

Lifeworld of Healthcare Professionals During the COVID-19 Pandemic in Northern Mindanao, Philippines

April Rose F. Buntod*, Sulpecia L. Ponce

College of Arts and Social Sciences, Mindanao State University - Iligan Institute of Technology,
Iligan City, Philippines

*Corresponding Author Email: aprilrose.figueras@g.msuiit.edu.ph

Date received: April 29, 2024

Date revised: May 25, 2024

Date accepted: June 1, 2024

Originality: 95%

Grammarly Score: 99%

Similarity: 5%

Recommended citation:

Buntod, A.R., & Ponce, S. (2024). Lifeworld of healthcare professionals during the COVID-19 pandemic in Northern Mindanao, Philippines. *Journal of Interdisciplinary Perspectives*, 2(7), 526-534.
<https://doi.org/10.69569/jip.2024.0170>

Abstract. Healthcare professionals are pivotal in maintaining human health and providing empathetic care based on scientific evidence. While extensive research has focused on the quantitative effects of COVID-19 on their well-being, there remains much to explore from a sociological perspective. This study posed an overarching question: How did the healthcare professionals in Mindanao navigate their lifeworld during the pandemic? Grounding on Habermas' colonization of the lifeworld, this study specifically aims to contribute to the discourse on the construction of self-care, family relationships, friendship relationships, and the perceived influences of the pandemic on these relationships. Using purposive and snowball sampling, this phenomenological study collected extensive data from August 2023 to April 2024 through in-depth interviews with nine healthcare professionals, comprising physicians (3), nurses (3), and medical technologists (3), all affiliated with three government-run hospitals in Northern Mindanao and had extensive experience managing COVID-19 patients. Based on the thematic analysis, interlocutors' self-care construction is associated with obtaining enough sleep and rest, relaxing, and taking breaks to unwind. COVID-19 also had significant implications for family dynamics, as it became a family affair. While the pandemic has negatively impacted family relationships, it has brought family members closer through constant yet indirect communication. In contrast, the pandemic strained the bonds between the interlocutors and their closest friends. The study concludes that a health disaster, COVID-19, has been found to restrict the interlocutors' lifeworld by limiting self-care practices and threatening social integration, making it difficult for them to return to their everyday routines.

Keywords: Healthcare professionals; Colonization; Lifeworld; Phenomenology; COVID-19.

1.0 Introduction

In March 2020, the world was confronted with a new and unprecedented global crisis – the COVID-19 pandemic, which has caused widespread panic, illness, and death and impacted the whole world (WHO, 2020). According to Shereen et al. (2020), the COVID-19 virus, which caused the pandemic, is a highly contagious and pathogenic viral infection caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

Throughout the COVID-19 pandemic, healthcare professionals have worked tirelessly as the first line of defense to uphold critical services. These professionals are indispensable to the healthcare system and are essential in safeguarding public health and safety. Despite their invaluable contributions, they contended with various challenges in the healthcare system exacerbated by the pandemic. It is crucial to acknowledge that the healthcare professionals' physical, emotional, and psychological well-being was severely impacted (Giannis et al., 2021). Additionally, they were challenged with heavy workloads, shortages of drugs and equipment, low personal protective gear during the early periods of the pandemic, fear of infection, feeling powerless to treat patients, and

difficulty managing relationships in stressful situations (Vindrola-Padros et al., 2020; Lui et al., 2020; Razu et al., 2021). The vulnerabilities in health systems exposed during the pandemic have had far-reaching effects on health, economic progress, trust in governments, and social cohesion, underscoring the severity and urgency of the situation (OECD, 2020).

The COVID-19 pandemic has presented unprecedented obstacles for healthcare professionals worldwide, as reported in various job satisfaction research employing quantitative methods (Afulani et al., 2021; Abel et al., 2021; Diakos et al., 2022). This study, a constructivist research, goes beyond these reports to highlight the extensive lived experiences of healthcare professionals' lifeworld during a health crisis. It contributes to the scarce literature by delving into and focusing on the pandemic's consequences in the everyday lives of healthcare professionals, particularly in the global south. The study aimed to describe how healthcare professionals in Northern Mindanao, Philippines, navigated their lifeworld, particularly their social relationships, during the COVID-19 pandemic. Its findings provide crucial, informative, and urgent insights, informing policies and interventions to support these professionals.

The study is tailored to the theory of the colonization of the lifeworld by the renowned sociologist Jurgen Habermas. This concept underscores the importance of implicit knowledge as the foundation of social interaction and meaningful participation in the social world (Johnson, 2008). Habermas's work highlights the lifeworld's crucial role in understanding the internal perspective of social interactions. While the system and the lifeworld are different perspectives, they complement each other in communicative action. Habermas was concerned about the exploitation and colonization of the lifeworld and demonstrated how the system of power and money attacks and takes control of the lifeworld (Ritzer & Stepnisky, 2018). This study, however, argues that a health crisis—a pandemic—is an additional factor that may attack and take control of the system and eventually influence a lifeworld by disestablishing the mutual and shared meaning (anomie) of healthcare work and trying to break the lifeworld's social cohesion with the society. This potential threat to the lifeworld of healthcare professionals is a matter of grave concern and warrants immediate attention.

2.0 Methodology

2.1 Research Design

A phenomenological qualitative approach was utilized. Phenomenology involves interpreting phenomena in their natural context to understand individuals' significance in these settings (Denzin & Lincoln, 2011). Examining how healthcare professionals navigate and ascribe meaning to their daily lives during the pandemic sheds light on their personal and professional outlooks.

2.2 Research Participants

To gain insights into the lives of healthcare professionals, the researchers collaborated with nine (9) healthcare professionals, consisting of three (3) physicians, three (3) nurses, and three (3) medical technologists, who all have experience working at various government hospitals located in Northern Mindanao. The research participants were chosen through purposive and snowball sampling techniques. Table 1 illustrates an overview of the research interlocutors and the research setting wherein the study was conducted.

Table 1. Matrix on the healthcare professionals involved in the study and their respective hospitals in Region X.

	Hospitals in Region X		
	A	B	C
Healthcare Professionals	Physician	Physician	Physician
	Nurse	Nurse	Nurse
	Medical Technologist	Medical Technologist	Medical Technologist

2.3 Research Instrument

The researchers employed a comprehensive interview guide that included open-ended questions concerning the participants' personal lives and work experiences during the pandemic. The interview was thorough and lasted more than an hour. The interview guide underwent reliability testing before being used for in-depth interviews. The data gathered from the in-depth interviews (both written and audio) were organized, transcribed, translated, and coded manually. A thematic analysis was followed. The researchers read and re-read the interview

transcriptions to identify significant responses for coding. The raw data was linked with summary markers for analysis, and the themes were labeled and clustered. Themes and subthemes were identified and categorized to obtain a general theme from the results.

2.4 Data Gathering Procedure

Extensive data collection was conducted from June 2023 to April 2024, using in-depth interviews to understand the participants' lived experiences during the pandemic fully (Wright, 2015; Boyce & Neale, 2006). This approach allowed for a more nuanced understanding of the individual's subjective experiences and meaning-making processes (Berg, 1995). Overall, the interviews proved invaluable in gaining insight into the participants' experiences and perspectives during this unprecedented time.

The researchers faced some challenges during data collection but managed them successfully. To ensure the study's success, some changes were made to the original timeline to accommodate stakeholders' schedules and ensure research participants' availability. In the final stages of data collection, obtaining approval from research participants and ensuring their availability was another obstacle. Obtaining research ethics clearance posed a challenge. A hospital research ethics committee screens research submitted before data gathering can commence. Obtaining the necessary documentation was time-consuming, as the university ethics committee and other authorities required approval for some modifications to comply. Despite these challenges, the researchers effectively managed and overcame them, ultimately ensuring the successful completion of the study.

2.5 Ethical Considerations

The researchers adhered to ethical standards throughout the data collection by obtaining clearance from our University Research Ethics Committee and the Healthcare Institutional Research Ethics. The researchers complied with entry protocols for the respective local government units (LGUs), formally requesting authorization to conduct research in their hospitals and to proceed in their respective medical facilities. Further, all study participants were given an informed consent form that indicated the objectives and purpose of the research as well as their rights as study participants.

3.0 Results and Discussion

3.1. Healthcare Professionals' Construction of Self-Care During the COVID-19 Pandemic

This paper utilizes Habermas' idea of the lifeworld, which pertains to the everyday world that individuals share. It encompasses the informal and non-commercial areas of social life such as family and household, culture, politics outside of organized parties, mass media, voluntary organizations, and other similar domains (Finlayson, 2005). It delves into the interlocutors' construction of self-care practices, their relationships with family members and friends, and the perceived influences of the pandemic on these relationships.

In the study, sleep-deprived healthcare professionals posed a concern during the pandemic. The demanding and complex workload and the pandemic's disruptive schedule often force our interlocutors to work long hours, disrupting their sleep patterns and leading to chronic sleep deprivation. This finding is reflected in Ozelik et al.'s (2022) study, which revealed that healthcare workers' sleep quality was affected during the pandemic – a term they referred to as 'COVID-somnia.' Consequently, the lack of recuperative activity to address the sleep deprivation necessary for health maintenance can result in adverse physical and mental health outcomes, significantly impacting their well-being (Song & Lee, 2020).

Furthermore, the pandemic placed an unprecedented burden on the study participants, with the workload described as heavy and complex due to the shortage of healthcare professionals who voluntarily worked on the frontline. This finding, echoed in the report by Research Brief No. 8 of the UPPI in 2020, as well as the studies conducted by Barelo et al. (2020), Duarte et al. (2020), Conti et al. (2021), Galanis et al. (2021), Antao et al. (2022), underscores the dire situation our healthcare professionals are grappling with, demanding immediate attention and action.

Coupled with sleep deprivation is burnout experienced by the healthcare professional interlocutors. In the study, burnout is closely associated with the rapid increase of COVID-19 patients with moderate and severe cases. The rising number of colleagues getting infected with the virus, long periods of isolation due to quarantine procedures,

lack of face-to-face interaction with family and friends, shifting healthcare system protocols, and the system's lack of support all contribute to the interlocutors' burnout. The severity of this issue cannot be overstated. Exacerbating these complications was the healthcare professional participants' discomfort of wearing personal protective equipment for extended periods (Zhang et al., 2020; Nguyen et al., 2020).

Given the unique nature of the participants' work, the research collaborators were acutely aware of the potential for contracting the COVID-19 virus. The myriad health-related risks these healthcare professionals face during the pandemic brings to light this study's argument that the pandemic, a health disaster, subjugated and disrupted the lifeworld of the study participants since their physical well-being was significantly compromised.

Despite the overwhelming challenges caused by the pandemic, the lifeworld of the study participants demonstrated remarkable resilience, adapting to the sudden and drastic changes. As the pandemic unfolded, the interlocutors grappled with managing their well-being amidst stringent health and quarantine protocols. While experiencing the consequences of colonization due to the COVID-19 pandemic, healthcare professionals in the study strove to attain adequate sleep as part of their self-care practices, showcasing their resilience in the face of adversity.

Self-care is the process by which individuals take responsibility for their health by utilizing available knowledge and resources (World Health Organization, 2024). Self-care through adequate sleep during the pandemic was crucial to counteracting the effects on the well-being of healthcare professionals in the study. The participants tried to achieve adequate sleep whenever their shift ended and had to undergo quarantine. The quarantine period for healthcare professionals exposed to COVID-19 patients is critical in preventing the spread of the virus. The duration of this quarantine period depends on the result of the RT-PCR test. If the result is negative, healthcare professionals must undergo a week of quarantine. However, if the result is positive, a two-week quarantine is necessary to prevent the virus from spreading if they are infected. This measure is needed to ensure the safety and health of healthcare professionals and their patients and to minimize the risk of further virus transmission. In addition to ensuring adequate sleep, the study participants also underscored the significance of maintaining a robust immune system to combat the COVID-19 virus. They stressed that a balanced diet and vitamin supplementation are crucial in reducing vulnerability to the virus. These emerged as the study participants' counteraction to the colonization of their lifeworld.

3.2 The COVID-19 Pandemic has Profoundly Influenced the Family Dynamics of the Healthcare Professionals

The findings of this study not only highlight the challenges healthcare professionals have faced during the pandemic but also shed light on the significant impact on their families and friends. This underscores how the COVID-19 pandemic has permeated their lifeworld. As Finlayson (2005) observed, the family is integral to an individual's lifeworld. Medina's definition of the family as a fundamental social institution deeply ingrained in the community and its culture (2023: pp. 89-90) further emphasizes its societal importance. The family is intricately linked with other societal institutions, including politics, economics, religion, education, and healthcare. Any changes in these spheres can profoundly affect the family and, consequently, the individual, as the family is the primary core group to which the individual belongs. The pandemic has brought various challenges to the family institution, and these consequences have been evident.

In response to the pandemic, the Philippine government, in close collaboration with the national healthcare system, implemented a comprehensive community quarantine strategy to curb the spread of COVID-19. This strategy, as described by Amit et al. (2021), included stringent stay-at-home orders for all households, physical distancing measures, suspension of classes and introduction of work-from-home policies, closure of public transportation and non-essential business establishments, prohibition of mass gatherings and non-essential public gatherings, regulation of the provision of food and essential healthcare services, curfews, and bans on the sale of liquor. The strategy also involved a heightened presence of uniformed personnel to enforce the quarantine procedures. The quarantine measures necessitated families to stay indoors, with only one member allowed to leave home to purchase necessities. As a result, people's daily routines, including social interactions and various social relationships, were severely disrupted and faced the threat of disintegration.

The COVID-19 pandemic affected the institution of family. This was demonstrated in a shared fear of contracting the virus, resulting in distrust of each family member who is a probable carrier of the virus. The fear caused by the pandemic influenced and threatened social cohesion among family members, leading to the colonization of the lifeworld. An interlocutor shared that "the COVID-19 pandemic has brought to light the true nature of familial relationships, particularly when a loved one is hospitalized without a designated caretaker. At such times, feelings of loneliness and depression can loom large as one cope with the virus alone, without the comfort of other family members by their side. In such situations, feelings of isolation can be overwhelming, exacerbating the lack of social interaction and leading to depression." This result highlights how the family institution was challenged when faced with a health crisis. There were family members who were willing to risk exposure to the virus to attend to their infected loved one at the hospital. Still, others were unwilling to sacrifice for their families when their well-being was at risk. This paper argues that the pandemic has led to anomie or the loss of the shared understanding and meaning that binds families together.

The narrative presented here echoes the research findings of Bahadur et al. (2021) on how the fear of contracting COVID-19, its severity, and the possibility of death among COVID patients have contributed to anxiety and depression among people in quarantine centers during the pandemic. However, in the context of the study, it is asserted that not only individuals who were in quarantine experienced psychological disorders, but also those family members who cared for their loved ones infected with the virus in the hospitals. This finding is reflected in the personal experiences shared by the study participants. It is important to note that healthcare professionals under study who have been dealing with COVID-19 patients for a long time have also experienced anomie, which was exacerbated by the complications of their healthcare work during the pandemic. These findings were similar to Chen et al.'s (2022) and Shamsan et al.'s (2022) studies, which reported that healthcare workers experienced various psychosocial distresses during their work in their respective healthcare systems.

Furthermore, the COVID-19 pandemic has also brought to light some significant family problems that exist within Filipino households, such as extramarital affairs. A participant in the research observed some issues in marriage relationships and how the pandemic has aggravated them. According to one of the interlocutors, "There was a patient who was in an extramarital relationship, and his mistress was the one attending to him. The mistress could not decide for the patient because she was not a legally recognized wife." This result sheds light on the subtle intricacies of Filipino family dynamics that were already prevalent even before the pandemic. However, the issue of extramarital affairs has been highlighted due to the unprecedented challenges posed by the pandemic. These findings underscored the claim that the health disaster influenced the family institution, disrupting the delicate balance of familial relationships and encroaching on the individual's lifeworld.

Also, the COVID-19 pandemic created a gap between healthcare professionals and their families. The nature of healthcare work during the pandemic led to feelings of alienation among the healthcare professional participants. The study participants, who hold their families in high regard, have opted to keep a safe distance from them to mitigate the risk of contracting the virus, especially given their increased exposure in the workplace. This choice, while necessary, has resulted in a feeling of alienation due to the prolonged physical separation from their loved ones. The feeling of alienation was notably observed among interlocutors who have children. As stated by the interlocutors who were parents, "I was particularly concerned about my kids during the pandemic. So, I took them to another city because no one could care for them here." "I was also worried about them getting infected because I was sure I had been exposed to positive cases. So, it was a challenging situation for all of us." "My relationship with my family is affected by fear. My spouse is afraid that I might transmit something to our children because I am always on the frontline."

The lifeworld of the interlocutor parents faced a dual burden of distancing themselves from their children while performing their parental responsibilities during the COVID-19 pandemic. This result implied a symbolic mechanism of the strategies that their lifeworld has adapted to safeguard their families from the COVID-19 virus. Nonetheless, the study also stresses that this lifeworld's agentic behavior of taking precautionary measures to protect their families was still limited. The pandemic impinged the lifeworld's parental responsibilities. Despite the alienation of the participants' lifeworld, they found alternative ways to reconnect with their families by leveraging the digital space. This indirect communication enabled the participants' lifeworld to perform their

familial responsibilities despite the pandemic. This patterned behavior among the interlocutors reflects their agency despite the limitations imposed by the pandemic.

On a lighter note, this study also reveals a positive impact of the pandemic on the lifeworld of the healthcare professional participants. While the pandemic created distance among families, it strengthened familial bonds among its members through shared efforts to counter the challenges faced and to reconnect using the digital space. The digital space consisted of various social media platforms that enabled indirect communication. This finding underscored the function of the pandemic as a catalyst for reinforcing familial bonds. This has been facilitated by communicative action, which has played a crucial role in repairing the fraying fabric of the family, a vital institution of the healthcare professionals' lifeworld. The study underscores the critical role of communication in maintaining the integrity of the lifeworld.

3.3 COVID-19 is a Test of Friendship Relationship

Like the family, their friendship relationship is essential to the lifeworld of the healthcare professional participants. In the context of this study, the researchers adopted Fischer and Policarpo's conceptualization of "close friends." Fischer (1981) found that people often use the word "friend" to describe anyone they spend time with without a more specific label. Typically, this term is reserved for people of similar age and is associated with social activities such as meeting up, going out, discussing shared interests, or being part of the same organization. In addition, Policarpo (2015) distinguished between friends and close relationships by identifying factors that characterize the latter. Specifically, close relationships involve discussing personal matters, seeking advice, and exchanging material goods and are more closely linked to intimacy.

The interlocutors of the study described their 'close friends' as people they have known for a significant period, such as small groups from high school or college, a few sports teammates, former colleagues turned friends, and colleagues at their present work. These individuals form an essential part of the study participant's social circle, and they often rely on them for emotional support, advice, and companionship.

Based on the study's findings, the pandemic presented various challenges for participants, ultimately influencing their social relationships outside the family sphere. The study found that the pandemic strained the bonds between healthcare professionals and their closest friends. Due to social restrictions, the demanding and complicated workload, the fear of infecting their friends, and the stigma associated with working in the healthcare sector, the study participants felt alienated from their closest friends. This feeling of alienation manifests how the pandemic colonized the healthcare professionals' lifeworld. According to the participants, "... It is funny, but it is stupid," you will be asked, "Did you take a shower?" "Do you have a cough or a fever?" I feel offended sometimes, but I try to ignore it..." and "Some of my friends tend to judge you because of the COVID issue...". The participants expressed feeling offended and judged by their friends due to COVID-related concerns, further exacerbating their feelings of isolation.

The study participants' narratives indicated the significant impact of the pandemic on the deterioration of friendship relationships among healthcare professionals. The spread of unfounded rumors alleging healthcare professionals' manipulation of COVID-19 results for personal gain through PhilHealth Insurance had a sensationalized presence in digital media. Consequently, the COVID-19 pandemic contributed to the stigmatization of healthcare professionals working diligently on the front lines of the health crisis. This negative perception resulted in a breakdown of trust in their relationships, leading to feelings of anomie and alienation among the participants, influencing their ability to deliver high-quality patient care.

Corroborating these findings, a report from the World Health Organization (2020) highlighted similar instances where healthcare workers faced mistrust to the point of being targeted as "risks" in their communities. Moreover, Moro et al. (2022) emphasized that experiencing stigma and discrimination due to their profession was strongly associated with clinically significant depressive symptoms and psychological distress among healthcare workers. De Guzman et al. (2022) found that discriminatory incidents often included derogatory gestures, social ostracism, social media attacks, and offensive humor.

Conversely, some of the study participants' friends did not exhibit such stigma and instead provided support and empathy during their time of need. This led the participants to express profound gratitude and, in turn, actively keep their friends informed about the latest developments regarding the pandemic while encouraging adherence to health guidelines.

Furthermore, due to their physical distancing from their established social circles, healthcare professional participants formed new connections, particularly with colleagues with whom they spent more time at work and during quarantine. One participant articulated, "Those I consider friends are my team during the COVID-19 isolation... our bond grew stronger because we worked closely together as healthcare professionals attending to COVID-19 patients."

Amid the pandemic, these new connections significantly created a more favorable environment for the research participants. The deepened social bond with colleagues turned close friends represented a new addition to the research participants' lifeworld, providing a heightened sense of comfort and support. This new form of relationship facilitated better coping mechanisms for the healthcare professional participants in addressing the challenges posed by the pandemic, as they could share their thoughts and feelings with understanding and empathetic colleagues, feeling more integrated and less isolated.

4.0 Conclusion

The recurring theme in the study relating to the colonization of the lifeworld, a concept that refers to the domination and control of an individual's life by external factors of healthcare professionals in Northern Mindanao, Philippines, includes the challenges associated with the COVID-19 pandemic. These challenges were manifested in the limitation of how they practice self-care. The healthcare professionals in the study were sleep-deprived due to the complications in their workload caused by the pandemic. Sleep deprivation led to various psychosocial issues. Nevertheless, the study participants tried to cope by attaining adequate sleep during isolation periods in their quarantine facility.

Furthermore, the pandemic highlights the intricacies of Filipino familial relationships and threatens their susceptibility. It has brought to light some significant family problems, like extramarital problems, that exist within Filipino households. Additionally, the shared fear of contracting the virus resulted in distrust among family members who are probable carriers. The nature of healthcare work during the pandemic led to feelings of alienation. This study highlights the lifeworld of healthcare professionals who are also parents and faced a dual burden of distancing themselves from their children while performing their parental responsibilities during the COVID-19 pandemic. The pandemic also influenced the participants' social relationships outside the family sphere. The study found that the pandemic strained the bonds between healthcare professionals and their closest friends, causing the interlocutor's lifeworld to experience anomie and alienation.

The study underscores the critical role of communication in maintaining the integrity of the lifeworld during a health crisis. The advent of the digital space, a term that refers to online platforms and technologies, has made the lifeworld more reflexive to changes, as people recognize that they can reconnect with their social relationships anytime, anywhere. Initially, having an internet connection was considered a luxury. However, communication and entertainment in the digital space have become necessary during the pandemic. This research emphasizes digital communication platforms' importance in negotiating social relationships during the pandemic. This allows the study participants to enhance their ties to the world around them.

The COVID-19 pandemic, a health crisis, is a transformative event. It has disrupted and threatened the interlocutors' lifeworld. It has subjugated the healthcare professionals' lifeworld, including their self-care practices and family and friendship relationships. The interlocutors' self-care practices were disrupted by urgency, forgoing their physical well-being while prioritizing care to others and productivity in the healthcare system. Moreover, during the pandemic, the healthcare system's demand for long and nonstandard work schedules and the complications of working in the healthcare system have disrupted the participant's family and friendship relationships, crucial parts of their lifeworld. Meanwhile, the research participants consciously strived to build positive relationships with their colleagues, recognizing the importance of social connections at work. This

underscores that the study participants negotiate with their colleagues turned close friends to maintain positive relationships, empowering themselves in their work environment.

This study strongly advocates for immediate policy action based on the research findings. The study reveals that healthcare professionals who participated in the research have significantly experienced anomie and alienation due to the pandemic's impact on their lifeworld. The breakdown of trust, heightened fear, and emotional strain within their support networks have further underscored the profound effect on their personal experiences. To address the long-term implications of this impact, it is crucial to implement a localized program designed to address the specific needs of the healthcare professionals in the local healthcare system that supports their psychosocial well-being. In collaboration with policymakers and healthcare professionals, the academic community can play a pivotal role in creating a tailored policy framework that supports the healthcare community. Prioritizing local healthcare initiatives and programs is paramount for providing stability and support to the healthcare workforce and fostering a sense of stability within the healthcare industry.

5.0 Contributions of Authors

Author 1 was assigned to write, edit, and revise the article.

Author 2 was tasked to supervise the study and critique the manuscript.

6.0 Funding

This research was funded by the Commission on Higher Education – Scholarship for Instructors' Knowledge Advancement Program.

7.0 Conflict of Interests

The authors declare that they have no conflict of interest.

8.0 Acknowledgment

We extend our deepest gratitude to the individuals who have contributed to this research study. Our heartfelt thanks go out to our research collaborators, who are healthcare professionals, for their generosity in sharing their experiences, time, and cooperation. Their invaluable insights and feedback have been vital in shaping the direction of our study. We are also grateful for the participation of the hospitals involved in the research study. In addition, we would like to express our sincerest appreciation to the Department of Sociology Faculty of MSU-IIT, particularly the dissertation committee members, for their essential role, guidance, support, and invaluable feedback throughout the research process. Their expertise and knowledge have been instrumental in helping us navigate the complexities of our study. Furthermore, we would like to acknowledge the CHED-SIKAP Region X and its staff for providing us with the necessary financial assistance.

9.0 References

- Abel, S. J., Aguila, B. T., Amante, G. N., Badillo, G., Barcelona, E. J., Bautista, A. H., Manaligod, K., & Pagud, A. L. (2021). A case study on the job satisfaction of registered medical technologists working in metro Manila, Philippines during Covid-19 pandemic. *International Journal of Progressive Research in Science and Engineering*, 2(8), 715-727. <https://journals.grdpublications.com/index.php/ijprse/article/view/413>
- Afulani, P.A., Nutor, J.J., Agbadi, P., Gyamerah, A.O., Musana, J., Aborigo R.A., Odiase, O., Getahun, M., Onger, L., Malachi, H., Madadi, M. O., Arhinful, B., Kelly, A. M., & Awoonor-Williams, J. (2021). Job satisfaction among healthcare workers in Ghana and Kenya during the covid-19 pandemic: Role of perceived preparedness, stress, and burnout. *PLOS Glob Public Health* 1(10): e0000022. <https://doi.org/10.1371/journal.pgph.0000022>
- Amit, A. M. L., Pepito, V. C. F., & Dayrit, M. M. (2021). Early response to COVID-19 in the Philippines. *Western Pacific Surveillance and Response Journal: WPSAR*, 12(1), 56-60. <https://doi.org/10.5365/wpsar.2020.11.1.014>
- Antao, H. S., Correia, A. I., & Figueira, M. L. (2022). Burnout in hospital healthcare workers after the second COVID-19 wave: Job tenure as a potential protective factor. *Frontiers in Psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.942727>
- Bahadur, B. C. U., Pokharel, S., Munikar, S., Wagle, C. N., Adhikary, P., Shahi, B. B., Thapa, C., Bhandari, R., Adhikari, B., & Thapa, K. (2021). Anxiety and depression among people living in quarantine centers during COVID-19 pandemic: A mixed method study from western Nepal. *PLOS ONE*, 16(7), e0254126. <https://doi.org/10.1371/journal.pone.0254126>
- Barello, S., Palamenghi, L., & Graffigna, G. (2020). Burnout and somatic symptoms among frontline healthcare professionals at the peak of the Italian COVID-19 pandemic. *Psychiatry Research*, 290, 113129. <https://doi.org/10.1016/j.psychres.2020.113129>
- Berg, B. L. (1995). *Qualitative research methods for the social sciences* (2nd Edition). Allyn and Bacon: A Simon & Schuster Company.
- Boyce, C. and Neale, P. (2006). *Conducting in-depth interviews: a guide for designing and conducting in-depth interviews for evaluation input*. Pathfinder International. https://nyhealthfoundation.org/wp-content/uploads/2019/02/m_e_tool_series_indepth_interviews-1.pdf
- Chen, Y., Wang, J., Geng, Y., Fang, Z., Zhu, L., Chen, Y., & Yao, Y. (2022). Meta-analysis of the prevalence of anxiety and depression among frontline healthcare workers during the COVID-19 pandemic. *Frontiers in Public Health*, 10. <https://doi.org/10.3389/fpubh.2022.984630>
- Conti, C., Fontanesi, L., Lanzara, R., Rosa, I., Doyle, R. L., & Porcelli, P. (2021). Burnout Status of Italian Healthcare Workers during the First COVID-19 Pandemic Peak Period. *Healthcare (Basel, Switzerland)*, 9(5), 510. <https://doi.org/10.3390/healthcare9050510>

- De Guzman, A., de Castro, B. V., Villafuerte, S., Clemente-Faustino, J. A., Serrano, J. O., & Angcahan, D. Z. (2022). Portrait of Filipino healthcare workers' discrimination experiences during the early part of the Covid-19 pandemic. *Journal of Medical Imaging and Radiation Sciences*, 53(2). <http://doi.org/10.1016/j.jmir.2022.06.001>
- Denzin, N. K., & Lincoln, Y. S. (2011). Introduction: The discipline and practice of qualitative research. *The Sage Handbook of Qualitative Research* (4th ed., pp. 1–19). Sage.
- Diakos, G.E., Koupidis, S., & Dounias, G. (2023). Measurement of job satisfaction among healthcare workers during the covid-19 pandemic: A cross-sectional study. *Medicine International*, 3(2). <https://doi.org/10.3892/mi.2022.62>
- Duarte, I., Teixeira, A., Castro, L., Marina, S., Ribeiro, C., Jácome, C., Martins, V., Ribeiro-Vaz, I., Pinheiro, H. C., Silva, A. R., Ricou, M., Sousa, B., Alves, C., Oliveira, A., Silva, P., Nunes, R., & Serrão, C. (2020). Burnout among Portuguese healthcare workers during the COVID-19 pandemic. *BMC public health*, 20(1), 1885. <https://doi.org/10.1186/s12889-020-09980-z>
- Finlayson, G. (2005). *Habermas: A very short introduction*. Oxford University Press.
- Fischer, C. S. (1981). What do we mean by 'friend'? An inductive study. *Social Networks*, 3(4), 287-306. [https://doi.org/10.1016/0378-8733\(82\)90004-1](https://doi.org/10.1016/0378-8733(82)90004-1)
- Galanis, P., Vraika, I., Fragkou, D., Bilali, A., & Kaitelidou, D. (2021). Nurses' burnout and associated risk factors during the COVID-19 pandemic: A systematic review and meta-analysis. *Journal of advanced nursing*, 77(8), 3286–3302. <https://doi.org/10.1111/jan.14839>
- Giannis, D., Geropoulos, G., Matenoglou, E., & Moris, D. (2021). Impact of coronavirus disease 2019 on healthcare workers: beyond the risk of exposure. *Postgraduate Medical Journal*, 97, 326-328. <http://dx.doi.org/10.1136/postgradmedj-2020-137988>
- Human resource for health in the time of the COVID-19 pandemic: Does the Philippines Have Enough? (2020, August 17). UP Population Institute. <https://www.uppi.upd.edu.ph/research/covid-19/rb8>
- Johnson, D. P. (2008). *Contemporary sociological theory: An integrated multi-level approach*. Springer. DOI: 10.1007/978-0-387-76522-8
- Lui, Q., Luo, D., Haase, J., 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). [https://doi.org/10.1016/S2214-109X\(20\)30204-7](https://doi.org/10.1016/S2214-109X(20)30204-7)
- Medina, B. T. (2023). *Observing the Filipino family: A Filipino sociologist at work*. Quezon City, Philippines: University of the Philippines Press.
- Moro, M. F., Calamandrei, G., Poli, R., Di Mattei, V., Perra, A., Kurotschka, P. K., Restrepo, A., Romano, F., La Torre, G., Preti, E., Mascayano, F., Picardi, A., Chiarotti, F., Rapisarda, V., Urban, A., Alvarado, R., Susser, E., & Carta, M. G. (2022). The Impact of the COVID-19 Pandemic on the Mental Health of Healthcare Workers in Italy: Analyzing the Role of Individual and Workplace-Level Factors in the Reopening Phase After Lockdown. *Frontiers in Psychiatry*, 13. <https://doi.org/10.3389/fpsy.2022.867080>
- Nguyen, L. H., Drew, D. A., Graham, M. S., Joshi, A. D., Guo, C., Ma, W. M. (2020). Risk of Covid-19 among frontline health care workers and the general community: a prospective cohort study. *The Lancet Public Health*, 5(9), E475-E483. [https://doi.org/10.1016/S2468-2667\(20\)30164-X](https://doi.org/10.1016/S2468-2667(20)30164-X)
- Organisation for Economic Co-operation and Development (OECD). (2020). <https://www.oecd.org/health/covid-19.htm>
- Özçelik, N., Kesin, H. V., Telatar, G., Özyurt, S., Yılmaz Kara, B., Gümüş, A., Hocaoglu, Ç., & Şahin, Ü. (2022). 'COVID-Somnia' in healthcare workers during the pandemic. *Hospital practice* (1995), 50(4), 273–281. <https://doi.org/10.1080/21548331.2022.2102777>
- Policarpo, V. (2015). What Is a Friend? An Exploratory Typology of the Meanings of Friendship. *Social Sciences*, 4(1), 171-191. <https://doi.org/10.3390/socsci4010171>
- Razu, S. R., Yasmin, T., Arif, T. B., Islam, M. S., Islam, S. M. S., Gesesew, H. A., and Ward, P. (2021). Challenges faced by healthcare professionals during the covid-19 pandemic: a qualitative inquiry from Bangladesh. *Frontiers in Public Health* 9:647315. <https://www.frontiersin.org/articles/10.3389/fpubh.2021.647315>
- Ritzer, G. & Stepnisky, J. (2018). *Sociological theory* 10th edition. Sage Publications, Inc.
- Shamsan, A., Alhajji, M., Alabbasi, Y., Rabaan, A., Alhumaid, S., Awad, M., & Mutair, A. A. (2022). Level of anxiety and depression among healthcare workers in Saudi Arabia during the Covid-19 pandemic. *PeerJ*, 10.e14246. <https://doi.org/10.7717/peerj.14246>
- Shereen, M. A., Khan, S., Kazmi, A., Bashir, N., & Siddique, R. (2020). COVID-19 infection: Origin, transmission, and characteristics of human coronaviruses. *Journal of Advanced Research*, 24, 91-98. <https://doi.org/10.1016/j.jare.2020.03.005>
- Song, J., & Lee, S. (2020). Work hours, work schedules, and subjective well-being in Korea. *International Sociology*. <https://doi.org/10.1177/0268580920949724>
- Vindrola-Padros C, Andrews L, Dowrick A., Djelloudi, N., Fillmore, H., Gonzales, E. B., Javadi, D., Lewis-Jackson, S., Manby, L., Mitchinson, L., Symmons, S. M., Martin, S., Regenold, N., Robinson, H., Sumray, K., Singleton, G., Syversen, A., Vanderslott, S., & Johnson, G. (2020). Perceptions and experiences of healthcare workers during the COVID-19 pandemic in the UK. *BMJ Open*, 10:e040503. <https://doi.org/10.1136/bmjopen-2020-040503>
- World Health Organization: WHO. (2024, April 26). Self-care for health and well-being. <https://www.who.int/news-room/fact-sheets/detail/self-care-health-interventions#:~:text=Self%2Dcare%20is%20the%20ability,devices%2C%20diagnostics%20and%20digital%20tools>.
- World Health Organization. (2020). Attacks on health care in the context of covid-19. <https://www.who.int/news-room/feature-stories/detail/attacks-on-health-care-in-the-context-of-covid-19>
- Wright, J. (2015). *International encyclopedia of the social and behavioral sciences* (2nd edition). ISBN: 9780080970868. Elsevier
- Zhang, S. X., Liu, J., Afshar Jahanshahi, A., Nawaser, K., Yousefi, A., Li, J., & Sun, S. (2020). At the height of the storm: Healthcare staff's health conditions and job satisfaction and their associated predictors during the epidemic peak of COVID-19. *Brain, Behavior, and Immunity*, 87, 144-146. <https://doi.org/10.1016/j.bbi.2020.05.010>