



**Manila Central University**  
**College of Medical Technology**

**Satisfaction of Frontline Workers Toward the Interventions on Coronavirus  
Disease (COVID-19) and Willingness to Work During a Pandemic**

**A Research Presented to the  
Faculty of the College of Medical Technology  
Manila Central University**

**In Partial Fulfillment of the  
Requirements in Research 2 with Thesis Writing**

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**MAY 2021**



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**APPROVAL SHEET**

In partial fulfillment of requirements for the degree of Bachelor of Science in Medical Laboratory Science, this research entitled “**Satisfaction of Frontline Workers Toward the Interventions on Coronavirus Disease (COVID-19) and Willingness to Work During a Pandemic**” is hereby recommended for final defense.

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#### ACKNOWLEDGEMENT

The researchers wish to extend their sincerest gratitude and appreciation to the following people who supplied assistance to the completion of this paper.

To Ms. Josephine Abrazaldo, Research Professor, for the valuable comments, suggestions, and guidance in this research.

To Mr. Trenz Clifford Urdas, our statistician, for his support, assistance in statistical treatments, knowledge, and help in the analysis and statistical computation.

To Ms. Jenny Monongas, our grammarian, for her assistance during the development of this paper and effort in checking and editing this study.

To the participants of this study, who were constant friends, cathartic outlets, and moral support throughout the conduct of this study.

To our parents, for giving us their overwhelming moral and financial support to finish this research.

Most importantly, gratitude and praise are expressed to Almighty God, the Director of our lives. To God be the Glory!



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#### ABSTRACT

The study aims to assess the frontline workers' satisfactory level towards the interventions on COVID-19 and their willingness to work amidst a pandemic in Caloocan City, Valenzuela City, and the Province of Bulacan among a total of 388 frontline workers. A Pearson  $r$  statistical treatment was used in order to know the association level among the research variables. The data gathered resulted to a frequency of 285 respondents who answered "satisfied" with the interventions of their workplace and the government on COVID-19, and 203 out of the 388 frontline workers answered "willing". Application of a statistical tool revealed that most of the frontline workers are regular, healthcare workers, with ages ranging from 25-29 years old, and are single. Frontline workers are also with the family aging less than 5 years old and more than 60 years, and is less likely to acquire the disease because of the absence of comorbidity. Further analysis yielded that there is also an association between satisfaction and willingness of frontline workers. The gathered result presented that the interventions that was implemented were beneficial and provided advantageous and sufficient services to the workers during this pandemic.

*Keywords:* COVID-19, frontline workers, satisfaction, willingness



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#### Chapter I

### THE PROBLEM AND ITS BACKGROUND

#### Introduction

Severe acute respiratory syndrome-associated Coronavirus (SARS-CoV) is a virus that causes a viral respiratory disease, severe acute respiratory syndrome (SARS). In line with this, in 2019, a newly emerged virus called Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) rattled the world due to its ability to cause a harmful disease called Coronavirus disease 2019 (COVID-19).

The lives of many Filipinos have changed due to the emergence of COVID-19. To reduce the number of infected COVID-19 patients, the government implemented a lockdown from the start, and various initial precautions were followed. Some industries and companies have stopped operating as part of the nationwide lockdown, resulting in various inconveniences. However, some individuals still work amidst the pandemic. Philippine Daily Inquirer (2020) reported that these frontline workers typically work as allied health professionals, police officers, essential workers, and even volunteers.

Besides the above-mentioned frontline workers who are vital in present day, many other workers made it to the list of essential workers, including cleaners, security guards, clerks, contact tracers, barangay workers, and the list goes on. These workers primarily serve their fellow beings during this pandemic. They are also important nowadays, especially since everything is with limitations.

The main difference between the frontline and essential workers is that the latter are those who serve and conduct a wide range of functions and services that are important to the progression of the country. In comparison, the frontline



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workers face various health risks in their workspace because of the potential exposure to infectious material. These individuals are vital nowadays, especially since everything is with limitations. Therefore, the current study aims to assess the frontline workers' satisfactory level towards the interventions on COVID-19 and their willingness to work during a pandemic.

#### **Background of the Study**

The COVID-19 pandemic has become a challenge to many people. At the beginning of the pandemic, some businesses have closed due to the nationwide lockdown. Even so, numerous people still worked despite the risk of the emerging disease.

Occupational Safety and Health Administration (2014) wrote in one of the articles that workers must undergo training, and employers may consider giving workers sick leave if needed. Control measures are essential, especially during a pandemic. Therefore, employers can modify the workplaces to ensure the employee's safety and the client's. It is a fact that during a pandemic, there are matters that need considerations. OSHA (2014) also stated that assistance for every worker and serving their rights are also vital during a pandemic.

The emergence of COVID-19 changed the lives of many people. These frontline workers take risks, not just for themselves but also for the people in the society. Hence, it is crucial to get an eye on people who take risks in their lives.

#### **Statement of the problem**

The present study aims to assess the frontline workers' satisfactory level towards the interventions on COVID-19 and their willingness to work amidst a



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pandemic. Through the involvement of the participants in this study, answers can be attainable.

Initially, the study sought answers to the questions:

1. What are the participant's sociodemographic characteristics?
  - 1.1 Occupation
  - 1.2 Age
  - 1.3 Civil Status
  - 1.4 Employment Type
  - 1.5 Frontline workers with family members of ages less than 5 years or elderly more than 60 years
  - 1.6 Existence of comorbidity
2. How satisfied are the frontline worker participants with the interventions on COVID-19?
3. What is the level of willingness of the frontline workers to work amidst a pandemic?
4. Is there an association between the level of satisfaction with the interventions on COVID-19 and the level of willingness of frontline workers to work during a pandemic?
5. Which among the frontline workers is the most and least satisfied with the interventions in COVID-19?



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6. Which among the frontline workers is the most and least willing to work during a pandemic based on their occupation?

#### Significance of the Study

This study aims to assess frontline workers' satisfaction regarding the interventions on COVID-19 and their willingness to work during a pandemic. Moreover, this study recognizes complete confidentiality to give all the frontline workers space to provide genuine and honest thoughts regarding the interventions on COVID-19 and their willingness. Also, providing relevant results for the frontline workers is the main priority of the researchers. Therefore, the researchers expect this study to be beneficial to the following individuals:

**Frontline Workers**, this study helps them recognize what could meet their satisfaction and other shortcomings, particularly in facing pandemics such as COVID-19.

**Society**, to provide them with additional knowledge regarding the frontline workers who are determined to serve every individual.

**To Government agencies**, in light of the current situation, this study highlights what the authorized agencies can further fulfill to satisfy the frontline workers and to meet their shortcomings.

**To Future Researchers**, this study can be the basis for their related researches. This present study can widen their knowledge and provide a significant reference for their research.



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#### Scope and Limitation

There are some limitations present in this study. Included in this study are the frontline workers who have basic knowledge of computers. The present research mainly focuses on the frontline workers' satisfactory level towards the interventions on COVID-19 and their willingness to work amidst the pandemic. However, this study covers the attending frontline workers in the Philippines. An online cross-sectional survey with Likert-scale questions is bound to be used for this study.

#### Hypothesis

Ho: There is no association between the level of satisfaction of frontline workers on the interventions to COVID-19 and the level of their willingness to work during a pandemic.

Ha: There is an association between the level of satisfaction of frontline workers on the interventions to COVID-19 and the level of their willingness to work during a pandemic.

#### Definition of Terms

To further understand the present study, the definition of the terms used in this study, based on its usage herein, are as follows:

**Frontline workers** – People, such as allied health professionals, police officers, volunteers, and essential workers, who serve the country during the pandemic and those who face several health risks in their workplace.

**Essential workers** – Those who serve the country to provide for their fellow countrymen. Essential workers include cleaners, security guards, clerks, contact



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tracers, barangay workers, drivers, delivery individuals, school workers (including teachers), and bank employees.

**SARS-CoV-2** – The virus that causes COVID-19.

**COVID-19** – Disease caused by the virus SARS-CoV-2.

**Satisfaction** – Relationship assessment of the frontline workers with their work.

**Pandemic** – Worldwide outbreak population of disease severity.

**Intervention** – An action to prevent COVID-19.



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#### Chapter II

#### REVIEW OF RELATED LITERATURE AND STUDIES

This chapter of the paper presents the literature review and related studies from cited articles, journals, magazines, and newspapers after a thorough and in-depth analysis of the researchers. It is composed of related literature and studies, both local and foreign, containing facts and information on the research problem.

#### FOREIGN

Upadhyaya et al. (2020) explored the social factors correlated with the skills, attitudes, and ability of frontline healthcare workers (FHWs) among a total of 1051 FHWs to function during the COVID-19 pandemic in Nepal. Between 1 May and 10 June 2020, among FHWs in Nepal, they conducted a nationwide web-based cross-sectional analysis using an online questionnaire. The study questionnaire circulated to FHWs through the health workers' network. The questionnaire included 33 questions on social characteristics, HW's understanding of COVID-19, opinions of government reaction to COVID-19, and presumed ability to work during the pandemic. To rate the answers, a 5-point Likert Scale was used. Age, gender, caste/ethnicity, and civil status were among the sociodemographic characteristics. In addition to this, questions concerning chronic Health Worker' illnesses, their duty to provide for dependent family members, the essence of their jobs, and the type of health facility they served were also part of the questionnaire. The response of FHW to COVID-19 in this study was found to be adequate compared to their counterparts. It also played a big part in the HW's incremental willingness to function during the COVID-19 pandemic.



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Yu et al. (2020) stated that this article aims to study the medical frontliners and medical staff's job satisfaction in China fighting against COVID-19. COVID-19 is a pandemic disease that originated from Hubei, China. Yu et al. (2020) conducted a survey of frontliner health workers in China for job satisfaction. As for the survey, the researchers used the Minnesota Satisfaction Questionnaire (MSQ) and the Likert scale to gather information from January to March 2020. This study is a great reference value for further improving the health worker's job satisfaction by their fair demands, strengthening the emergency response and operation training of staff, and ensuring sleep time. The questionnaire contained items of demographic characteristics, including gender, age, education, and years of work experience, job title, working unit, the form of participation, anti-epidemic work duration, sleep routine the anti-epidemic work, and the location,

Raghavan et al. (2020) mentioned that more than one-tenth of reported cases of Coronavirus have been among doctors and other health workers in Afghanistan and suggest that the war-torn nation is grappling to cope with the pandemic. The survey was based on a questionnaire. Due to physical distance and COVID-19 travel limitations, much of the survey was performed over the telephone. The survey obtained comprehensive valuable data with 213 health workers in 8 provinces to conclude the current status of the COVID-19 response in Afghanistan and the plight of health workers. In early April, in three provinces, Johanniter International Assistance performed a community-based cross-sectional analysis on HCWs concerning COVID-19. This analysis used a snowballing sampling method. In this analysis, the test's objective was also clarified, and the respondents' preparation was obtained regarding their willingness. The interview's pace was kept according to the participants' agreement, and each participant was invited to include his/her sincere views/ideas.





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Traiki et al. (2020) stated that during the COVID-19 pandemic, substantial safety systems were applied to the health care system. This research was undertaken during this economic crisis to examine the surgical effects and the satisfaction of patients. Overall, study results showed that after applying the RIST score, 20% of patients were given a COVID-19 screen, and all came out negative. A validated standard satisfaction questionnaire found in many published studies has been used in the Health Worker Assessment of Healthcare Facilities and Programs (HCAHPS) questionnaire. For all the domains analyzed, the patient satisfaction level was high, and there were a limited number of problems with mostly positive surgical results. It shows that all the interventions and policies introduced during the pandemic are effective for patients. Those steps are suggested to continue until the COVID-19 pandemic is over.

Amin et al. (2020) mentioned that COVID-19 is a global pandemic and a public health burden that also affects the health care system where many health workers and people are. The whole world had a problem because of this pandemic. Amin et al. (2020) collected the data through an online survey questionnaire from frontliner physicians from all the provinces and 65 cities in Pakistan. The questionnaire contains 4 parts: consent section, demographic section, knowledge about COVID-19 pandemic, and assessment of depression through the World Health Organization Self-reporting questionnaire (SRQ-20).

Chen et al. (2020) found that the belief in a conspiracy hypothesis about the sources of COVID-19 was related to health care workers' poorer mental health, life satisfaction, and job satisfaction. The limitation of this study is the cross-sectional analysis about the association between beliefs in conspiracy theories and health workers' well-being. Those who thought the virus was purposely created in a lab were more likely to experience psychiatric depression and anxiety disorder and



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have lower levels of job satisfaction and life satisfaction than healthcare staff who were not sure where the virus originated. It provides the belief in theories attributed to COVID-19, which are relevant to healthcare workers' well-being.

Kniffan et al. (2020) mentioned that COVID-19 has a massive impact on workers and workplaces worldwide. It has many effects on health workers and other jobs. The researchers examined the possible moderating factors of age, race, gender, family status, and cultural differences to generate disparate effects. Due to the COVID -19 shock, organizations need to apply the several platforms about the present knowledge on COVID-19 to help each individual manage the risks while putting and developing the solutions. COVID -19 is recognized for changing the way of work in many fundamental ways. COVID-19 abruptly increased the speed of changes associated with working outside co-located offices, health workers, and virtual workers.

Zhang et al. (2021) stated that many healthcare workers stopped working once COVID-19 hit the USA's state. The study was focused on health workers wherein the researchers measured the job and life satisfaction amidst the pandemic and the participants' turnover intentions. Zhang et al. (2021) used a cross-sectional survey and Likert scale in conducting the study. The study showed that organizations should pay attention to younger employees that worked for many office days, and those redeployed staff were less satisfied with their lives. Zhang et al. (2021) revealed that job characteristics were bound to predict job-related outcomes during COVID-19. However, there was no significant difference between regular staff and temporary staff regarding the job and life satisfaction and even turnover intention. On the other hand, Zhang et al. (2021) mentioned that the number of working days for younger and senior staff plays a vital role during the COVID-19 pandemic.



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Acharya et al. (2020) stated that knowledge of epidemic outbreaks and functioning successfully in a changing world by healthcare professionals (HCWs) is critical to preventing pandemics. HCW's approach depends on how an organization reacts to the situation. At PH, Patan Academy of Health Sciences, Nepal, a cross-sectional baseline descriptive analysis of questionnaires was carried out. The HCWs were divided into technical employees, physicians, and support personnel. The questionnaires for this study were used to test the understanding and interpretation of the participants' job satisfaction with COVID-19. Acharya et al. (2020) mentioned that the HCWs are aware of and pleased with their work with COVID-19. Compared to the technical personnel and doctors, the support staff group had low levels of understanding of job satisfaction. Regarding the changing working environment of COVID-19, HCWs reported that support workers had low satisfaction assessment relations to professional staff and physicians.

Said and El-Shafei (2020) assessed nurses' job satisfaction with COVID-19 patients using the McCloskey or Mueller Satisfaction scale for the online questionnaire. The researchers used Epi-Info version 6 statistical packages for the computation of the sample size. Said and El-Shafei (2020) excluded pregnant women and nurses who were on leave for over 6 weeks through the study period. The questionnaire has six sections, including the disclaimers, sociodemographic characteristics, the Expanded Nursing Stress Scale or ENSS, the McCloskey/Mueller Satisfaction Scale (MMSS), and the nurses' intent to leave. On the other hand, for statistical analysis, Said and El-Shafei (2020) used Statistical Package for Social Science (SPSS) version 16.0. As for nurses' job satisfaction, there was a significant difference among the two groups, specifically in the aspect of work balance, family, interaction, scheduling, responsibility, and extrinsic reward.



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#### LOCAL

Labrague and Delos Santos (2020) mentioned that frontline nurses and those who hold part-time jobs reported not completing COVID-19-related training. Addressing the fear of COVID-19 contributes to better workplace outcomes for frontline nurses, such as increased job satisfaction, decreased levels of tension, and diminished intent to leave the company and the discipline. Labrague and Delos Santos (2020) used cross-sectional research design for this study. Decreased job satisfaction, high psychological dissatisfaction, and increased organizational and career turnover intentions were correlated with an increased degree of fear of COVID-19. Nurse well-being can be strengthened by overcoming fear of Coronavirus among nurses, with improved job satisfaction, decreased psychological anxiety, and decreased turnover intention.

Delos Santos and Labrague (2020) aimed at measuring the fear of COVID-19 as correlated to the work-related anxiety of the community nurse and may affect their decision to leave their jobs and the nursing profession. A risk to the physical and psychological well-being of nurses is the COVID-19 pandemic. Delos Santos and Labrague (2020) used self-report questionnaires and this analysis used a descriptive cross-sectional method. The participant's profile and four other standardized scales are included in the questionnaires. This research found that nurses have the same sense of fear of COVID-19, with female nurses claiming to be more scared than male nurses than nurses operating in hospital settings. The researchers also believed that nurses' integrated experience and their interpersonal and personal succession intentions rise with increased fear of COVID-19.

Labrague and Delos Santos (2020) used the term "Coronaphobia" to describe the fear of contracting unreasonable fear in COVID-19. In addition to



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being a global health emergency, it has a socioeconomic and psychological effect. Researchers and media reports have revealed a high rate of fears related to contracting the virus. However, fear is the common psychological result of the pandemic. The COVID-19 pandemic is a continually evolving disease and has unique factors. Coronaphobia is widespread among frontline Filipino nurses, but it affects more public health nurses than private hospital nurses. The anxiety level related to Coronavirus was commonly observed in female nurses. The researchers conducted a cross-sectional analysis with 736 nurses who worked in COVID-19 designated hospitals in Region 8, Philippines. Four constructed self-report scales were used and a social support questionnaire including the Coronavirus Anxiety Scale.

Niro et al. (2020) reported that the COVID-19 pandemic revealed vulnerabilities in the Philippines' healthcare infrastructure, civil security, and government. The national reaction has either been sluggish or insufficient. In this study, the researcher used operational analysis techniques to tackle ongoing issues such as the shortage of healthcare staff, COVID-19 medical assessment centers and housing, the delivery of aid parcels and financial support, the frontliner transport scheme, and malnutrition. The subsequent models of optimization demonstrated improved or more effective ways of solving the problems currently facing Filipinos. This report intends to create optimization models in select communities in the Philippines to obtain an optimal solution to COVID-19 related issues.

The Department of Health (DOH) reported that 297 more health workers have contracted COVID-19, raising a total of 13,018 as of December 12, 2020. The Department of Health said that the total recoveries between health workers totaled to 12,693, after 276 recovered from respiratory disease, while death



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remained at 74. The highest rate of COVID-19 are nurses among their ranks with 4,596 infections, second to the doctor with 2,169, a third are the nursing assistants with 977, while the medical technology personnel with 645, and midwives with 427 cases. Over 500 other non-medical personnel were also included in the tally.

Sabillo (2020) said that the Department of Health said it would take advantage of the 14-day update and enhanced population quarantine (MECQ) by ramping up its recruitment for the COVID-19 reaction of health staff. Following the call of medical societies for a "timeout" and "breathing space" lockdown in Metro Manila and neighboring provinces, they warned that the health care system was at a breaking point, with weary hospital workers handling the surge in COVID-19 instances. In terming for a timeout, the medical staff said that because of the exponential growth in COVID-19 cases in Metro Manila and surrounding hospitals, they need time to resolve patients' deluge in hospitals. Of the 9,365 authorized slots for emergency jobs in 340 health centers, the government has recruited 6,510 health employees.

The Malacañang urged the health department to accelerate the release of the hazard pay for the frontline workers and medical workers for the battle against the COVID-19, warning the health official risk. Abenojar (2020) stated that almost 30 healthcare workers have yet to receive some months of salary, the particular risk allowance, and hazard pay. Roque's affirmation came days after President Rodrigo Duterte lifted the ban on the deployment of health workers looking to land better-paying jobs around. President Rodrigo Duterte put the deployment cap at 5,000 health workers per year to ensure the Philippines would have enough professionals to fight the pandemic.

In the Philippines, the Interagency Task Force (IATF) and the Department of Health (DOH) manage the responses to the COVID-19. WHO (2020) reported





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that the Philippine government executed various actions throughout the nation to contain the virus. The Philippine agencies use surveillance, contact tracing, and laboratory testing in identifying cases of COVID-19. Furthermore, the Philippine agencies and the WHO held a webinar that tackled clinical care, which includes telemedicine. WHO (2020) also has non-pharmaceutical interventions and mental health that the community can practice to prevent the virus's spread. Here it involves the personal protective measures, physical distancing measures, environmental measures, and travel-related measures.

Additionally, WHO (2020) provided an assessment for mental health and psychosocial support during the pandemic. Furthermore, WHO (2020) also supported the proper dissemination of information regarding the COVID-19, with logistics support by providing personal protective equipment (PPE) requirements. The staff dedicated themselves by going to subnational areas and responding to high-risk areas. The above mentioned were essential to ensure every individual's safety, break the chain of COVID-19 transmission, and lessen the Philippines' cases.

De Vera (2021) mentioned that the Alliance of Health Workers (AHW) said that one year after the nation started its fight against the Coronavirus pandemic, the state of medical workers in the world remained "deplorable." In today's situation, Mendoza said that nothing else has changed: many health employees in the regions still lack safety equipment with an extreme lack of staff in public hospitals and health services, leading to the prolongation of long hours of service by health workers, low salaries, and late payment of minuscule. Gratitude and tribute in fellow health workers heroism who sacrifice their lives to fight against Coronavirus should be given.

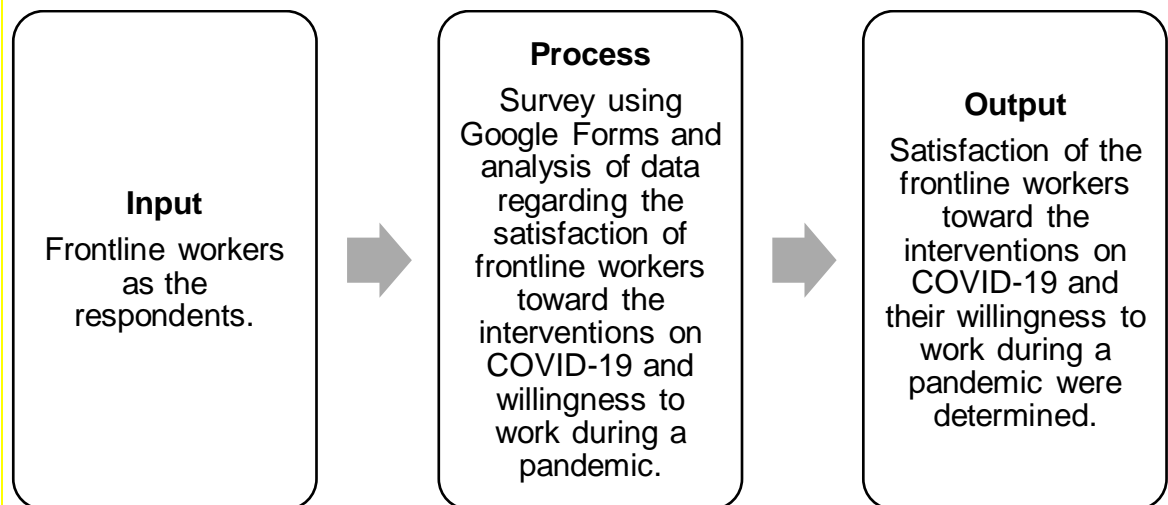


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The Department of Public Works and Highways (DPWH) reported that the government did a frontline worker project. In Iloilo City, a quarantine facility for cases of covid-19 was completed, as well as an off-site dormitory for health workers. The quarantine facility was built in Barangay Sooc, Arevalo in Iloilo City with 16-beds. It has 16 air-conditioned rooms, having one bed and comfort room for each room. The facility has sanitation and a nurse station. The dormitory was also built within the compound, accommodating 32 frontline workers. The facility has an air-conditioned lobby with a dining area, living room, kitchen, laundry room, and a clean area equipped with whatever is necessary. The bot facilities have generators to ensure uninterrupted power supply and emergency prevention to electrical disruptions critical to medical professionals' COVID-19 response.

#### Conceptual Framework



**Figure 1.** The flow of the conducted study of the researchers.

The framework shows an IV-DV Model wherein it shows the input, process, and output of the study. The input process contains the participation of the frontline





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workers as they are the main respondents for the present study. The process consists of surveying through a platform, Google Forms, to attain the responses of the participants, which were eventually analyzed using the appropriate statistical treatment—using the data, the satisfaction and willingness level of the frontline workers were determined, which serves as the output of the study.



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### Chapter III

#### RESEARCH METHODOLOGY

This chapter of the study presents the methods used by the researchers. It describes the research design, the study's locale, research instruments, statistical treatment, study's variables, ethical considerations, and data gathering procedure and collection. To align with this, the related literature contributed to the formation of this chapter.

#### **Research Design**

The researchers used a descriptive design and quantitative approach. The goal of the former is to describe a phenomenon and coordinate the characteristics. On the other hand, Nassaji (2015) mentioned that the latter is a systematic evaluation of gathered data by presenting numbers such as percentages, averages, or statistical methods for the determination of relationships. Herein, the researchers collected the data to obtain relevant results expressed through numbers.

#### **The Population of the Study**

The target population of this study is frontline workers that are working in the Philippines amidst the COVID-19 pandemic. The respondents for this study were from Caloocan City, Valenzuela City, and the Province of Bulacan. To get the sample size, the researchers used the Cochran formula wherein;

$$S = z^2 \times p \times (1-p) / M^2$$

Whereas;



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S = sample size for infinite population

z = the z score

p = the population proportion

M = margin of error

with the given as follows:

z = 1.960

p = 50% (0.5)

M = 0.05

Using Cochran formula, the sample size can be computed as:

$$S = (1.960)^2 \times 0.5 \times (1-0.5) / (0.05)^2$$

$$S = 384.16$$

Therefore, the representative sample size is 384 frontline workers.

Then, to adjust the sample size to the required population, it must be computed using the formula:

$$S_{\text{small}} = (s) / 1 + [(s-1) / N]$$

Whereas;

S = sample size for infinite population

N = population



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Hence,

$$S = 384.16$$

$$N = 100,000$$

Therefore,

$$S_{\text{small}} = (384.16) / 1 + [(384.16-1) / 100,000]$$

$$S_{\text{small}} = 384.16 / 1.0038416$$

$$S_{\text{small}} = 382.69 \text{ or } 383$$

Therefore, the total sample size for this study is 383 health workers. The researchers used the snowball sampling technique, which is a non-probability sampling technique. Naderifar et al. (2017) mentioned that a snowball sampling technique is a method in which the researchers ask the participants for other potential respondents.

### Research Instrument

For this study, the researchers used an online cross-sectional survey to gather data to assess frontline workers' satisfaction regarding the interventions on COVID-19 and their willingness to work during a pandemic. The researchers also used a close-ended response format for the sociodemographic characteristics, five-point close-ended Likert scale questions to attain the respondents' answers for the satisfaction and willingness to work during a pandemic. The researchers opted to describe and interpret the responses of the participants to this survey. The online cross-sectional survey consists of four sections.



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The first section contains the participant's online consent form to agree with the terms and conditions.

The second section consists of items regarding the sociodemographic characteristics of the participants; age, gender, civil status, occupation, employment type, frontline workers with family members of ages less than 5 years or elderly more than 60 years, and the existence of comorbidity.

The third section has relevant questions regarding the satisfaction of the frontline worker participants regarding the interventions on COVID-19. The rating for the five-point Likert scale for the satisfaction section are as follows:

- 5 - Very Satisfied
- 4 - Satisfied
- 3 - Slightly Satisfied
- 2 - Unsatisfied
- 1 - Very Unsatisfied

On the other hand, the fourth and last section contains items that could help determine the percentage of the frontline worker participants willing to work during a pandemic. The ratings for the five-point Likert scale for the willingness section are as follows:

- 5 - Willing
- 4 - Somewhat Willing
- 3 - Undecided
- 2 - Not Really Willing
- 1 - Not Willing



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The primary purpose of splitting the questionnaire was to ensure separate data from the sociodemographic characteristics and actual survey.

#### Statistical Treatment

A Pearson R was used to probe the association level among study variables wherein a p-value of  $> 0.05$  is considered that the hypothesis is true and a p-value of  $\leq 0.05$  indicates that the hypothesis should be rejected or false.

#### Pearson R

Size of Correlation	Interpretation
.90 to 1.00 (— .90 to — 1.00)	Very high positive (negative) correlation
.70 to .90 (— .70 to — .90)	High positive (negative) correlation
.50 to .70 (— .50 to — .70)	Moderate positive (negative) correlation
.30 to .50 (— .30 to — .50)	Low positive (negative) correlation
.00 to .30 (— .00 to — .30)	Negligible correlation

#### Statistics rating scales of 5-point Likert scale

The following scale was used for the satisfaction level of frontline workers:

4.1 – 5.0	Very Satisfied
3.41 – 4.20	Satisfied
2.61 – 3.40	Slightly Satisfied



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**1.81 – 2.60**

Unsatisfied

**1.0 – 1.80**

Very Satisfied

The following scale was used for willingness level of frontline workers:

**4.1 – 5.0**

Willing

**3.41 – 4.20**

Somewhat Willing

**2.61 – 3.40**

Undecided

**1.81 – 2.60**

Not Willing

**1.0 – 1.80**

Not Really Willing

### Variables of the Study

#### I. Independent Variable

The independent variables are the frontline workers which serve as the participants to answer the questionnaire.

#### II. Dependent Variables

There are two dependent variables: satisfaction and willingness level of frontline workers during COVID-19 in the Philippines.

### Ethical Considerations

The researchers were all aware of the confidentiality of the respondents' answers. The conduct of research guarantees the truthfulness, quality, and



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integrity of results. Upholding of ethics is particularly vital in the research industry and is mainly dependent on the following:

The goodwill upholds the respondents' willingness to provide their information on their awareness and behavior, applying confidentiality and proper consent provided by the researchers.

The researchers provide respect for others' intellectual property. Hence, the assurance that it avoids plagiarism, provides adequate citation, and asks for approval before using instruments owned by others. Thus, there is the right of the holder to appeal when violated.

#### **Data Gathering Procedure and Collection**

There are certain steps that the researchers followed in gathering and collecting responses to attain relevant data for the study. The researchers formulated problems that opt to be answered at the end of this study. Relevant population for this study is chosen, such as employees working amidst COVID-19. The researchers had chosen these participants as they are highly suitable for the present study. Afterwards, the researchers disseminated the online-survey through Facebook Messenger from March 12, 2021 to April 8, 2021 until it reached the appropriate sample size. After the respondents answered the online cross-sectional survey using Google Forms, the answers were subject to evaluation and analysis. After the participants submitted their responses, the researchers gathered all the data, and then the results were analyzed and interpreted to provide accurate and relevant data.





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#### Chapter IV

#### RESEARCH RESULTS, ANALYSIS, AND INTERPRETATIONS

This chapter contains all the data gathered by the researchers, particularly the presentation, analysis, and interpretation. The data gathered through the means of a survey questionnaire prepared by the researchers are arranged and presented in a tabular form. These data were collected to adhere to the main objectives of the researchers, which focused on assessing the frontline workers' satisfactory level towards the interventions on COVID-19 and their willingness to work amidst a pandemic.

The data presented were all based on the results of the survey held through the use of Google Forms.

The first problem of this study focuses on the sociodemographic profile of the frontline worker participants in the Philippines, particularly in Valenzuela City, Caloocan City, and the Province of Bulacan.

##### **1. What are the participant's sociodemographic characteristics?**

The occupation of the respondents in this study include teachers, security guards, doctors, nurses, medical technologists, midwives, barangay officials, contact tracers, cleaners, police, pharmacists, cashiers, government employee, caregivers, bank employees, radiologists, other health and science workers (laboratory analysts, behavior therapists, public health associates, healthcare associate, hospital administration staff, dieticians, and physical therapists), sales workers, drivers, and delivery individuals of parcels, food, and the like. Figure 1.1 shows the frequency and proportion of the participants according to their job.



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It is shown in Figure 1.1 that most participants are healthcare workers, including nurses (19%), medical technologists (15%), radiologists (1%), physicians (3%), caregivers (1%), midwives (3%), pharmacists (5%), and other health and science workers (3%). These seven job categories are essential frontline workers due to their responsibility to their patients. In terms of the barangay (9%), government employees (3%), and police (2%), they are expected to be part of this study because they are mostly engaged in reminding and restraining the public from unnecessarily going around.

It can also be noted the participation of contact tracers (7%) in this study, knowing their importance, especially in present time. They are expected to take part in this survey due to their special engagement in containing the virus.

Essential goods are also necessary, especially during the start of the side-by-side lockdown. In this study, drivers (3%), sales workers (4%), bank employees (1%), cashier (1%), the security guards (4%), couriers of food, parcel, and the like (4%) took the survey, which is also expected because they are most likely to provide safety, security, and protect the well-being of their customers.

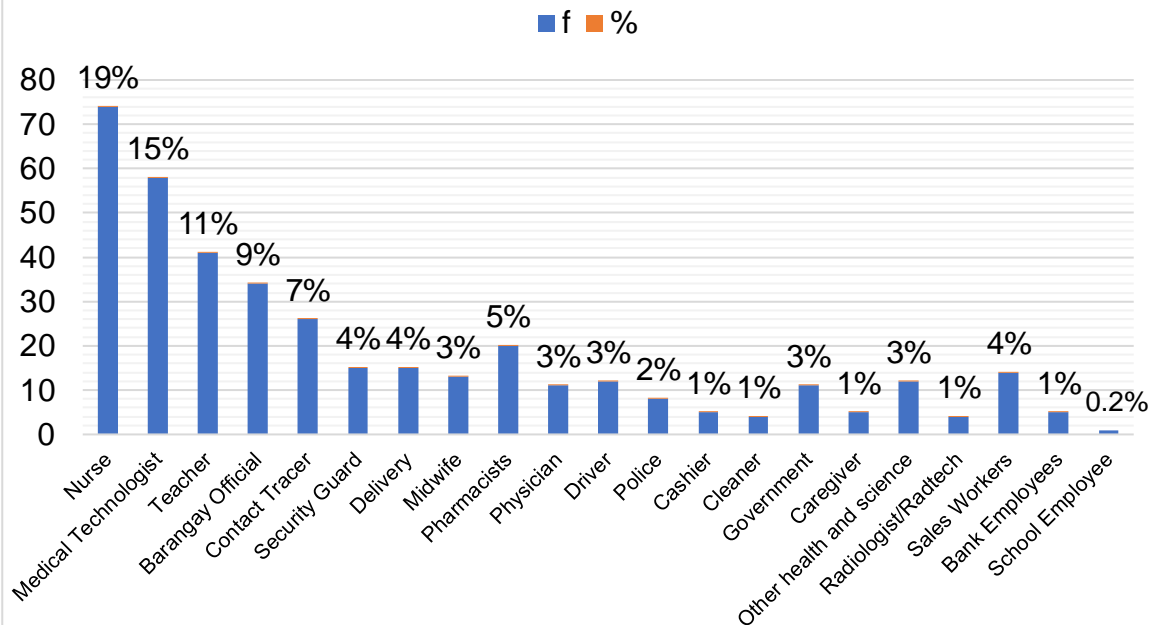
Lastly, teachers (11%) are quite unexpected to be part of this study because most students in the Philippines are currently conducting online classes due to the pandemic. However, it can be concluded that teachers providing modules for the modular distance learning of the students are also part of the frontline workers, which is valid for the present study.



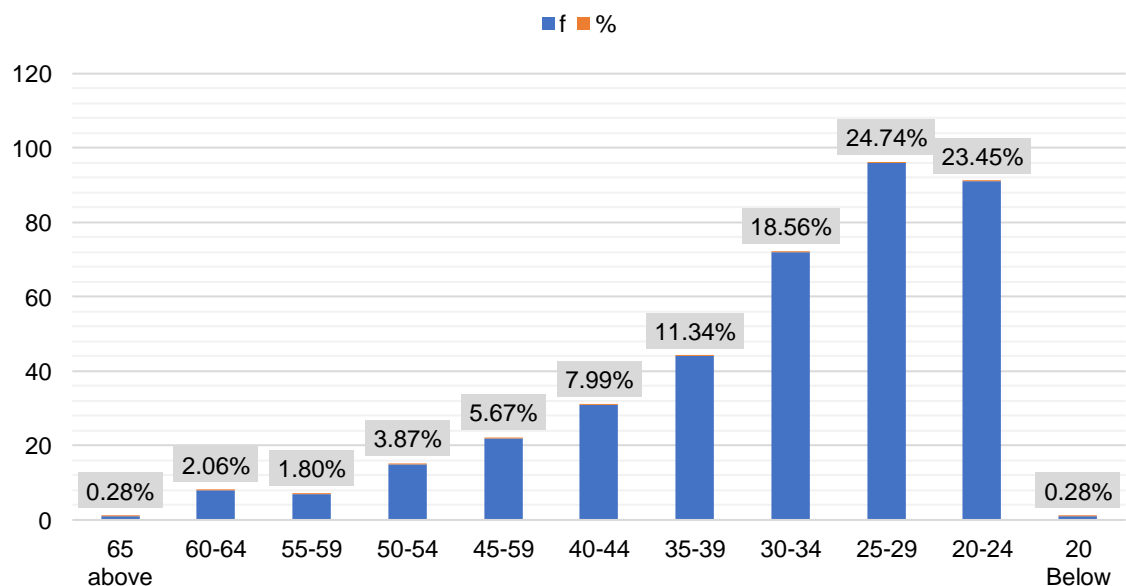
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**Figure 1.1 Frequency Distribution of Occupation of Frontline Workers**



**Figure 1.2. Frequency distribution of age of the frontline workers**





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**Table 1.1.** Frequency Distribution of Age of Frontline Workers

<b>X</b>	<b>f</b>	<b>%</b>
65 – above	1	0.28%
60 – 64	8	2.06%
55 – 59	7	1.80%
50 – 54	15	3.87%
45 – 49	22	5.67%
40 – 44	31	7.99%
35 – 39	44	11.34%
30 – 34	72	18.56%
25 – 29	96	24.74%
20 – 24	91	23.45%
20 – below	1	0.28%
	<b>388</b>	<b>100%</b>

*X – Group Age*  
*f – frequency distribution*  
*% - percentage*

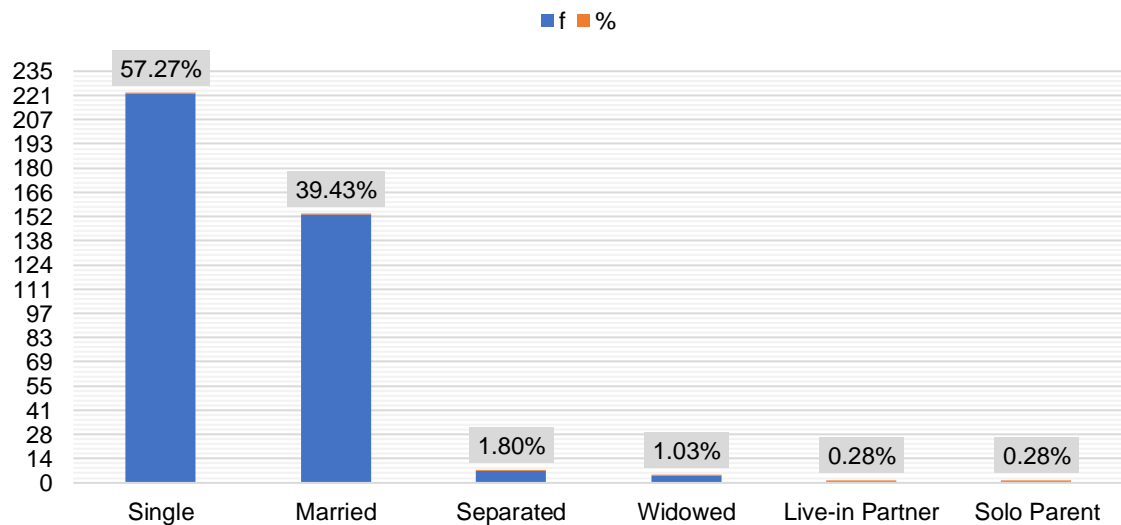
Table 1.1 shows the frequency distribution of the age of frontline workers. The highest number of participants in the research is at the age group of 25-29, which has a frequency of 96 out of 388, and a portion of 24.74% out of 100% of the respondents, followed by 20-24 with a frequency of 91, and a portion of 23.45%. The least number of participants are in the age group of 20 below and 65 above, with the same frequency of 1 out of 388, a portion of 0.28% out of 100% of the respondents. The dominance of the age group 25-29 implies that there are more young individuals that carry out their jobs regardless of the COVID-19 pandemic, which is expected because their ages are not at risk of acquiring the disease. However, Table 1.1 also shows that there are also elderly persons that still go to work despite a higher chance of acquiring the disease.



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**Figure 1.3. Frequency distribution of the civil status of frontline workers**



**Table 1.2. Frequency Distribution of Civil Status of Frontline Workers**

<i>X</i>	<i>f</i>	%
Single	222	57.27%
Married	153	39.43%
Separated	7	1.80%
Widowed	4	1.03%
Live-in Partner	1	0.28%
Solo Parent	1	0.28%
	<b>388</b>	<b>100%</b>

*X – Civil Status*

*f – frequency distribution*

*% - percentage*

In table 1.2, the highest number of participants in the research is in the single status group, which has a frequency of 222 out of 388 and a portion of 57.27% out of 100% of the respondents. It is followed by the married status group with a frequency of 153 out of 388 and a portion of 39.43%. The least number of participants are in the solo-parent and unmarried-live in partner status group,

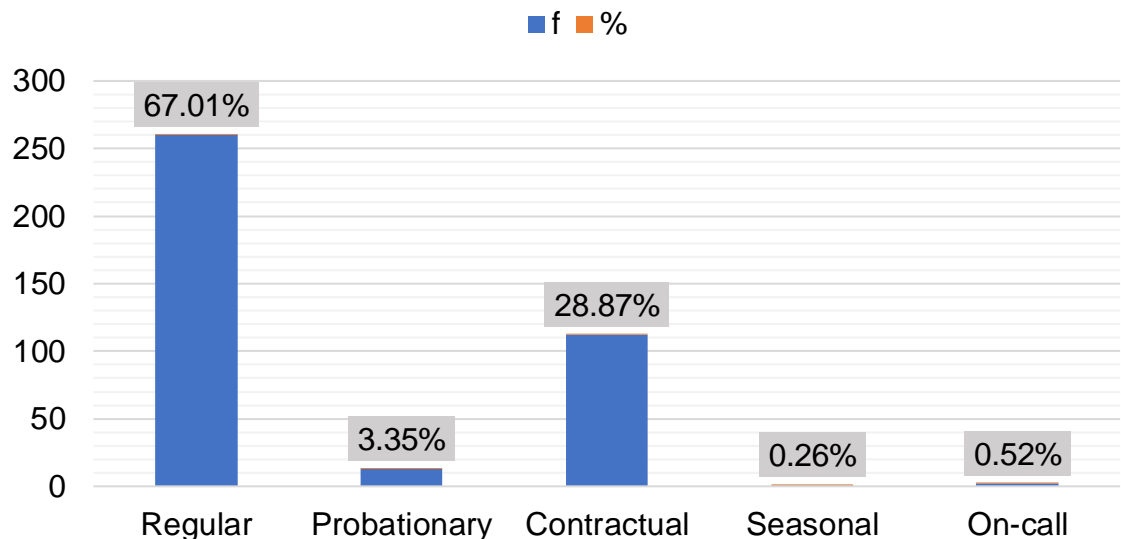


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which has the same frequency of 1 out of 388 and the same portion of 0.28% out of 100%. Table 1.2 shows that the civil status of the respondents is mostly single. It shows that they are most likely to engage in a job despite the risks and hazards given by the pandemic. Meanwhile, those who are married also take part in being frontline workers due to their responsibility to provide for their own family.

**Figure 1.4. Frequency distribution of the employment type of frontline**



**Table 1.3. Frequency Distribution of Employment Type of Frontline Workers**

<i>X</i>	<i>f</i>	%
Regular	260	67.01%
Probationary	13	3.35%
Contractual	112	28.87%
Seasonal	1	0.26%
On-Call	2	0.52%
	<b>388</b>	<b>100%</b>

*X* – Employment Type  
*f* – frequency distribution  
 % – percentage



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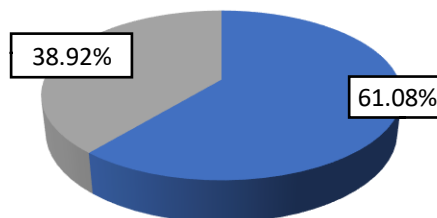
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Table 1.3 shows that most of the respondents are regular, which has a frequency of 260 out of 388, and a portion of 67.01% out of 100%, followed by contractual workers, with a frequency of 112 and a portion of 28.87%. The least gathered are those who are under seasonal, with the same frequency of 1, and a proportion of 0.26%.

As seen in Table 1.3, permanent or regular employees are the ones that mostly go to work during the COVID-19 pandemic. The public is aware of the fact that most of the regular employees are most likely to get a higher salary and various privileges such as healthcare insurance compared to other employment types. Therefore, they are most likely to get engaged in work that risks their health.

**Figure 1.5. Frequency distribution of frontline workers with family members of ages less than 5 years or elderly more than 60 years**

■ with family members    ■ without family members



**Table 1.4.** Frequency Distribution of Frontline workers with family members of ages less than 5 years or elderly more than 60 years

<i>X</i>	<i>f</i>	%
Yes / Have	237	61.08%
No / Have-not	151	38.92%
	<b>388</b>	<b>100%</b>

*X* – Frontline workers with family members of ages less than 5 years or elderly more than 60 years

*f* – frequency distribution

% - percentage

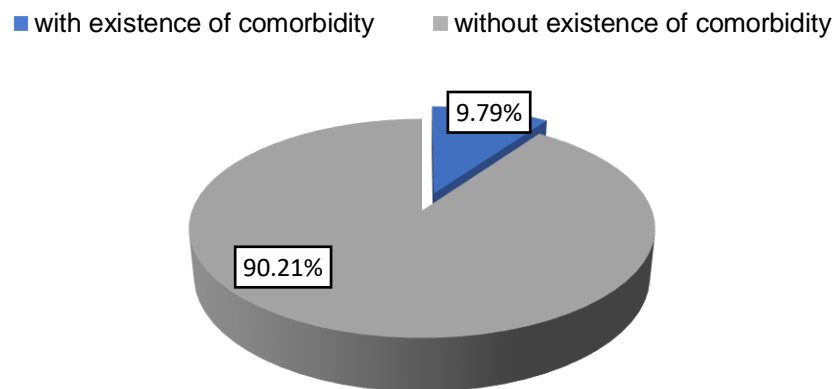


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Table 1.4 shows the highest number of the participants in the research were the frontline workers with family members of ages less than 5 years and more than 60 years, which has a frequency of 237 out of 388 and has a portion of 61.08%, which are the ages at risk of acquiring the disease. On the other hand, the frontline workers without family members of ages less than 5 years or elderly more than 60 years of age has a frequency of 151 out of 388 and a portion of 38.92%. As mentioned, even though they have family members who are more likely to attain the disease, they still go to work despite the risks and hazards.

**Figure 1.6. Frequency distribution of the existence of comorbidity on frontline workers**



**Table 1.5. Frequency Distribution of Existence Comorbidity of Frontline Workers**

<b>X</b>	<b>f</b>	<b>%</b>
Yes / Have	38	9.79%
No / Have-not	350	90.21%
	<b>388</b>	<b>100%</b>

*X* – Existence Comorbidity of Frontline Workers

*f* – frequency distribution

*%* - percentage

Table 1.5 presents the highest number of participants that have the existence of comorbidity with a frequency of 38 out of 388 and a portion of 9.79%. On the other hand,





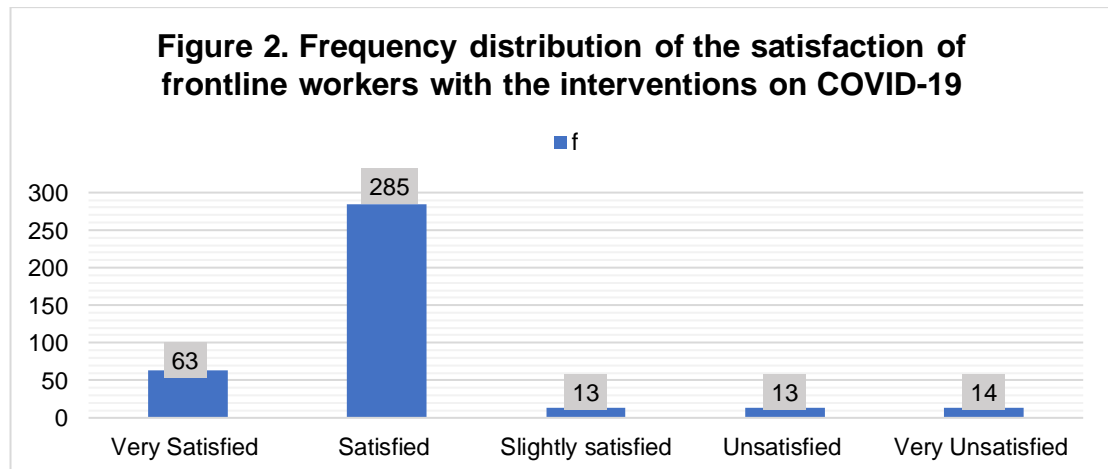
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the least number of participants having no comorbidity has a frequency of 350 out of 388 and a portion of 90.21%.

Table 1.5 shows the frequency of existence of comorbidity, which indicates that they have a higher risk of acquiring COVID-19. It turns out that there are only 9.79% who have comorbidity. Therefore, it can be noted that most of the frontline workers are less likely to be part of the individuals at risk of acquiring COVID-19.

## 2. How satisfied are the frontline worker participants with the interventions on COVID-19?



**Table 2** Satisfaction of Frontline Workers

<i>X</i>	<i>f</i>	<i>SD</i>	$\bar{X}$
Very Satisfied	63		
Satisfied	285		
Slightly Satisfied	13	0.58146	3.8035
Unsatisfied	13		
Very Unsatisfied	14		
	<b>388</b>		

*X* – Satisfaction Levels of Frontline Workers

*f* – frequency distribution

*SD* – Standard Distribution

$\bar{X}$  – Mean of Satisfaction/



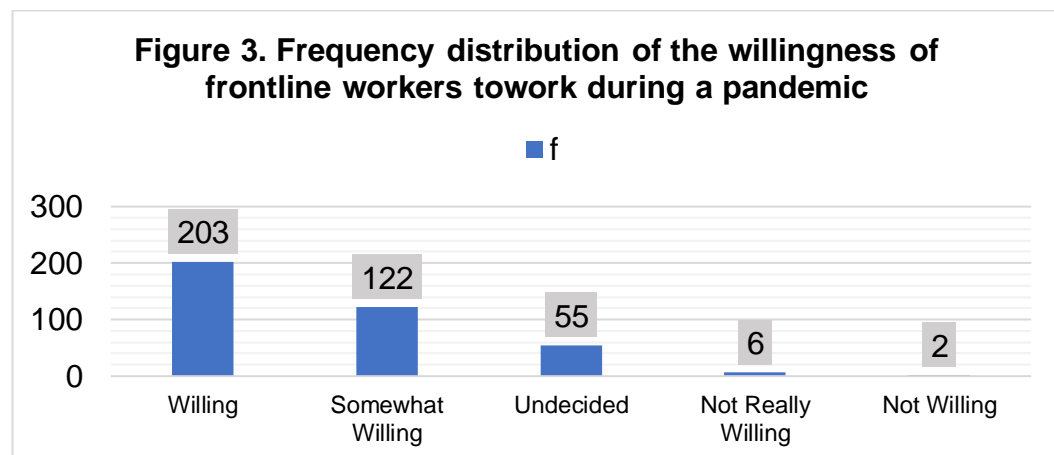
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Table 2 presents the level of satisfaction of the frontline workers on the interventions in COVID-19. 285 out of 388 frontline workers participants answered satisfied while 63 out of 388 answered very satisfied. 14 out of 388 answered very unsatisfied. On the other hand, slightly satisfied and unsatisfied have the same frequency of participants, which is 1 out of 288.

Table 2 indicates that majority of the frontline workers are satisfied to work with intervention of COVID-19. It turns out that there are only a few frontline workers who are unsatisfied to work with intervention of COVID-19.

### 3. What is the level of willingness of the frontline workers to work amidst a pandemic?



**Table 3** Willingness of Frontline Workers

<i>x</i>	<i>f</i>	<i>SD</i>	$\bar{X}$
Willing	203		
Somewhat Willing	122		
Undecided	55	0.81403	4.3351
Not Really Willing	6		
Not Willing	2		
	<b>388</b>		

*x* – Willingness of Frontline Workers

*f* – frequency distribution

*SD* – Standard Distribution

$\bar{X}$  – Mean of Satisfaction



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Table 3 shows the level of willingness of the frontline workers on the interventions in COVID-19. 203 out of 388 frontline workers participants answered willingly while 122 out of 388 answered somewhat willing. 55 out of 388 answered undecided while 6 out of 388 answered not really willing. On the other hand, the least number of participants had a frequency of 2 out of 388. It shows that most of the participants are willing to work during a pandemic.

#### 4. Is there an association between the level of satisfaction with the interventions on COVID-19 and the level of willingness of frontline workers to work during a pandemic?

**Table 4** Association of Satisfaction and Willingness of Frontline Workers

$\bar{X}$	$r$	$p$	Decision
3.8035	0.711	0.0001	Reject Ho
4.3351			

$\bar{X}$  – Means of Variables of Frontline Workers

$r$  – Computed Pearson  $r$  value

$P$  – Computed  $P$  Value

Table 4 presents the association of satisfaction and willingness of frontline workers. As shown in table 2 and table 4, the mean level of satisfaction of the frontline workers on the intervention of COVID-19 is 3.8035, while the level of their willingness to work during a pandemic is 4.3351. The Pearson  $r$  has been computed using the degree of freedom that corresponds to the number of respondents and mean of the variables (satisfaction and willingness of frontline workers). After computing using these values, the computed Pearson  $r$  value turned out to be 0.711.



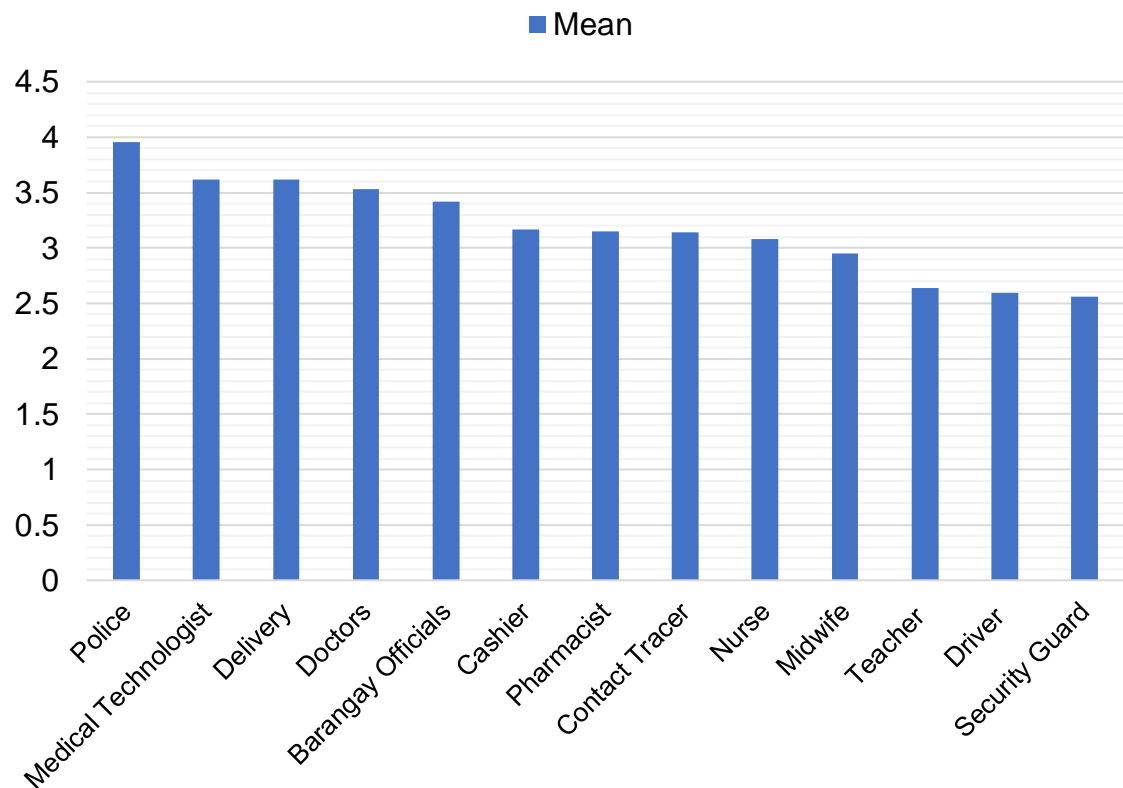
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Finally, the computed p-value is 0.0001, which is used to associate the satisfaction and willingness of the frontline workers. However, it turned out that the  $H_0$  should be rejected because the computed p-value turned out to be less than the alpha/significant level = 0.05 (standard error of measurement),  $p < 5$ . This indicates that there is an association between the willingness of the frontline to work during a pandemic and their satisfaction level on the interventions on COVID-19.

#### 5. Which among the frontline workers is the most and least satisfied with the interventions in COVID-19?

**Figure 4. Most and least satisfied with the interventions on COVID-19 based on the occupation**





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**Table 5. Most and least satisfied with the interventions on COVID-19 based on the occupation**

<i>N</i>	<i>f</i>	$\bar{X}$
Police	20	3.958
Medical Technologist	58	3.621
Delivery	24	3.617
Doctors	21	3.529
Barangay Officials	34	3.422
Cashier	15	3.167
Pharmacist	22	3.147
Contact Tracer	26	3.142
Nurse	74	3.081
Midwife	23	2.950
Teacher	36	2.640
Driver	20	2.596
Security Guard	15	2.558
<b>388</b>		

*N* – Type of works

*f* – Frequency Distributions / number of respondents

$\bar{X}$  – Mean of Satisfaction of frontline workers

Table 5 shows the mean of satisfaction of frontline workers with interventions on COVID-19 in terms of their occupations. Based on the statistics rating scales of 5-point Likert scale, occupation such as police, medical technologists, those who are in charge to deliver the needs of people, doctors, barangay officials, cashiers, pharmacists, contact tracers, midwife, teachers, and drivers are satisfied with the interventions on COVID-19, with the highest mean value for the police category ( $\bar{x} = 3.958$ ). This just indicates that the police are the most satisfied participants with the interventions on COVID-19 because based on the statistics rating scales of 5-point Likert scale,  $\bar{x} = 3.958$  belongs to the satisfied level.

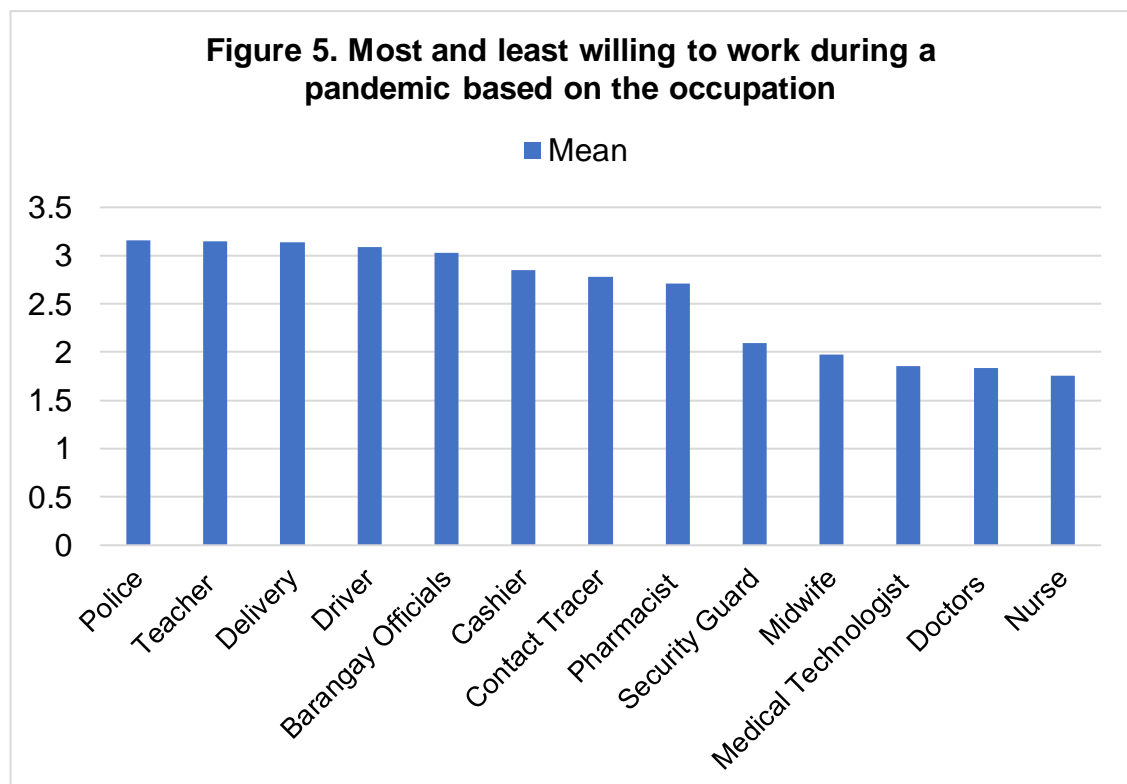


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On the other hand, only one category for occupation was not able to enter the satisfying level which was the security guard category, which has the least mean value of  $\bar{x} = 2.558$ , and this value places around the unsatisfied level. Hence, the most satisfied participants with the intervention on COVID-19 based on their occupation are the police and the least satisfied participants are the security guards. Both occupations are important, especially in present time when the Philippines is fighting off the COVID-19 pandemic. The satisfaction of these individuals in terms of their needs in work, safety measures or protocols in work, and government implementations are very crucial because both are in charge of the safety and security of their fellow citizens.

#### 6. Which among the frontline workers is the most and least willing to work during a pandemic based on their occupation?





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**Table 6. Most and least willing to work during a pandemic based on the occupation**

<i>N</i>	<i>f</i>	<i><math>\bar{X}</math></i>
Police	20	3.162
Teacher	36	3.148
Delivery	24	3.136
Driver	20	3.092
Barangay Officials	34	3.03
Cashier	15	2.854
Contact Tracer	26	2.785
Pharmacist	22	2.714
Security Guard	15	2.093
Midwife	23	1.972
Medical Technologist	58	1.852
Doctors	21	1.836
Nurse	74	1.758
<b>388</b>		

*N* – Type of works

*f* – Frequency Distributions / number of respondents

*$\bar{X}$*  – Mean of Willingness of frontline workers

Table 6 shows the mean of the willingness of frontline workers in terms of their occupations. Police has a mean of  $\bar{x} = 3.162$ , based on the statistics rating scale of 5-point Likert scale, ( $\bar{x} = 3.162$ ) perceived "Undecided." Nurse has a mean of  $\bar{x} = 1.758$ , which perceived as "Not Really Willing." Nurses often take the risk because they fight off COVID-19 and they are also part of healthcare system. Also, they have been exposed to the virus for quite a long time, which may be the reason why they are mostly no longer willing to work during a pandemic.

The police has the highest mean which equivalent to "Undecided", which means that they are still in a state of confusion. Despite that, frontline workers still serve the country as part of their oath. They have to keep the peace and order in society. This pandemic could have caused chaos if there was no one to guide and implement laws during this time. The participants still risk their safety to protect the citizens despite having the confusion of working during such a tragic event.



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#### Chapter V

#### SUMMARY, CONCLUSION, AND RECOMMENDATION

This chapter includes the summary, conclusion, and recommendation of the researchers regarding the frontline workers' satisfactory level towards the interventions on COVID-19 and their willingness to work amidst a pandemic. The gathered data and its results from Chapter IV shall also be evaluated further and finalized in this chapter.

##### Summary

This study aims to evaluate the frontline worker's satisfaction regarding the interventions on COVID-19 and their willingness to work during a pandemic. In order to achieve the main objective of the study, the researchers applied a descriptive and quantitative approach to elaborate all of the data gathered. The findings of this study contribute to the frontline workers, society, and the future researchers who wish to continue or conduct the same study since this serves as prior knowledge and foundation regarding the current issue at hand for a more efficient response.

The researchers enforced a survey questionnaire with the help of Google Forms as a tool in order to gather data. A total of 388 respondents ranging from 20-65 years old were obtained using Cochran formula to represent the whole population of frontline workers from Caloocan City, Valenzuela City, and Province of Bulacan. Aside from that, subjects were obtained after running a convenience snowball sampling technique and considering the presence of the following conditions: (a) frontline worker that works in the Philippines amidst the COVID-19 pandemic, and (b) appropriate location (Caloocan City, Valenzuela City, and





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Province of Bulacan). Survey form links were distributed to the respondents for them to answer the close-ended response format for the sociodemographic characteristics, five-point close-ended Likert scale questions for the satisfaction and willingness to work during pandemic. Researchers also provided English and Filipino translation, considering the respondents who were not well versed on either language. This study conducted its data gathering procedure for a total of one week around the area of frontline workers of Caloocan City, Valenzuela City, and Province of Bulacan starting from April 5, 2021 to April 12, 2021.

The results of the study portrayed that of the 388 respondents, the highest number of participants were healthcare workers such as nurses (19%), medical technologists (15%), pharmacists (5%), physicians (3%), radiologists (1%), and other health related workers (3%). The stated job categories were essential frontline workers due to their responsibility. Teachers (11%) also participated in this study because they provide modules for those students under modular learning. For the age, the highest number of participants in the research is at the age group of 25-29 years old (24.74%), followed by 20-24 (23.45%). This only shows that the younger people are carrying out their jobs despite the presence of the pandemic. The participation of the elderly can also be noted, even though they have higher risk of acquiring the disease. For the civil status, most of the participants were single, followed by married. This can conclude that they are most likely to engage themselves in a job despite the risk and hazards that their occupation may pose. Meanwhile, those who are married are part of the frontline workers in order to provide for their family. Employment type of the participants were also asked during the data gathering, most of the respondents were regular (67.01%), and next to it are the contractual workers with a portion of 28.87%. Permanent employees are the ones that go to work during the pandemic. It is public knowledge that regular employees enjoy such privileges such as insurance



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and other types, making them more likely to risk their health despite of the crisis. Participants were also asked if they have a family member aged less than 5 years, or more than 60 years. Most of the participants answered yes, they have, with a portion of 61.08%. That only shows they still go to work regardless of the posed exposure to the risks and hazards. In addition to that, the frontline workers were also asked about their existence of comorbidity, and most of the participants answered they do not have an existing comorbidity, with a 90.21%, and 9.79% of the respondents answering that they have. It can be noted that most of the frontline workers are less likely to acquire COVID-19.

In terms of the satisfaction of the frontline workers with the interventions of COVID-19, the study revealed that most of the participants answered "Satisfied" with a frequency of 285 out of 388, followed by "Very Satisfied" with a frequency of 63 out of 388. This only shows that the interventions implemented by their workplace and the government, such as: levels of community quarantine, priority sectors, prohibition of mass gatherings, limited transportation, curfew, provided quarantine facilities, PPEs, dispensers of alcohol, etc., works and helps the frontline workers dwell on their workplaces despite the risk of acquiring the disease. With regards to the most and least satisfied occupation with the interventions on COVID-19, the researchers based it on a 5-point Likert scale, and occupations such as police, as the most satisfied ( $\bar{x} = 3.958$ ), followed by medical technologist, doctors, barangay officials, cashier, pharmacists, contact tracers, midwife, teachers, and drivers, respectively, landed on "Satisfied". On the other hand, security guard, which has the least mean value of  $\bar{x} = 2.558$ , was set in the "Unsatisfied" level. Hence, the most satisfied participant with the interventions on COVID-19 based on the occupation are the police, and the least satisfied are the security guards.



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For the willingness of the frontline workers to work amidst a pandemic, the observation demonstrated that 203 of the participants are willing to work, followed by the somewhat willing with a frequency of 122, and some answered undecided, not really willing, and not willing. The rate of the willingness may be due to the interventions that their workplace or the government applied during this pandemic. This can be strengthened through the finding in the association between the level of satisfaction with the interventions on COVID-19 and the level of willingness of frontline workers to work during a pandemic. The satisfaction level is 3.8035, and the willingness to work during a pandemic is 4.3351. After computing, the computed Pearson  $r$  value is 0.711, and the computed  $p$ -value is 0.0001. This can be used to associate the satisfaction and the willingness of the frontline workers. Concerning the most and least willing to work during a pandemic based on the occupation, police has the highest mean of  $\bar{x} = 3.162$ , based on a 5-point Likert scale, which perceived "Undecided." The least willing to work are the nurses, with a mean of  $\bar{x} = 1.758$ , it perceived as "Not Really Willing." Nurses are one of the frontline workers that risk their safety because they are also exposed to the virus for quite a long time. The surging rates of COVID-19 may also be why they are mostly no longer willing to work during the pandemic. Despite the danger posed by the pandemic and confusion to work during a pandemic, the number of frontline participants remains significant. Despite the confusion, police officers still serve the country as part of their oath of service, keeping the peace and order in the society. COVID-19 could have caused commotion if there was no one to guide and implement the laws during this time, making them willing to work and risk their safety to protect the citizens.



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#### **Conclusion**

The outcome of this research revealed that frontline workers provided a positive feedback concerning topics that are connected to the interventions and programs brought by the government and their workplace. This is proven through the exceedingly high satisfaction the frontline workers had to the interventions. This generally indicates that the participants were well-acquainted with the said interventions and deemed it as a factor to be willing to work despite COVID-19. The result of the Pearson  $r$  with a  $p$ -value of 0.0001 and the computed  $r$ -value of 0.711 suggests that there is an association between the willingness of the frontline workers to work during a pandemic and their satisfaction level on the interventions on COVID-19.

#### **Recommendation**

Based on the study and analysis of the answers in the survey questionnaires, this paper formulated the following recommendations for frontline workers, society, and future researchers:

The researchers suggest to employ a different approach in the collection of data such as interviews and case studies in order for the study to be more accurate, sufficient, and reliable.



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#### APPENDICES

##### APPENDIX A

Good day!

You are being invited to engage in the study titled "Satisfaction of Frontline Workers toward the Interventions on Coronavirus disease (COVID-19) and willingness to work during a Pandemic." This present study is currently being done by Alkuino, Andrea Michaela G., Cruz, Trisha Yohbel, Fernando, Darlene D.V., Casao, Alyssa Mae A., and Tamayo, Ira in partial fulfillment for Research 2 in Manila Central University. This existing study aims to assess frontline workers' satisfaction level toward the interventions on COVID-19 and their willingness to work during a pandemic.

If you have any queries, please contact any of the following:

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darlenefernando8414@gmail.com

tamayo.irapettunia@gmail.com

alyssacasao0708@gmail.com

andreaalkuino29.ph@gmail.com

If you agree to participate in this study, the following sections shall be answered to complete the online survey.



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DISCLAIMER: Following Republic Act 10173 - Data Privacy Act of 2012, your response will be treated with the utmost confidentiality. The information and responses for this survey will be deleted once the study has been finished.

By ticking "I agree" below, you indicate that you have read and acknowledged this consent form and accept to participate in this study.

Magandang araw!

Ikaw ay naimbitahan sa aming pag-aaral patungkol sa "Satisfaction of Frontline Workers toward the Interventions on Coronavirus disease (COVID-19) and willingness to work during a Pandemic." Ang kasalukuyang pananaliksik ay isinasagawa nina Alkuino, Andrea Michaela G., Cruz, Trisha Yohbel, Fernando, Darlene D.V., Casao, Alyssa Mae A., at Tamayo, Ira para sa kanilang Research 2 sa Manila Central University. Ang pag-aaral na ito ay ginawa upang masuri ang satisfaksyon ng mga front line workers sa mga interbensiyon sa sakit na COVID-19 at kung ninanais nilang pumasok sa trabaho habang may pandemya.

Kung ikaw ay may mga katanungan, maaring makipag-ugnayan sa mga sumusunod:

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Kung ikaw ay sumasang-ayon sa paglahok sa pag-aaral na ito, ang mga susunod na seksyon ay kinakailangang masagutan upang ang sarbey na ito ay tiyak na makumpleto.

PAALALA: Alinsunod sa Republic Act 10173 - Data Privacy Act of 2012, ang mga tugon sa sarbey na ito ay sinisuguradong kompidensiyal. Pagkatapos ng pag-aaral na ito, ang mga impormasyon at tugon sa sarbey na ito ay aalisin sa talaan ng mga mananaliksik.

Sa pagpindot ng "I agree/Sumasang-ayon ako" sa ibaba, ikaw ay tumutugon sa mga tuntunin at kondisyon na nakasaad sa napagkasundunang pahintulot at ikaw ay sumasang-ayon na lumahok sa pag-aaral na ito.

☐ Sumasang-ayon ako



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#### APPENDIX B

#### Sociodemographic Characteristics

1. What are the sociodemographic characteristics of the participants?

##### 1.1 Age (Edad)

- ☐ 20 below
- ☐ 20-24
- ☐ 25-29
- ☐ 30-34
- ☐ 35-39
- ☐ 40-44
- ☐ 45-49
- ☐ 50-54
- ☐ 55-59
- ☐ 60-64
- ☐ 65 above

##### 1.2 Gender (Kasarian)

- ☐ Female (Babae)



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- ☐ Male (Lalaki)
- ☐ Prefer not to say (Pinipiling huwag sabihin)
- ☐ Others

#### 1.3 Civil Status (Katayuang Sibil)

- ☐ Single (Walang asawa)
- ☐ Married (May asawa)
- ☐ Widowed (Balo)
- ☐ Separated (Hiwalay sa asawa)
- ☐ Others

#### 1.4 Occupation (Trabaho)

- ☐ Physician or Doctor (Doktor)
- ☐ Midwife (Komadrone)
- ☐ Nurse (Nars)
- ☐ Cleaner (eg. Janitor)
- ☐ Medical Technologist
- ☐ Contact Tracer
- ☐ Security Guard (Guwardiya)



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- ☐ Barangay Official (Opisyal sa Barangay, eg. barangay tanod, kagawad, etc.)
- ☐ Police (Pulisiya)
- ☐ Drivers (Drayber, eg. Taxi, Jeep, Tricycle, etc.)
- ☐ Delivery (Tagahatid, eg. Parcel, Food, etc.)
- ☐ Others

#### 1.5 Employment Type

- ☐ Permanent (Permanente)
- ☐ Contractual (Kontraktwal)
- ☐ Others

#### 1.6 Frontline worker with family members of ages less than 5 years or elderly more than 60 years (Frontline worker na may kapamilya na may edad na 5 pababa at nasa gulang na 60 pataas)

- ☐ Yes (Oo)
- ☐ No (Hindi)

#### 1.7 Existence of comorbidity (Mayroong malalang sakit)

- ☐ Yes
- ☐ No



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#### Satisfaction (Satispaksyon)

How would you rate the following? (Paano mo bibigyang puntos ang sumusunod?)

How would you rate the following? (Paano mo bibigyang puntos ang mga sumusunod?)

#### A. Work-related needs

	Very unsatisfied (1)	Unsatisfied (2)	Slight Satisfied (3)	Satisfied (4)	Very Satisfied (5)
1. Salary (Sweldo)					
2. Employment Recognition (Pagkilala sa trabaho)					
3. Physically Demanding Work (Trabahong nangangailan ng pisikal na abilidad)					
4. Division of workloads between departments (Hatian ng trabaho sa pinapasukan)					
5. Schedule (Shift Work) (Iskedyul, eg. shift at work)					

#### B. Safety measures or Protocols in work

	Very Unsatisfied (1)	Unsatisfied (2)	Neutral (3)	Satisfied (4)	Very Satisfied (5)
1. PPE (Proteksyon sa katawan, eg. mask, face shield, protective gowns)					
2. Number of alcohol dispensers or sanitizers in your workplace (Bilang					





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ng mga alcohol o sanitizer sa iyong pinapasukan)					
3. Checking of temperature and signs and symptoms (Pagsuri ng temperatura, mga palatandaan at sintomas)					
4. Sanitation and Disinfection of workplace (Pagsasanitasyon at pagdidisimpekta ng lugar ng trabaho)					
5. Limited Interaction (Limitadong pakikipag-ugnayan)					
6. Temporary isolation facility at the work site for those who developed signs and symptoms of COVID-19 while waiting to be transferred to the appropriate facility (Panandaliang pasilidad sa trabaho para sa mga taong may senyales ng COVID-19 habang naghihintay na mailipat sa nararapat na pasilidad)					

### C. Government implementations (Mga ipinatupad ng Gobyerno)

	Very Unsatisfied (1)	Unsatisfied (2)	Neutral (3)	Satisfied (4)	Very Satisfied (5)
1. Levels of Community Quarantine (eg. ECQ, MECQ, GCQ, MGCQ)					
2. Priority sectors, subgroups for COVID-19 vaccination (Mga prayoridad na grupong mababakunahan)					
4. Prohibition of mass gatherings (Pagbabawal ng mga pagtitipon)					
5. Limited Transportation (Limitadong Transportasyon)					
6. Curfew (Oras ng paglabas)					



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7. Quarantine Facilities for patients provided by the Government (mga quarantine na pasilidad para sa mga pasyente na nilaan ng Gobyerno)					
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#### Willingness (Kagustuhan)

1. How willing are you to work despite the pandemic? (Gaano mo ninanais na pumasok sa trabaho sa gitna ng pandemya?)

- ☐ 5 - Willing
- ☐ 4 - Somewhat willing
- ☐ 3 - Undecided
- ☐ 2 - Not really willing
- ☐ 1- Not willing



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#### APPENDIX C

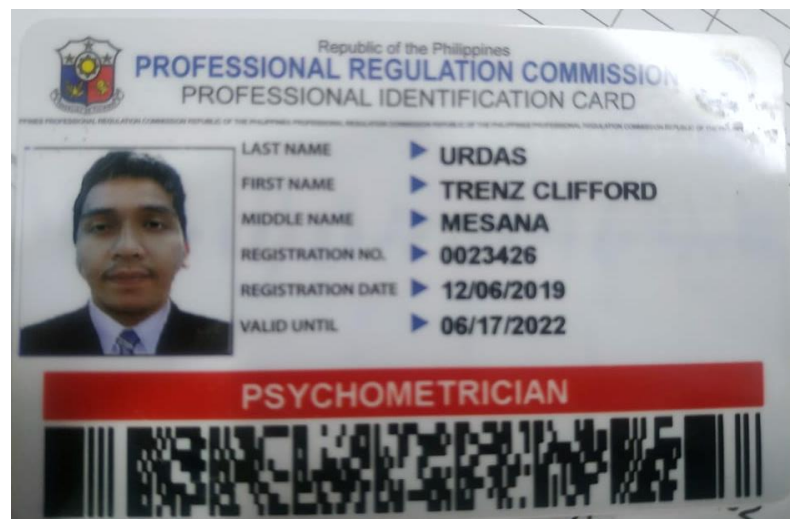
## Certification

I certify the thesis title: Satisfaction of Frontline Workers toward the Interventions on Coronavirus disease (COVID-19) and willingness to work during a Pandemic, the survey questionnaire of the researchers is validated and reliability tested, internal consistency and test item were also checked. Statistics result were checked and analyzed at Chapter 4 of the manuscripts of the research.

For verification of my credentials as Statistician and Research Consultant, please see my attached Professional Regulation Commission (PRC) ID.

Thank you and GOD Bless!

Trenz Clifford M. Urdas, RPm, M.A.Psych  
Lic.no. 0023426





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**APPENDIX D**

**CERTIFICATION**

This is to certify that I have checked and edited for grammar the thesis of **ALKUINO, ANDREA MICHAELA G., CASAO, ALYSSA MAE A., CRUZ, TRISHA YOHBEL, FERNANDO, DARLENE D.V., and TAMAYO, IRA PETTUNIA O.**, titled **SATISFACTION OF FRONTLINE WORKERS TOWARD THE INTERVENTIONS ON CORONAVIRUS DISEASE (COVID-19) AND WILLINGNESS TO WORK DURING A PANDEMIC.**

Given this 14<sup>th</sup> day of May at Davao City, Davao del Sur, Philippines.

A handwritten signature in black ink, appearing to read "Jenny Marie B. Manongas".

Jenny Marie B. Manongas



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#### CURRICULUM VITAE



#### PERSONAL DETAILS

**Name:** Jenny Marie B. Manongas

**Course:** Bachelor of Arts Major in English Language

**Date of Birth:** July 14, 1998

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##### Tertiary Level

Ateneo de Davao University (Postgraduate)

Master of Arts in Teaching English Language and Literature

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Units Taken: 18

University of Southeastern Philippines (Postgraduate)

Master of Arts in Literature

Bo. Obrero, Iñigo St, Poblacion District, Davao City, 8000 Davao del Sur

Units Taken: 12

Ateneo de Davao University (Undergraduate)

E. Jacinto street, Davao City

Graduated: April, 2018



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**Secondary Level**

Ateneo de Davao University High School

Gen. Douglas MacArthur Hwy, Talomo, Davao City, 8021 Davao del Sur

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---

**Objective:**

*To explore better opportunities that will optimize my experience and for advancement, professional development in a company allowing me to contribute my knowledge and skills.*

**Personal Details:**

<b>Date of Birth</b>	May 29, 2000
<b>Civil Status</b>	Single
<b>Height</b>	5'3"
<b>Weight</b>	65 kg
<b>Religion</b>	Roman Catholic
<b>Languages</b>	Tagalog, English
<b>Interests and Activities</b>	Attending concerts, social media
<b>Contact Person</b>	Lily G. Alkuino, 0945-311-7790

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 Zoom Meeting
- September 2019      **HUMAN RIGHTS SEMINAR**  
 PGT Auditorium, Manila Central University
- March 2019      **PINAY: CRIME SCENE INVESTIGATION (CSI)**  
 Helix Auditorium, Manila Central University  
 EDSA, Caloocan City
- August 2018      **TURNING ACADEMIC RESEARCH INTO A PROPOSAL WORTH FUNDING**  
 Helix Auditorium, Manila Central University  
 EDSA, Caloocan City
- December 2018      **REPRODUCTIVE SYSTEM AND FAMILY PLANNING**  
 AVR, Manila Central University  
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***I certify that all information and data I have given above are true and correct***





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**Objective:** *To secure a responsible career and share the knowledge and skills that I have learned to help my countrymen in the future.*

**Personal Details:**

<b>Date of Birth</b>	July 8, 1998
<b>Civil Status</b>	Single
<b>Height</b>	5'1"
<b>Weight</b>	54 kg
<b>Religion</b>	Roman Catholic
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2005 – 2010	<b>MANILA CENTRAL UNIVERSITY (ELEMENTARY)</b> Address: Morning Breeze Subdivision, Caloocan City

***I certify that all information and data I have given above are true and correct***



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#### CRUZ, TRISHA YOHBEL

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---

#### Objective:

*To obtain a responsible position within a reputable organization that values integrity and hard work and can effectively utilize my skills and educational practices.*

#### Personal Details:

<b>Date of Birth</b>	May 22, 2000
<b>Civil Status</b>	Single
<b>Height</b>	4'11"
<b>Weight</b>	53 kg
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October 2020

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September 2019

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August 2018

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 WORTH FUNDING**

Helix Auditorium, Manila Central University  
 EDSA, Caloocan City

December 2018

**REPRODUCTIVE SYSTEM AND FAMILY PLANNING**

AVR, Manila Central University  
 EDSA, Caloocan City

***I certify that all information and data I have given above are true and  
 correct***



## Manila Central University

### College of Medical Technology

#### **FERNANDO, DARLENE D.V.**

Address: 249 Tindalo St. Sta. Clara,  
Sta. Maria, Bulacan  
Phone: 0925-455-8354  
E-mail: darlenefernando8414@gmail.com




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#### **Objective:**

*To work in an institution filled with talented people where I can utilize my leadership skill, the knowledge that I acquired throughout the years, and my ability to work well with people. I hope in this journey that I can grow as a personal and relational being.*

#### **Personal Details:**

<b>Date of Birth</b>	April 8, 1999
<b>Civil Status</b>	Single
<b>Height</b>	5'1"
<b>Weight</b>	55 kg
<b>Religion</b>	Roman Catholic
<b>Languages</b>	Tagalog, English
<b>Interests and Activities</b>	Dancing, watching
<b>Contact Person</b>	Editha Fernando, 0933-186-7744

#### **Education:**

2018 – Present	<b>MANILA CENTRAL UNIVERSITY</b> Bachelor of Science in Medical Technology Address: Calle Cuatro, Morning Breeze Subdivision, Caloocan, 1400 Kalakhang Maynila
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**Manila Central University**  
**College of Medical Technology**

2016 – 2018

**CENTRO ESCOLAR UNIVERSITY**

Science, Technology, Engineering, & Mathematics Strand  
 Address: Km. 44, Macarthur Highway, City of Malolos,  
 Bulacan

2012 – 2016

**GRACE OF SHEKINAH SCHOOL**

Address: JP Rizal St, Santa Maria, 3022 Bulacan

2006 – 2012

**GRACE OF SHEKINAH SCHOOL**

Address: JP Rizal St, Santa Maria, 3022 Bulacan

**Seminars, Training, and Workshops Attended:**

October 2020

**HERDIN PLUS ONLINE LEARNING**

Zoom Meeting

September 2019

**HUMAN RIGHTS SEMINAR**

PGT Auditorium, Manila Central University

March 2019

**PINAY: CRIME SCENE INVESTIGATION (CSI)**

Helix Auditorium, Manila Central University  
 EDSA, Caloocan City

August 2018

**TURNING ACADEMIC RESEARCH INTO A PROPOSAL  
 WORTH FUNDING**

Helix Auditorium, Manila Central University  
 EDSA, Caloocan City

December 2018

**REPRODUCTIVE SYSTEM AND FAMILY PLANNING**

AVR, Manila Central University  
 EDSA, Caloocan City

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 correct***



## Manila Central University

### College of Medical Technology

#### **TAMAYO, IRA PETTUNIA O.**

Address: 133 Parulan, Plaridel,  
Bulacan

Phone: 0977-087-4474

E-mail:

tamayo.irapettunia@gmail.com



**Objective:** *To find an employment that allows me to showcase my skills and enhance my experiences, and knowledges.*

#### **Personal Details:**

<b>Date of Birth</b>	January 15, 1999
<b>Civil Status</b>	Single
<b>Height</b>	5'2"
<b>Weight</b>	45 kg
<b>Religion</b>	Roman Catholic
<b>Languages</b>	Tagalog, English
<b>Interests and Activities</b>	Dancing, singing
<b>Contact Person</b>	Amelita D.J. Ortiz, 0917-319-0112

#### **Education:**

2021 – Present	<b>MANILA CENTRAL UNIVERSITY</b> Bachelor of Science in Medical Technology Address: Calle Cuatro, Morning Breeze Subdivision, Caloocan, 1400 Kalakhang Maynila
2018 – 2020	<b>ANGELES UNIVERSITY FOUNDATION</b> Bachelor of Science in Medical Technology Address: McArthur Highway, Angeles City 2009



**Manila Central University**  
**College of Medical Technology**

2016 – 2018

**ANGELES UNIVERSITY FOUNDATION – IS**

Health Sciences+

Address: McArthur Highway, Angeles City 2009

2003 – 2016

**ST. FRANCIS DE ASSISI MONTESSORI SCHOOL**

Address: Banga 2<sup>nd</sup>, Plaridel, Bulacan

**Seminars, Training, and Workshops Attended:**

November 2020

**HUMAN RESOURCE FORUM: BRIDGING THE GAP  
 BETWEEN ACADEME AND INDUSTRY**

Google Meet

November 2020

**A HEALTHY BODY WITH A HEALTHY MIND: HOW TO  
 HANDLE PROBLEMS PROACTIVELY**

Google Meet

November 2020

**SEMINAR ON MENTAL HEALTH**

Google Meet

February 2020

**SEMINAR ON ROAD SAFETY AWARENESS**

D. Fajardo Street. Angeles, Pampanga

November 2019

**WATER TRAINING RESCUE**

Angeles City, Pampanga

***I certify that all information and data I have given above are true and  
 correct***