p>- Counselling with husband & co-workmates helps a lot</p> <p>- I verbalized my difficulties to my loved ones. Being comforted eased my feelings</p> <p>-I was always praying to God to guide and protect my family and me every day to help me in every struggle I might face or encounter by telling my family and friends about my problems so that I can release my stress and struggles in life to avoid depression.</p>	Social support mechanism	Quality conversation with psychology experts, friends, and families

	-Prayer & how I was raised. My dad would always tell me never to complain; instead, to grow. Eventually, it will make you wiser & stronger		
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Table 3 displays the coping mechanisms and strategies demonstrated by the health workers amidst the challenges mentioned in the previous discussions. The first emerging theme deals with the strong adherence of the respondents to the safety and health protocols. As part of the hospital policies, all health workers are mandated to wear PPEs at all times. According to Deng and Naslund (2020), wearing PPEs also weakens the body of health workers due to discomfort from high temperatures and continuous sweating. However, for their and family's safety, health workers have endured the inconveniences. Respondent K said that to protect themselves from the virus, *"We are using proper PPE and listening to the hospital's instruction and protocol in serving COVID patients."* In addition, respondent L said that they *"need to be very cautious: proper disinfection of clothes & things is done."*

Optimism towards the situation was also an effective belief mechanism for health workers to continue with the profession despite the risk of COVID-19 infection. Several actual statements from the respondents support this thematic response. For example, respondent M stated, *"Being optimistic, Prayers & believing in yourself."* Also, another respondent mentioned that being positive at all times and hoping that this pandemic will end very soon have been instrumental for them in facing the nature of their profession courageously. The display of positive beliefs among personnel towards the situation has helped them surpass the extraordinary challenges in the early years of the COVID-19 pandemic.

Lastly, communication with colleagues and family has been a very effective weapon that brought comfort and strength among health workers. For example, Ren, Cao, & Chin (2020) found that health workers have gained positive energy from their colleagues by sharing different problems and weariness during breaks. This helped them alleviate their anxieties and reluctance toward the unbearable situation.

CONCLUSIONS

Based on the findings presented, the following conclusions were drawn
 (1) Many health workers enjoy the Department of Health (DOH) benefits.

However, some respondents experienced pending status of benefits due to voluminous requirements. (2) The family-related concern is a severe challenge experienced by every health worker. Due to the uncertainty of being a carrier of the virus, social interaction became so limited. Even hugging any family member is strictly prohibited. Social discrimination and poor logistics support are other issues that have been gradually addressed. (3) Despite the difficulties experienced during the pandemic, health workers have manifested high coping levels due to several coping strategies. Being positive thinkers and with the support of families and friends, health workers are able to cope with the challenges, especially in the first quarter of the Covid-19 surge.

TRANSLATIONAL RESEARCH

The findings of this study could be translated into policy support that will promote better well-being of health workers while considering the possibility of another wave of the pandemic. Further, through policy support, all health workers, regardless of tenure, will be given equal and sufficient benefits. Eventually, through policy support, health workers can provide better health service delivery for all Filipinos.

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