Research Article

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Structure and Agency Influencing Community Health Care Workers During the COVID-19 Pandemic in Northern Philippines: A Phenomenological Analysis

Jay Emmanuel L. Asuncion

Lara Melissa G. Luis

Julius T. Capili

Jennifer L. Luyun

Jake B. Canapi

Erwin L. Rimban

College of Allied Health Sciences,
Cagayan State University, Andrews Campus,
Tuguegarao, City, Philippines

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Abstract

Community Health Care Workers (CHWs) play a crucial role in the pandemic response, especially in developing countries like the Philippines. However, there is a lacuna of interdisciplinary studies exploring their first-hand experiences. This study framed in Giddens' structuration aimed to describe the lived experiences of CHWs along with the role of structure and agency to the challenges, motivations, and coping strategies of CHWs in crafting grassroots policies for the enhancement of healthcare delivery in Cagayan, Northern Philippines. Employing the phenomenological method, forty-six (46) study participants were purposively selected. Their narratives were elicited through Focus Group Discussion (FGD) using a semi-structured interview guide, and their responses were transcribed verbatim. Results revealed that the CHWs experienced many challenges: unpreparedness, a new concept of space, personal and social consequences of COVID-19, particularly fear and discrimination, and limited human and material resources. However, they remain motivated to serve their community. Thus, CHWs are potent actors in the COVID-19 response of Cagayan, Northern Philippines.

Keywords: *structure, agency, phenomenological method, Community Healthcare Workers, COVID-19*

1. Introduction

The World Health Organization (2020) declared the COVID-19 as a pandemic considering the broad geographical scope of the virus spread. It affected people regardless of race, location, cultural belief, and social status (Doherty, 2013). New challenges and emerging social realities consequently resulted

because of its existence. It has drastically changed people's views regarding themselves, their governments, and the world. Consequently, it gave a new outlook regarding health practices on the emergence of infectious diseases from a global to individual perspective (Sadati et al., 2020). It challenged the existing structured norms and policies in healthcare delivery and healthcare systems. Thus, this yields new policies and practices as the pandemic ravages healthcare institutions globally.

Reports revealed that the COVID-19 hardly hits over 190 countries, areas, and territories, with more than two million reported cases globally. Countries have embarked on proactive measures to combat and contain the coronavirus. As a result, the Philippine government has strictly enforced preventive measures, including social distancing, enhanced community quarantine, and lockdown. President Rodrigo Duterte, by Proclamation No. 922 series of 2020, and Proclamation No. 929, and under Republic Act 11332, declared a State of Calamity due to the coronavirus outbreak. With this circumstance, community health care workers (CHWs) are at the frontline of health systems in many low and middle-income countries like the Philippines.

CHWs play an essential role in the healthcare system's success, especially during a pandemic. They bring public and primary care closer to the people. They provide practical help to improve the efficiency of the healthcare system (Herman, 2011). Moreover, the social turbulence today made people perceive the essence of the duties of CHWs and in community health in general.

The exigency of CHWs resulted from the Alma Ata declaration on Primary Health Care (PHC), which was declared in 1979 as there was a need to ensure greater participation and provision of culturally resonant health services (Pinto et al., 2012). In addition, the Barangay Health Workers (BHWs) Benefits and Incentives Act (Republic Act 7883) approved in 1995 empowered the BHWs as an integral component of public health. The BHWs are expected to be an active force and immediate response in the community, especially in epidemics.

To date, the BHWs became an integral part of the barangay health emergency team (BHERT) during the pandemic being ordered by the Department of the Interior and Local Government (DILG) under memorandum circular no. 2020-023, dated February 06, 2020. The BHERT is under the Rural Health Unit (RHU) and the Local Government Unit (LGU). The BHWs are expected to work under more stressful, tedious, and longer hours of labor than their usual duty, and their continuous exposure to contaminated surfaces can put them at risk (Phan et al., 2019). They are in charge of contact tracing, implementing health protocols, monitoring COVID-19 patients (Behera et al., 2020; Bhaumik et al., 2020; Boyce and Katz 2019).

While the fight against coronavirus has proven that the role of the CHWs as frontline responders is vital to the community and broader society, it also brought a new way of seeing their worth and value. Today, they have been called the new heroes and patriots, with their contributions being the key players in responding to the pandemic, risking their lives, being prone to contamination (Draper et al., 2008). However, ironically rather than being recognized, they experience many difficulties and challenges. Particularly, CHWs have experienced stigmatization, isolation, and social discrimination. As a result, frontline health workers are at higher risk of experiencing adverse mental health outcomes and require psychological support or interventions. Feelings of vulnerability or lack of control, as well as worry about one's health, the spread of a virus, the health of one's family and others, job changes, and negative social responses to them, can all be sources of distress (Lai et al., 2020). This scenario is aggravated as they are given few benefits and incentives (Bhaumik et al., 2020).

This study was conceptualized as few studies were faced on the first-hand experiences of BHWs and BHERTs during the pandemic. There is also a dearth of an in-depth exploration of their lived accounts coming from the grassroots. There is also a lacuna of interdisciplinary studies on structure and agency influencing CHWs during the pandemic. This study generally describes the lived experiences of CHWs in Cagayan, Northern Philippines during the COVID-19 pandemic concerning the scant of literature exploring their challenges, coping strategies, motivations, and the role of structure and agency influencing their lived experiences. This study hopes to recommend policies that will empower the CHWs and provide guidelines that will enhance the risk reduction strategy of LGU in the communities.

2. Literature Review

2.1 The First-line Responders in Fighting against the COVID-19 in the Community

Health care workers are defined being responsible for protecting and improving the health of their communities (World Health Organization, 2006). There has been emerging literature on the roles of CHWs during a pandemic. Some studies claimed that CHWs actively promote pandemic preparedness and awareness, contact tracing, caring of detected cases, contributing to the surveillance systems, and filling health service gaps (Behera et al., 2020; Bhaumik et al.,2020; Boyce and Katz 2019). Nepomnyashchiy et al. (2020) support this view, stating that CHWs are essential for pandemic response strategies. They were employed in China's COVID-19 response, and there are recommendations for how CHWs might be supported to stop viral spread while providing necessary services and protecting vulnerable populations. In addition, CHWs are important because they are trusted community members who are frequently the most accessible source of care, especially for vulnerable groups. Due to the growing concern in the Philippines over the COVID-19 pandemic, the government-mandated each barangay to organize, assign, and mobilize a Barangay Health Emergency Response Team (BHERT). Each BHERT shall be composed of an Executive Officer, a Barangay Tanod, and two (2) Barangay Health Workers, of which one (1) of whom is preferably a nurse or midwife. This team shall be responsible for managing all COVID-19 related healthcare needs.

2.2 Challenges and Difficulties of Health Care Workers During COVID-19 Pandemic

Community Health Workers are critical frontliners in the worldwide battle against the COVID-19 pandemic. Traditional care could not be provided as practical barriers which limited human relationships (Mitchinson et al., 2021). COVID-19 brought about a significant change and interruption in the life of health care workers (Mayfield-Johnson et al., 2020). Being the country's forefront in the communities, they are also experiencing demands and pressures at very high levels, compared to their usual occupational exposures. The workplace provides social integration to counteract work stressors' physical and mental adverse effects as it generates adverse health effects due to exposure to the novel coronavirus. Waring and Giles (2021) mention that increased stress, discomfort, burnout, and anxiety in the short term, and post-traumatic stress and depression in the long term, are common mental health effects across pandemics.

Some common findings among researchers on challenges and difficulties experienced by HCWs during a pandemic are as follows: 1. Fear of becoming sick and infecting others (De Los Santos and Labrague, 2021, International Federation of Red Cross and Red Crescent Societies 2020; Lai et al., 2020, Liu et al., 2020; Maraqa et al.,2020), 2. Lack of familiarity with COVID-19 (Behera et al.,2020; Maraqa et al., 2020; Van der Goot et al. 2021), 3. Personal Protective Equipment (PPE) (Ananda-Rajah et al., 2020; Behera et al., 2020; Franklin and Gkiouleka, 2021; International Federation of Red Cross and Red Crescent Societies, 2020; Liu et al., 2020; Van der Goot et al., 2021) 4. New routine in the workplace (Franklin and Gkiouleka, 2021; Lai et al., 2020, Liu et al., 2020; Van der Goot et al. 2021), 5. Physical and emotional exhaustion (Liu et al., 2020; Luceño-Moreno et al., 2020) 5. Shortage of PPE (Ananda-Rajah et al., 2020; Sharma et al., 2020). 6. Stigmatization and physical assault (Behera et al., 2020; International Federation of Red Cross and Red Crescent Societies, 2020; Kengadaran et al., 2021; Teksin, 2020; Vento et al., 2020) 7. Non-compliance of the public to the safety protocols issued (Munawar and Choudhry, 2020).

2.3 Coping Strategies and Motivations of Health Care Workers During COVID-19 Pandemic

During the COVID-19 pandemic, providing care to others can cause stress, anxiety, dread, and other negative emotions. Dealing with these emotions can impact the well-being of people (Centers for Disease Control and Prevention, 2020). Despite the day-to-day danger, the experience of stress,

burnout, and even mental health concerns in responding to COVID-19, HCWs are still surviving to save precious lives. HCWs manifested their resilience and the spirit of professional dedication to overcome difficulties (Liu et al., 2020). As resilient people, they can easily cope and adjust when stressors become overwhelming. Fostering resilience has numerous benefits. Resilient people can better overcome and manage positive and negative circumstances in life (Padesky and Mooney, 2012). The systematic review conducted by Labrague (2021) found out that coping mechanisms, psychological resilience, and social support have a positive impact on preserving the mental health and well-being of HCWs during the COVID-19 pandemic.

As COVID-19 is beginning to look uncontrollable and unstoppable, a growing body of literature is now investigating the coping strategies and motivations of HCWs battling the virus. Recent evidence suggests that religious coping, passion for serving humanity and the country, as well as resiliency are effective coping strategies (Labrague, 2021; Mayfield-Johnson et al., 2020; Munawar and Choudhry, 2020; Muthuri et al., 2020; Tahara et al. 2021, Van der Goot et al., 2021; Windarwati et al., 2020,). Further, support (social, financial, fellow CHWs, public health information, community resources) (Mayfield-Johnson et al., 2020, Van der Goot et al., 2021) and engaging in new activities (Labrague, 2021; Tahara et al. 2021) were reported as coping mechanisms to manage stress and to avoid mental health deterioration.

The systematic review conducted by Muthuri et al. (2020) reported that HCWs appreciate their values after gaining knowledge and use this to contribute to their community and health system. In addition, numerous studies indicated that clients (patients), community, and family have a significant influence on the motivation of health care workers through appreciating, admiring, respecting, and recognizing the work they do. At the organizational level, the top three motivations reported by various studies were training opportunities, adequate monetary support suited for the living standards, and transformative leadership and supportive supervision. Overall, these studies highlight the need for a healthy organizational social environment to motivate health workers.

2.4 Full Potential Community Health Care Workers During Pandemic

The study of Perry and Hodgins (2021) underscores that it is now time for the governments and UN agencies to include CHWs in official health statistics. This move ensures that they are accounted for in national human resource planning, including providing adequate numbers of CHWs; and prioritizing supervisory, logistical, and other necessary support for these programs. This view is supported by Mayfield-Johnson et al. (2020), who writes that CHWs have "grassroots information," which is why it is essential to involve CHWs in the planning, implementation, and evaluation COVID-19 strategies for communities at risk.

To become an effective CHW, appropriate and sufficient training, appropriate and adequate personal protective equipment (Behera et al., 2020; Bhaumik et al., 2020; Mistry et al., 2021; Palafox et al., 2020), additional incentives, and a psycho-social support system (Behera et al., 2020; Bhaumik et al., 2020) must be provided. When CHWs make house visits, they must ensure that they are safe from any possible violence in the community. Policymakers need to recognize the importance of CHWs for them to feel safe and protected, which can be achieved by providing protective equipment and a safe working environment and acknowledging the critical role of the community and society, which serves as a motivation of CHWs. There is a need to fairly compensate the health workforce to avoid compromising universal access to healthcare, which is a right (Muthuri et al., 2020).

2.5 Structuration as Essential Theory

Societies are seen as a synthesis of agency and structure. Anthony Giddens' work (1984) is concerned with overcoming the traditional sociological dualities between agency and structure. Following Durkheim's structural concepts, structures provide order and continuity to social practices due to their external and constraining power. However, actors simultaneously have the agency as free agents

to transform the structures. Giddens seeks to examine the structural reproduction of social practices. Structures are rules and resources drawn upon the production and reproduction of social practices by actors as agents of social practices termed the duality of structure.

In the context of this study, the frontliners' ontological security has been threatened by the emergence of the COVID-19 pandemic. The existence of the structures allows people to find meaning within their personal lives. However, since the COVID-19 disrupted their lives, this new social disorder necessitates newer structures in the Department of Health and LGU's pandemic response. Some policies can be obsolete in the new challenges imposed by COVID-19. The experiences of the frontline workers serve as an instrument for reflection to exercise their agency for reforms, change the orthodox rules and work on the limited resources that impede CHWs from carrying out their duties more effectively.

3. Methodology

3.1 Research Design

The study employed a descriptive qualitative design, explicitly using Husserl's descriptive phenomenology. Phenomenology suggests that social reality can be understood by people's lived experiences (Burnes and Grove, 2005). Through levels of reflection, the phenomenon being investigated unveils layers of reality or meanings not seen before. It places its emphasis on understanding the different levels of psycho-social phenomena from the participant's point of view (Welman et al., 2001), describing their "lived experiences" (Greene, 1997; Ramirez, 2012). Mainly, Husserl's Descriptive Phenomenology focuses on deducing the essence of participants' lived experiences (Creswell, 2013), applying epoche' or bracketing or suspending the researcher's judgment.

3.2 Research Participants

The researchers used non-probability sampling, particularly purposive sampling, to select study participants. Since the nature of the study does not aim to represent the whole population of frontliners, instead to elicit the depth of narratives from them until data saturation is reached (Elmusharaf, 2012). Forty-six (46) CHWs in Cagayan, Northern Philippines were purposively selected to be study participants. CHWs were composed of barangay health workers (BHWs), midwives, municipal health officers, rural health unit nurses, rural health unit's medical technologists. In terms of their gender, eighty-five percent (85%) were female, and fifteen percent (15%) were male. Regarding their employment, Forty-six percent were permanent while fifty-four percent (54%) were non-permanent.

Furthermore, the study participants who were frontliners during the COVID-19 pandemic were chosen based on the following inclusion criteria: (a) must be a community health worker, (b) must be directly involved in giving preventive treatment or assistance during the COVID-19 pandemic (c) must be willing to narrate his or her experiences.

The identified frontliners were reached through their respective agencies to solicit their voluntary participation in the study. The prior and informed consent forms were personally distributed and filled out to all study participants, informing them of the study's purpose and ensuring the confidentiality of the data gathered.

3.3 Research Procedure

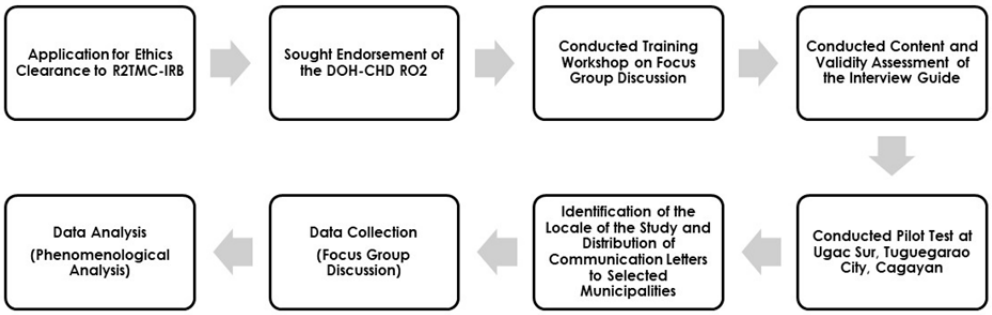

Figure 1: Flow Chart of Research Procedure

Before conducting the study, the researchers sought ethics clearance at the Region II Trauma and Medical Center in Bayombong Nueva Vizcaya, a Philippine Health Research Ethics Board (PHREB) - accredited research ethics committee. At the same time, the researchers requested project endorsement from the Department of Health- Center for Health Development Regional Office 2. Prior to data collection, the research assistants and data enumerators were capacitated through protocol orientation and a training workshop on conducting qualitative methodologies, particularly FGD.

The researchers prepared a semi-structured interview guide that contains questions to elicit the study participants' responses to the focus group discussion (FGD). It consisted of questions about the participants' lived experiences (e.g., motivation, challenges and difficulties, fears, and struggles) during the COVID-19 pandemic. The questions were checked for consistency, validity, and relevance by experts. After the approval of ethics clearance of R2TMC and released of endorsement from DOH-CHD RO2, the interview guide was pilot tested to CHWs in Ugac Sur, Tuguegarao City, Cagayan. This barangay has the highest number of COVID-19 positive cases in the City during the conduct of the pilot test.

After conducting the pilot test, the researchers identified the locale of the study by identifying the five municipalities with the highest number of COVID-19 positive cases in the Cagayan. Communication letters were forwarded to the Mayors and Municipal Health Officers (MHOs) of selected municipalities for the identification of study participants. Upon the confirmation of the MHOs, free and prior and informed consent was elucidated from each study participant to ensure that they were well informed of the objectives, the benefits, and their voluntary participation.

In the conduct of FGD, the researchers arranged the time and venue, considering the study participants' availability and convenience. The average duration of the FGD was 1 hour and 30 minutes. It was undertaken in a conducive room offered by the participating institution. The researchers guaranteed that the setting of the interview was free from disturbance and noise. During the FGD, code names were used by the study participants to make them anonymous. The researchers also ensured the confidentiality of their responses. One of the researchers facilitated the FGDs. A mobile phone and audio recorder recorded the participants' responses, complemented by other researchers' note-taking. The researchers transcribed the FGD responses. After the data had been transcribed, the researchers asked the study participants to validate the data for confirmability. Fundamentally, the 'epoche' was ensured to suspend and free the researchers from biases (Husserl, 1982). Moreover, self-reflexivity was also reinforced.

In addition, for the researchers' and study participants' safety, the researchers followed the guidelines and policies recommended by the Inter-Agency Task Force. Concerning the different

protocols, and due to the rising positive cases of COVID-19 in Cagayan, Northern Philippines, virtual FGD was also considered by the researchers based on the guidelines of each municipalities Rural Health Units to protect the researchers and the study participants.

4. Data Analysis

The study participants' responses from the interview were transcribed verbatim and had undergone thematic analysis. Fundamentally, Moustakas' (1994) phenomenological analysis framework was adapted to deduce the different themes from the lived experiences of the study participants. The researchers first employed horizontalization. In this step, the researchers treated all the narratives of the study participants with equal value. They coded the significant statements, followed by a textual description wherein the researchers looked into the accounts and meanings of the study participants' responses. Based on the textual description, emerging patterns of their statements were identified leading to the structural themes. Further, researchers identified the norms and principles of the study participants' lived experiences. Lastly, eidetic insight, the perceived nucleus of truth or the universal essence of the phenomenon, was identified (Ramirez, 2017).

5. Results

This section presents the composite themes gathered from the study participants, which were elicited from the five (5) focus group discussions (FGD) done among CHWs. It sought to answer the following research problems:

1. What are the challenges and difficulties of the CHWs?
2. What are the motivations they have as CHWs amidst the pandemic?
3. What are their coping strategies during the pandemic?
4. What policies should be recommended to empower the CHWs?

For the first question, there were five (5) themes culled from their narratives. In terms of their motivations, two (2) main themes were elicited. Moreover, in terms of their coping strategies, there were four (4) themes surfaced. With the last research question, four (4) themes emerged. Further, these themes were analyzed using Giddens' (1984) lens of structuration, resulting in the structural composite description.

5.1 Challenges and Difficulties of Health Care Workers During COVID-19 Pandemic

These were the themes that surfaced from the responses of study participants under the challenges and difficulties they experienced:

5.1.1 Perceived (Un)preparedness

Regarding the perceived (un)preparedness of the study participants, most of them experienced shock by the coming of COVID-19. They seemed unprepared because of their lack of training and seminars, and the scarcity of human resources constrained them. These influenced their response to the pandemic, especially during its early phase. However, few of the study participants were well prepared since they communicated well with the RHU and barangay leaders.

For those CHW who were unprepared, they were caught off-guard by the COVID-19 outbreak. They were surprised and could hardly adjust but could adapt as they moved forward in helping their respective communities towards the latter part. Three of the CHWs said:

> *"I never thought that COVID-19 is real, and it is now present in my community. I was surprised so with others. We were not at prepared initially." (SPA2)*

"Before we do not know what to do. As time goes, we were able to discharge our role accordingly" (SPB3)

"We were caught off guard, and no one is aware that this will happen. Nevertheless, we have no choice but to face this challenge, and we need to adapt to the new normal with our government. With our energetic head, we manage to maximize our roles and resources." (SPC1)

The majority of the study participants have stated the lack of training and seminars about COVID-19. While they have attended many seminars, none specifically tackled COVID-19. This scenario has influenced their uneasiness in dealing with the virus. One of them mentioned:

"I have attended some training and seminars, but none pertains explicitly to COVID-19 before the pandemic." (SPA1)

Moreover, almost all of them cited lack of human resources due to the COVID-19 pandemic, which has not been anticipated. Specifically, when some of them tested positive and needed to be quarantined, there was no extra staff to replace them. However, they also declared that the Local Government Unit (LGU) and the Rural Hospital Unit are doing their best in making them capacitated. At present, they are ready to respond to the healthcare needs of their community. One of them affirmed:

"In the beginning, we experienced a lack of workforce. We had issues with staffing, especially when some of us tested positive when there was no one to replace us. However, at present, the LGU and RHU are ready to respond to the community's healthcare needs during the COVID-19." (SPD1)

Some of them mentioned that they were made to be prepared during the pandemic. One of the good practices they observe is having good communication among the RHU and barangay leaders. Two of them mentioned:

"Yes, we are prepared. Our having a good communication strategy among the RHU and barangay leaders is central to our preparedness." (SPE1)

"We conduct zoom meetings for Barangay Captains to disseminate the up-to-date protocols. For those barangays with a poor internet connection, barkers are hired to visit the barangays and disseminate the up-to-date information." (SPE2)

5.1.2 New Concept of Space

All of the study participants concurred that COVID-19 changed their concept of space. They mentioned that their routine in the workplace has changed. Apart from initiating telemedicine, they have strictly implemented social distancing. These measures were undertaken to respond to people's medical needs and safety in the community.

The study participants narrated that they conducted many outreach programs for the community before, like vaccination and medical missions. However, at the onset of the pandemic, the programs were reduced. Since they need to visit their clientele in their respective houses, unlike before when the patients visit the health center. One of them mentioned:

"Before the pandemic, we do plenty of activities like vaccination in every barangay and giving free medical check-ups. We gather the people in a certain venue. Today, we need to visit them from their homes in order to prevent the transmission of the virus." (SPA3)

The implementation of telemedicine has been a significant and effective measure for frontliners

to respond to health concerns during the new normal. However, this also probes the CHWs to difficulty in assessing the patients. Unlike before, they can assess the patients face to face. One of them revealed:

> *"We assess the patients personally before the pandemic. Now, patients usually consult through phone calls and texts. Giving medical assessment through phone call or text is difficult." (SPB4)*

All of the study participants declared that social distancing had been strictly reinforced. This measure lessened their physical interaction. Unlike before, they used to eat together to have a conversation. A study participant remarked:

> *"Social distancing was strictly implemented in the workplace. Now, we do not have a chance to eat together and talk together." (SPC1)*

The change of their concept of space made the study participants that, indeed, COVID-19 has changed everything.

5.1.3 Personal Consequences of COVID-19

The COVID-19 pandemic has resulted in numerous physical and psychological consequences among CHWs. The study participants claimed they were physically exhausted and burnt out as they needed to cater to more than two (2) barangays. On top of that, they need to do home consultations and community visits even when the social condition is too scary, making them vulnerable to acquiring the viral infection. Two of them cited:

> *"Things now are becoming so complicated and burdensome. We are assigned to do health tasks in more barangays, it is taking us days to finish administering vaccines and finishing our reports." (SPA5)*

> *"My workload is doubled now, including the barangays I am handling." (SPB6)*

The pandemic likewise brought tremendous psychological problems to CHWs. The study participants revealed how they often feel stress and paranoia. Their stress is due to the increased in work volume and the difficulty of communicating with people seeking medical assistance through telemedicine. One of them stated:

> *"It is so stressful to handle patients thru telemedicine. It is hard to communicate and assess their medical needs. Moreover, our workload has tripled. We need to provide non-COVID-19 health services at the same time continuously we need to manage COVID-19 healthcare-related needs, Locally Stranded Individuals (LSI) and Overseas Filipino Workers (OFW) in our community." (SPC2)*

The CHWs, as much as they would like to serve their community, also feel paranoid, suspecting everyone as COVID-19 positive. They are afraid of being infected by those they get in contact with. They are unsure if those people they are helping will be those who shall transmit the disease.

> *"I feel anxious when facing other patients because I am not sure if they are carriers of the virus. Especially that I am already a senior citizen." (SPE4)*

Being fearful for their lives and their families was the most common response among the CHWs when asked about their doubts. They openly shared that they were afraid they might contract the virus, which may even lead to their deaths. There is also a strong possibility that they can infect their families. They keep thinking of these possibilities on and off their work. Some of them disclosed:

"I am always afraid, especially when there were positive cases in the communities where I am assigned. I fear that I get sick and eventually will die. I am also apprehensive about going home because I might transfer the virus to my family if I am positive. I have not been able to come home to my family for almost a month because I am afraid that I might infect them." (SPB6)

"The challenge is that after taking 14 days of quarantine, you will return to work and there is a possibility to be re-exposed. So, you need to repeat the quarantine period. It leaves me constant fear." (SPC1)

5.1.4 Social Consequences of COVID-19

Being a community frontliner can sometimes be frustrating. One of the most pressing concerns CHWs complain about is the social stigma and discrimination they receive from people. Being quarantined for several days also makes them unable to socially interact with their family members, peers, and co-workers. Another burden among CHWs is the lack of compliance of people to safety protocols.

The study participants who experienced being stigmatized and discriminated against cited several instances when people did not like interacting with them. These experiences have inflicted pain and frustration to them. Sometimes, they feel that their toil and labor are useless. A lot of people from the community do not even believe that COVID is real. The study participants revealed:

"Most of the people in the community stay away from me since they know that I am a barangay health worker." (SPB5)

"I feel that at the moment that I arrived at our house, our neighbors started gossiping about me. (SPC6)

If there is a small gathering in the barangay, residents are terrified when I attend because they know that I am a health worker who can be a potential source of infection." (SPA5)

"As much as possible, I would like to serve my community. Nevertheless, sometimes, I am hurt because people do not believe that we are helping. Some people in the community even think COVID-19 is not real, and it makes me frustrated." (SPB2)

CHWs also shared stories about conflicts that rose between them and community members. Some residents insist not to wear facemasks and do not practice social distancing. Some of the CHWs stated:

"It is heartbreaking that even though you constantly remind people, they will just ignore you. They seem not to listen" (SPE1)

"Bystanders are staying in one place without wearing their masks. Since they do not pay regard to my being a BHERT, I resort in calling to some police officers " (SPD4)

"We are dealing with hardheaded and stubborn people that are not following the safety health protocols, and this annoying daily experience annoys me." (SPC1)

5.1.5 Limited Resources

The study participants mentioned concerns and limited human resources, scarcity of PPE, difficulty in mobility and transportation, and poor compensation packages. They have repeatedly mentioned the lack of human resources. Some of them stated:

"They assigned a more extensive area for each of us. Since our area is vast for a single worker to cover, it took us several days to finish administering the vaccines." (SPA6)

Some of them have difficulty with transportation when hopping from one barangay to another. There were no transport services during community quarantine periods. Hence, they need to walk several kilometers to conduct house visits. This experience added more burdens for the CHWs. Some of them mentioned:

> *"We have problems with transpiration since public transport is not allowed. We do not have private vehicles. The barangays were far apart, and it was hard to walk. The lack of transportation caused us more delays." (SPB3)*

> *"During the early stages of the pandemic, we do not have enough facemask and face shield. Most of the time, we need to recycle our face masks although we know that it exposes us to risks" (SPE3)*

Poor compensation and lack of benefits for every worker are also a burden among study participants. Since most of them are contractual workers and volunteers, they were not given sufficient pay. They only earn from ₱500.00-₱1800.00 per month, and payments are delayed. They do not receive hazard pay, unlike other regular frontlines. The majority of them are volunteers or contractual employees. One disclosed:

> *"Our allowance is not enough to support our family's need. We do not receive any hazard pay since we are just volunteers, and this had been a long issue." (SPC5).*

5.2 The Health Care Workers Motivated by a Higher Cause During COVID-19 Pandemic

Under their motivations, there were two (2) significant themes emerged. These themes enable them to persist in doing their roles as CHWs.

5.2.1 Inspiration from Family

Family support has been a great motivation among the study participants. Through finding inspiration from their families, they stay and continue to work. The support and encouragement that they receive from their families push them to continue working despite the risk of their work. They also realized that their job as CHW is vital in providing for the needs of their families. One of the study participants said:

> *"My family is the reason why I can handle these challenges, and they are my driving force to keep me working in order to provide for their needs and for them to have a better life." (SPD1)*

5.2.2 Love and Commitment of Work

The study participants' love for their work and their commitment to rendering service in the community pushed them to persist in working. They believe that their services are needed in their respective community. Through their hard work and sacrifices, they manifest faithfulness to the oath they have undertaken to their barangay. Three of them revealed:

> *"I love my job as well as my barangay, and I promise to do my best." (SPE5)*

> *"As a community health worker, even though our job is challenging, we need to sacrifice to supply the needs of the community. Since I have taken an oath as a barangay official, I need to fulfill my role despite the odds." (SPD5)*

> *"They call us modern heroes. We are the answer to the people's prayers to end this pandemic. Why fail them?" (SPD6)*

5.3 *Coping Strategies*

The study participants mentioned different coping mechanisms during the COVID-19 pandemic, like praying and reflecting, being resilient, self-care, and maintaining good relationships with co-workers and patients. They practice them to overcome physical and psychological exhaustion and feel better.

5.3.1 *Religious Coping*

The most solicited response among the CHWs is religious coping. They transcend their fears and anxieties through prayer. They believe that God is still in control of everything. One of the study participants said:

> *"This time, I became more prayerful. I need to have faith in the Lord because he is the source of life. He is in control of everything, and I entrust myself to Him." (SPA1)*

In the most challenging times, prayer has been an effective coping strategy among the study participants.

5.3.2 *Being Resilient*

Another theme under coping strategies is being resilient. This theme is integral in dealing with the different stress and stressors related to their work. Being in high spirit and staying strong during the pandemic is significant to overcoming multifarious challenges. The study participants remarked:

> *"I need to be strong inwardly in order for me to overcome the challenges that I have as a CHW.I have to be focused and alert. I believe that I am in a capacity in dealing with my own stresses" (SPE2)*

> *"As a healthcare provider, I need to maintain my composure. I need to maximize my patience in dealing with people. I deal with them professionally because we need to make a good outcome in our interaction with them." (SPC3)*

5.3.3 *Self-Care*

All of them agree that self-care is a very effective strategy against COVID-19. They need to boost their immune system by taking vitamins, exercising regularly, and practicing good hygiene like washing hands and taking a bath. One of them stated:

> *"In order to protect me from being sick, I need to take my vitamins regularly, wash my hands because it is the simplest way to avoid being infected and transmitting the virus to others. Protecting me means protecting my family as well" (SPB5)*

5.3.4 *A good relationship with co-workers and patient's satisfaction*

The majority of the CHWs narrated that thinking of an excellent relationship with their co-workers is a way to inspire them. Moreover, the satisfaction and appreciation they get from their clients expressed through their words of gratitude inspires them.

> *"What encourages me the most is thinking of the good relationship that I have with my co-workers. Of course, the satisfaction of my patients is also an inspiration. I experienced a few occasions when our patients would write a letter to extend their gratitude. Thinking of those acts of kindness makes me hang on and continue to serve." (SPE2)*

"I felt the desire to work harder as my co-workers are always saying that we are one in this battle." (SPD1)

5.4 Empowering the CHWs during the Pandemic and Moving Forward

The CHWs shared their insights on enabling them to respond to the pandemic and future outbreaks. Based on their responses, the themes that surfaced were: attendance to more training and seminars on capacitation, additional benefits and hazard pay, implementation of the health protocols rigidly, and having an intensive information dissemination campaign.

5.4.1 More Training Opportunities

Majority of the study participants admitted that they lack the essential knowledge, competencies, and technical "know-hows" about COVID-19. Hence, they aspire to be provided with more training opportunities. For them, the learning that they may gain will help them become more effective and capacitated CHWs. One of them revealed:

"We should be given more up-to-date training that we may acquire more knowledge and skills to become more effective health workers." (SPE3)

5.4.2 Benefits and Hazard pay

Majority of the study participants were contractual workers others were volunteers. As a consequence, they are not eligible for benefits and hazard pay. Since these incentives were only accorded to the permanent regular employees, this is the common plight among the CHWs. As such, they could hardly provide for their personal and family needs. Two of them painstakingly shared:

"We should be given benefits, additional compensation or at least financial assistance. What I am receiving is not adequate for my family and me. It is too scanty as an honoraria and it is even given late." (SPA6)

"Communication allowance is also a must during this time of the pandemic. We need it during the conduct of telemedicine. Meetings for the protocol updates are also conducted virtually. In addition, we need to be reached 24/7 to respond to the needs of the community." (SPC6)

5.4.3 Implementing the Health Protocols Rigidly

One of the major complaints among the study participants is the undisciplined public. Many people in the community do not follow the health protocols like using a facemask, social distancing, and staying at home when it is not essential to go out. Hence, they suggested having a more strict implementation of the health protocols. One of them exclaimed:

"The authorities should be more strict in implementing the health protocols to discipline the people from barangays. Many people do not comply with the rules that were set even we constantly remind them." (SPD2)

5.4.4 Massive Information Dissemination Campaign

According to the study participants, the public's lack of knowledge and ignorance is one of the primary causes of the disarray. Knowing the risk of COVID-19 and the fundamentals to protect themselves and other people, they should abide by the health protocols. However, it is disheartening that some people do not believe in COVID-19. The study participants conveyed:

"What we need is a massive information dissemination campaign to educate everyone in the community." (SPC3)

"The people portray to be ignorant. They do not believe in COVID-19." (SPD1)

5.5 *Exhaustive Description of Fundamental Essences and Creative Synthesis*

The lived experiences of the CHWs are influenced by the interplay of both structure and agency. Their actions are consequences of this duality. These are the embodied experiences influenced by the former: Under the Challenges: Perceived (Un)preparedness (lack of training and seminar lack of human resources, shocked by the outbreak, new concept of space (new routine in the workplace, less interaction, need for house-to-house visit and telemedicine), social consequences and personal consequences of COVID-19). On the other hand, the latter impacts motivation (support from family and love and commitment to the community), Coping Strategies (religious coping, resiliency, self-care, good relationship with co-workers, and patient satisfaction). The recursive actions and interaction of the CHWs concerning structure and agency can result in empowered CHWs with the following actions to be undertaken: more permanent workers, increased compensation and benefits, additional supplies like PPE, facemask, social, psychological, and spiritual support, attendance to more training and seminars incapacitation, massive information dissemination campaign in the community.

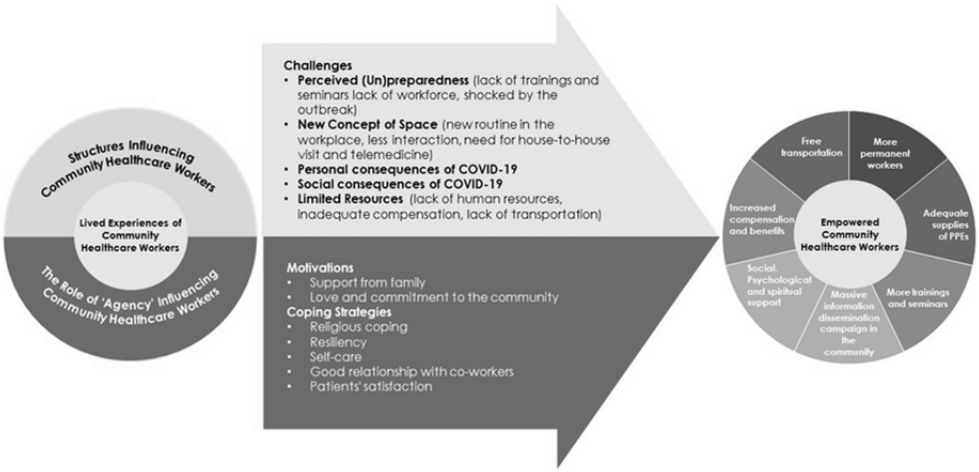

Figure 2: Creative Synthesis of Community Health Care Workers Lived-Experiences

6. Discussion

The findings of the study revealed the significant role of CHWs. The LGU responded accordingly to the pandemic by forming BHERT in cooperation with the Rural Hospital. Together, they worked for hand in hand to give healthcare assistance to their community. In addition, the CHWs actively promote pandemic preparedness and awareness, case-finding, contributing to the community surveillance systems, and filling health service gaps (Behera et al., 2020, Bhaumik et al., 2020; Boyce & Katz 2019).

Regarding the challenges of the CHWs, there were five themes deduced based on the study's findings. The first theme is the perceived (un)preparedness of the CHWs. The pandemic's initial stage has caused many adjustments among the CHWs. Some of these were: being shocked by the

pandemic, lack of human resources, and lack of training. These adjustments made it hard for them to work, which lessened their preparedness. In addition, the policies were not yet in place. The new normal requires more human resources to do house-to-house visits implement contact tracing and monitoring. Their sense of shock by the pandemic somehow impeded their pandemic response (Mitchinson et al., 2021). However, some of the CHWs mentioned that they were prepared since they have good communication and coordination with their LGU. In this case, good coordination and communication are pivotal in the pandemic response.

The new concept of space was another challenge among the study participants (new routine in the workplace, less interaction, telemedicine, and the need for house-to-house visits rather than the traditional patients visiting the clinic). This set of adjustments also played significantly in their difficulties. These results affirm that new environments influence the response of CHWs (Liu et al., 2020). Since traditional care done by patients visiting the rural health clinics could not be provided due to the COVID-19 pandemic, space as a practical barrier limits human relationships. Aside from this, COVID-19 brought about a significant change and interruption in the life of health care workers. In the workplace are social bonds that lessen the stress of the CHWs. However, on the contrary, their workplace now generates limited contacts (Mitchinson et al., 2021; Mayfield-Johnson et al.,2020) that has been an additional struggle of the CHWs. The new environment consequently impeded the actions and interactions of the CHWs. The newly implemented telemedicine for assessing patients becomes a source of stress since they cannot communicate with the patients well and are adjusting to using the new assessment methods. At the same time, the increased house-to-house visitation has been new for them.

The study participants also experience personal consequences under the challenges of CHWs during the pandemic. Among the personal consequences of COVID-19 are physical burnout, stress, paranoia, and being afraid for their lives and their families due to the high demand and pressure (Luceño-Moreno et al.,2020; Maraqa et al., 2020; Waring and Giles, 2021). The most common personal consequence of COVID-19 is fear of their lives and their families. This point supports the claims of other studies in which feeling afraid among CHWs for their lives and their families because of the risk of contracting the virus is a great challenge for them (De Los Santos and Labrague, 2021, International Federation of Red Cross and Red Crescent Societies, 2020). According to De Los Santos and Labrague (2021), this fear could be a probable reason for them to leave their work which is not consonant with the research findings. On the other hand, the study participants show resiliency and high commitment to their duty as CHWs, which would be enough to stay despite their risk and fear.

Based on the study's findings, the social consequences of COVID-19 were also mentioned as part of the challenges among CHWs. Social Stigmatization, discrimination, isolation, and non-compliance of the public to the safety protocols issued by the government to fight COVID-19 (Munawar and Choudhry, 2020). The CHWs were stigmatized and discriminated against in their community. Moreover, In their homes, they often isolate themselves. Also, the non-compliance of the public is an additional burden for them. These findings are inconsonant with Behera et al. (2020) study. However, the situation in the locale of the study does not include violence-related incidence, unlike the studies of Kengadaran et al. (2021) and Vento et al. (2020).

The last theme in terms of challenges, limited resources, particularly the lack of human resources, scarce supply and transportation service, inadequate compensation, and benefits among CHWs were disclosed by the study participants. The findings are in response to the study of Franklin and Gkiouleka (2021), which suggested further research on social and societal risks such as staff shortages, intersecting inequalities, and financial stressors. The results of the study mirror the realities that the CHWs faces during the pandemic especially in a developing country like the Philippines.

These challenges and difficulties among the study participants result from the constraining structure that interplays with their pandemic response. The national government's policies through the IATF have been cascaded to the LGU. The CHWs are just recipients of these policies. Moreover, the distribution of resources follows the same manner. In this instance, the difficulties encountered

are external and constraining structure products.

The study participants were also accustomed to former norms, standard healthcare practices, and social bonds, which have been disrupted and threatened because of the pandemic. This result aligns with what Giddens (1984) termed ontological security. Before the pandemic, the CHWs have policies, norms, practices, and standards for healthcare assistance in the community. At the onset of COVID-19, the sequence of structured interaction needed to be changed to adapt to the new normal. In this instance, their ontological structure was threatened. This scenario posed a challenge for the CHWs in their preparedness for the pandemic. They have difficulty finding meaning to the new routines since they were acquainted with the former ways or practices in healthcare delivery. However, those who claimed they were prepared for their pandemic response specified that excellent communication and coordination with the RHU, LGU, and local leaders were imperative.

It is good to note that the study participants were motivated by their families and loved ones to serve their community despite their difficulties and challenges. This sense of motivation depicts the altruism among the CHWs, which transcends beyond the self. Their families and community are sources of inspiration to continue their work despite the odds. Altruism is a critical component of medical practice, defined as a "core of competent health professionals," rooted in the Hippocratic Oath taken by health care professionals. Some of the reasons for feeling a sense of responsibility to be altruistic where the desire to save lives, serve the community, share health-related knowledge, and catalyze behavioral change within the community and public (Muthuri et al., 2021). The passion in serving the community among the CHWs is also their moral obligation to their oath and commitment in delivering healthcare assistance (Munawar and Choudhry, 2020).

Along different motivations are several coping strategies that the CHWs practice to overcome the challenges amidst the pandemic. Religious coping, being resilient, self-care, and good relationships with co-workers and patients are effective practices among the study participants. Having faith and being prayerful strengthen the study participants inwardly. Since they believe that God is still in control of everything and relieves their discomfort. This result confirms Munawar and Choudhry (2020) that religious coping is one of the effective coping mechanisms of HCWs during the pandemic.

Moreover, the study participants observed being spirited and robust as their expression of being resilient to overcome the hardships they encounter in their work. This finding affirms Padesky and Mooney (2021) that resilient people can manage the positive and negative circumstances they encounter. Also, self-care like taking vitamins, observing good hygiene, and regular exercise have been regularly practiced, similar to the Mayfield-Johnson et al. (2020) study. Lastly, the good relationship among their co-workers and patients' satisfaction with the CHWs service are integral aspects of their fortitude in being CHWs despite their struggle during the pandemic. This confirms numerous studies indicated that clients (patients), community, and family have a significant influence on the motivation of health care workers through appreciating, admiring, respecting, and recognizing the work they do (Van der Goot et al., 2021; Windarwati et al., 2020). None of the study participants mentioned proactive measures like online communication and doing arts and crafts cited by Tahara et al. (2021) as coping strategies in Japan. This fact indicates the difference between Japanese and Filipino CHWs' coping strategies.

Regarding empowering the CHWs, findings of the study revealed that increasing the number of permanent workers, giving them additional compensation, benefits like hazard pay just like regular employees should be undertaken. Also, providing them to attend more training opportunities, giving more supplies like PPE and facemasks, and providing transportation services are essential in making them more effective CHWs. Moreover, implementing the health protocols rigidly and having a massive information dissemination campaign should be undertaken. Giving them psychological, moral and spiritual support should also be imperative.

Since most of the study participants were non-permanent, hiring permanent CHWs should be undertaken. This move will address the lack of human resources. Moreover, this will allow them to enjoy more incentives. The additional benefits and hazard pay would motivate them to value their

services. CHWs will feel supported as public health professionals and as individuals due to these benefits. This recommendation will alleviate their problem in providing for their personal needs and family (Behera et al., 2020; Bhaumik et al., 2021; Palafox et al., 2020).

Letting the CHWs attend training would be vital for having more knowledge and skills in the future pandemic response. It will also increase their confidence in their workplace. Further, allocating more supplies like PPE and facemask to them let them feel protected and work more efficiently (Mayfield-Johnson et al., 2020). Additionally, providing transportation service will ease their physical burden and give a faster healthcare service. Germane to this, the strict implementation of the protocols would allow the CHWs to be more protected in reducing the active cases of COVID-19 that they might not be physically and mentally exhausted. At the same time, having a massive information and dissemination campaign to educate the people in the community regarding COVID-19. Giving them knowledge would liberate them from ignorance and lead them to comply with health protocols. Furthermore, it will lessen the public's complaints and non-compliance and avoid social stigma and discrimination among CHWs. Likewise, giving the CHWs more psychological and spiritual support should boost their morale. Eventually, this will empower them with essential knowledge and prevention of COVID-19.

The motivations, coping strategies, and the suggested recommendations of the CHWs indicate their agency. Giddens espoused the role of agency in the reproduction of new social practices. In the case of the CHWs, the structures may constrain and limit their COVID-19 response effectiveness. However, the CHWs are active agents; they overcome these different constraints in making new and effective practices in response to the pandemic. Through the agency of actors, they were able to overcome the challenges, and they were able to contribute effectively to the present COVID-19 crisis in making enabling structure in healthcare delivery.

7. Conclusion

The role of the CHWs is crucial in the pandemic response since they are in charge of community awareness, stigma reduction, and contact tracing, among other things. However, they experience a lot of challenges and difficulties. Some of these challenges were their perceived unpreparedness, new concept of space, personal and social consequences, and limited resources. These challenges are consequences of the interplay of structure and agency. Despite their struggles, they exercise their agency in being motivated, committed to giving healthcare service to their communities. Hence, the CHWs lived experiences are a significant input for framework and policies geared at health sector's pandemic response. Their grassroots experiences are vital in crafting and implementing policies in empowering them, addressing the current pandemic and future outbreak. Moreover, their narratives could be a vital detail to inform the public regarding the essential role of CHWs since they are potent actors in the current pandemic response of Cagayan, Northern Philippines.

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References

Ananda-Rajah, M., Veness, B., Berkovic, D., Parker, C., Kelly, G., & Ayton, D. (2020). Hearing the voices of Australian healthcare workers during the COVID-19 pandemic. BMJ Leader, leader-2020-000386. https://doi.org/10.1136/leader-2020-000386

Behera, D., Praveen, D., & Behera, M. (2020). Protecting Indian health workforce during the COVID-19 pandemic. Journal of Family Medicine and Primary Care, 9(9), 4541. https://doi.org/10.4103/jfmpc.jfmpc_925_20

Bhaumik, S., Moola, S., Tyagi, J., Nambiar, D., & Kakoti, M. (2020). Community health workers for pandemic response: a rapid evidence synthesis. BMJ Global Health, 5(6), e002769. https://doi.org/10.1136/bmjgh-2020-002769

Boyce, M. R., & Katz, R. (2019). Community Health Workers and Pandemic Preparedness: Current and Prospective Roles. Frontiers in Public Health, 7. https://doi.org/10.3389/fpubh.2019.00062

Burnes, N., & Grove, S. (2009). The practice of nursing research – appraisal, synthesis, and generation of evidenceThe practice of nursing research – appraisal, synthesis, and generation of evidence 6 Burns Nancy Grove Susan K Elsevier £40.99 768pp 9781416054689 1846191351. Nursing Standard, 23(45), 30–30. https://doi.org/10.7748/ns.23.45.30.s35

CDC. (2020, February 11). Coronavirus Disease 2019 (COVID-19). Centers for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/hcp/mental-health-healthcare.html

Creswell, J. W., & Creswell, J. D. (2018). Research Design: Qualitative, Quantitative, and Mixed Methods Approaches (5th ed.). Sage Publications, Inc.

De los Santos, J. A. A., & Labrague, L. J. (2021). The impact of fear of COVID-19 on job stress, and turnover intentions of frontline nurses in the community: A cross-sectional study in the Philippines. Traumatology. https://doi.org/10.1037/trm0000294

Doherty, P. C. (2013). Pandemics: what everyone needs to know. Oxford University Press.

Elmusharaf, K. (2012, July 31). Qualitative sampling techniques. Geneva Foundation for Medical Education and Research. https://www.gfmer.ch/SRH-Course-2012/research-methodology/Qualitative-sampling-techniques-Elmusharaf-2012.htm

Franklin, P., & Gkiouleka, A. (2021). A Scoping Review of Psychosocial Risks to Health Workers during the Covid-19 Pandemic. International Journal of Environmental Research and Public Health, 18(5), 2453. https://doi.org/10.3390/ijerph18052453

Giddens, A. (2017). The constitution of society outline of the Theory of Structuration. Cambridge Malden, Ma Polity Press.

Greene, M. (1997). The lived world, literature, and education.

Herman, A. A. (2011). Community Health Workers and Integrated Primary Health Care Teams in the 21st Century. Journal of Ambulatory Care Management, 34(4), 354–361. https://doi.org/10.1097/jac.0b013e31822cbcd0

Husserl, E. (2014). Ideas pertaining to a pure phenomenology and phenomenological philosophy. First book. General introduction to pure phenomenology. Hackett Publishing Co., Inc.

International Federation of Red Cross and Red Crescent Societies. (2019). International Federation of Red Cross and Red Crescent Societies. https://www.ifrc.org/

Kengadaran, S., Kengadaran, S., & Divvi, A. (2021). Violence among healthcare workers during COVID-19 pandemic in India. Journal of Family Medicine and Primary Care, 10(2), 1066. https://doi.org/10.4103/jfmpc.jfmpc_2054_20

Labrague, L. J. (2021). Psychological resilience, coping behaviours, and social support among healthcare workers during the COVID-19 pandemic: A systematic review of quantitative studies. Journal of Nursing Management. https://doi.org/10.1111/jonm.13336

Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., Wu, J., Du, H., Chen, T., Li, R., Tan, H., Kang, L., Yao, L., Huang, M., Wang, H., Wang, G., Liu, Z., & Hu, S. (2020). Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019. JAMA Network Open, 3(3), e203976–e203976. https://doi.org/10.1001/jamanetworkopen.2020.3976

Liu, Q., Luo, D., Haase, J. E., Guo, Q., Wang, X. Q., Liu, S., Xia, L., Liu, Z., Yang, J., & Yang, B. X. (2020). The experiences of health-care providers during the COVID-19 crisis in China: a qualitative study. The Lancet Global Health, 8(6), e790–e798. https://doi.org/10.1016/S2214-109X(20)30204-7

Luceño-Moreno, L., Talavera-Velasco, B., García-Albuerne, Y., & Martín-García, J. (2020). Symptoms of Posttraumatic Stress, Anxiety, Depression, Levels of Resilience and Burnout in Spanish Health Personnel during the COVID-19 Pandemic. International Journal of Environmental Research and Public Health, 17(15), 5514. https://doi.org/10.3390/ijerph17155514

Maraqa, B., Nazzal, Z., & Zink, T. (2020). Palestinian Health Care Workers' Stress and Stressors During COVID-19 Pandemic: A Cross-Sectional Study. Journal of Primary Care & Community Health, 11, 215013272095502. https://doi.org/10.1177/2150132720955026

Mayfield-Johnson, S., Smith, D. O., Crosby, S. A., Haywood, C. G., Castillo, J., Bryant-Williams, D., Jay, K., Seguinot, M., Smith, T., Moore, N., & Wennerstrom, A. (2020). Insights on COVID-19 From Community Health Worker State Leaders. The Journal of Ambulatory Care Management, 43(4), 268–277. https://doi.org/10.1097/JAC.0000000000000351

Mistry, S. K., Harris-Roxas, B., Yadav, U. N., Shabnam, S., Rawal, L. B., & Harris, M. F. (2021). Community Health Workers Can Provide Psychosocial Support to the People During COVID-19 and Beyond in Low- and Middle- Income Countries. Frontiers in Public Health, 9. https://doi.org/10.3389/fpubh.2021.666753

Mitchinson, L., Dowrick, A., Buck, C., Hoernke, K., Martin, S., Vanderslott, S., Robinson, H., Rankl, F., Manby, L., Lewis-Jackson, S., & Vindrola-Padros, C. (2021). Missing the human connection: A rapid appraisal of healthcare workers' perceptions and experiences of providing palliative care during the COVID-19 pandemic. Palliative Medicine, 35(5), 852–861. https://doi.org/10.1177/02692163211004228

Munawar, K., & Choudhry, F. R. (2020). Exploring stress coping strategies of frontline emergency health workers dealing Covid-19 in Pakistan: A Qualitative Inquiry. American Journal of Infection Control, 49(3). https://doi.org/10.1016/j.ajic.2020.06.214

Muthuri, R. N. D. K., Senkubuge, F., & Hongoro, C. (2020). Determinants of Motivation among Healthcare Workers in the East African Community between 2009–2019: A Systematic Review. Healthcare, 8(2), 164. https://doi.org/10.3390/healthcare8020164

Nepomnyashchiy, L., Dahn, B., Saykpah, R., & Raghavan, M. (2020). COVID-19: Africa needs unprecedented attention to strengthen community health systems. The Lancet, 396(10245), 150–152. https://doi.org/10.1016/s0140-6736(20)31532-4

Padesky, C. A., & Mooney, K. A. (2012). Strengths-Based Cognitive-Behavioural Therapy: A Four-Step Model to Build Resilience. Clinical Psychology & Psychotherapy, 19(4), 283–290. https://doi.org/10.1002/cpp.1795

Palafox, B., Renedo, A., Lasco, G., Palileo-Villanueva, L., Balabanova, D., & McKee, M. (2020). Maintaining population health in low- and middle-income countries during the COVID-19 pandemic: Why we should be investing in Community Health Workers. Tropical Medicine & International Health, 26(1), 20–22. https://doi.org/10.1111/tmi.13498

Perry, H. B., & Hodgins, S. (2021). Health for the People: Past, Current, and Future Contributions of National Community Health Worker Programs to Achieving Global Health Goals. Global Health: Science and Practice, 9(1), 1–9. https://doi.org/10.9745/ghsp-d-20-00459

Phan, L. T., Maita, D., Mortiz, D. C., Bleasdale, S. C., & Jones, R. M. (2019). Environmental Contact and Self-contact Patterns of Healthcare Workers: Implications for Infection Prevention and Control. Clinical Infectious Diseases, 69(Supplement_3), S178–S184. https://doi.org/10.1093/cid/ciz558

Pinto, R. Z., Ferreira, M. L., Oliveira, V. C., Franco, M. R., Adams, R., Maher, C. G., & Ferreira, P. H. (2012). Patient-centred communication is associated with positive therapeutic alliance: a systematic review. Journal of Physiotherapy, 58(2), 77–87. https://doi.org/10.1016/s1836-9553(12)70087-5

Ramirez, M. (2007). Contribution to national development in research journal. Manila: Philippines: Asian Social Institute Press.

Ramirez, M. (2012). The development of social thought in the Asian social institute: A phenomenological approach. Antipolo, Philippines: SynerAide Research and Publication.

Ramirez, M. M. (1993). Understanding Philippine social realities through the Filipino family : a phenomenological approach. Published By The Asian Social Institute In Cooperation With The World Association For Christian Communication.

Sadati, A. K., B Lankarani, M. H., & Bagheri Lankarani, K. (2020). Risk Society, Global Vulnerability and Fragile Resilience; Sociological View on the Coronavirus Outbreak. Shiraz E-Medical Journal, In Press (In Press). https://doi.org/10.5812/semj.102263

Sharma, N., Hasan, Z., Velayudhan, A., M. A., E., Mangal, D. K., & Gupta, S. D. (2020). Personal Protective Equipment: Challenges and Strategies to Combat COVID-19 in India: A Narrative Review. Journal of Health Management, 22(2), 157–168. https://doi.org/10.1177/0972063420935540

Tahara, M., Mashizume, Y., & Takahashi, K. (2021). Coping Mechanisms: Exploring Strategies Utilized by Japanese Healthcare Workers to Reduce Stress and Improve Mental Health during the COVID-19 Pandemic. International Journal of Environmental Research and Public Health, 18(1), 131. https://doi.org/10.3390/ijerph18010131

Teksin, G. (2020). Stigma-related factors and their effects on health-care workers during COVID-19 pandemics in Turkey: a multicenter study. SiSli Etfal Hastanesi Tip Bulteni / the Medical Bulletin of Sisli Hospital. https://doi.org/10.14744/semb.2020.02800

Van der Goot, W. E., Duvivier, R. J., Van Yperen, N. W., de Carvalho-Filho, M. A., Noot, K. E., Ikink, R., Gans, R. O. B., Kloeze, E., Tulleken, J. E., Lammers, A. J. J., Jaarsma, A. D. C., & Bierman, W. F. W. (2021). Psychological distress among frontline workers during the COVID-19 pandemic: A mixed-methods study. PLOS ONE, 16(8), e0255510. https://doi.org/10.1371/journal.pone.0255510

Vento, S., Cainelli, F., & Vallone, A. (2020). Violence Against Healthcare Workers: A Worldwide Phenomenon With Serious Consequences. Frontiers in Public Health, 8. https://doi.org/10.3389/fpubh.2020.570459

Waring, S., & Giles, S. (2021). Rapid Evidence Assessment of Mental Health Outcomes of Pandemics for Health Care Workers: Implications for the Covid-19 Pandemic. Frontiers in Public Health, 9. https://doi.org/10.3389/fpubh.2021.629236

Welman, J. C., Kruger, F., & Mitchell, B. (2015). Research methodology. Oxford University Press.

Windarwati, H. D., Ati, N. A. L., Paraswati, M. D., Ilmy, S. K., Supianto, A. A., Rizzal, A. F., Sulaksono, A. D., Lestari, R., & Supriati, L. (2020). Stressor, coping mechanism, and motivation among health care workers in dealing with stress due to the COVID-19 pandemic in Indonesia. Asian Journal of Psychiatry, 102470. https://doi.org/10.1016/j.ajp.2020.102470

World Health Organization. (2006). The world health report 2006: working together for health. World Health Organization.

World Health Organization, & Nations, U. (2009). Improving global road safety. World Health Organization.