

HEALTHCARE PROFESSIONALS' EMERGENCY RESPONSE PREPAREDNESS DURING THE COVID-19 PANDEMIC IN THE PROVINCE OF ALBAY

^{1*}Maria Della C. Ranases, ²Minerva B. De Ala and ³Rodel A. Ninofranco

¹Bicol University, Legazpi City, Albay, Philippines.

²Philippine Women's University, Taft Avenue, Manila, Philippines.

³Bicol University, Legazpi City, Albay, Philippines.

Received date: 16 February 2023

Revised date: 06 March 2023

Accepted date: 26 March 2023

*Corresponding Author: Maria Della C. Ranases

Bicol University, Legazpi City, Albay, Philippines.

ABSTRACT

This study determined the healthcare professionals' (HCPs) emergency response preparedness during the COVID-19 pandemic in Albay. It employed sequential explanatory mixed methods with 2 phases. First phase utilized a standardized tool by Al-Ashwal et al. (2020) with Cronbach's Alpha reliability test of .92. Second phase utilized a validated interview guide. One hundred nine (109) HCPs were selected through purposive sampling. Paper underwent ethics review and employed an informed consent. Data gathering was done through survey and in-depth interviews through limited face-to-face following health protocols and guidelines. Data were treated through frequency, percentage, weighted mean, and explored through reflexive thematic analysis. Findings revealed that HCPs are aged 20-29 years (43.12%), females (61.47%), college graduates (82.57%), nurses (80.73%), in general wards (47.71%), and length of service is 4-6 years (34.86%). They are *Prepared*, with 3.24 composite mean, in emergency response preparedness during COVID-19 pandemic. Identified issues and concerns in the emergency response preparedness are underscored in 6 themes: insufficient medicines, supplies, equipment and staff, good pay/better benefits in the care of COVID-19 patients, occupational safety and health, up-skilling/re-skilling, mental health, and resilience. The study concluded that the HCPs are dynamic young adults in the realm of healthcare, steadfastly working in government hospitals, and are adequately able when COVID-19 pandemic occurred. It further articulated that drawbacks arise in their day to day care, management and services to their clients during the time of pandemic. These drawbacks need to be addressed by the hospital administrators and by the provincial government of Albay.

KEYWORDS: COVID-19 Pandemic, Emergency Response Preparedness, Healthcare Professionals.

INTRODUCTION

The healthcare professionals were caught unprepared by the COVID-19 outbreak. They were faced with several essential tasks added to their already taxing jobs as healthcare workers. It was important to strengthen the healthcare professionals' roles, to activate new isolation departments, quarantine facilities, or to totally build new hospitals. Healthcare providers overworked themselves and others, frequently without the bare minimum of personal protective equipment to safeguard themselves and others in an environment of constant change and unpredictability.^[1]

In spite of critical emergency situations, healthcare workers act professionally. The nurses for one, work in more challenging situations, their roles are done

efficiently and effectively, no matter what circumstances they are in especially that their roles and responsibilities quickly shifted to accommodate surges of clients and to face the unexpectedly high demand for health care services when COVID-19 hit worldwide. More than any other among the healthcare professionals, nurses are front-line healthcare workers who work in acute care hospitals, long-term care facilities, nursing homes, schools, community health centers, and government-run health centers.^[2] During this COVID-19 epidemic, nurses' numerous duties and tasks became most vital.

Evidence received from nurses throughout the epidemic demonstrates the numerous problems they faced while responding to the outbreak.^[3] These problems include inadequate personal protective equipment (PPE)

supplies, insufficient knowledge and skills for responding to the pandemic, a lack of authority for workflow redesign and resource allocation, staffing shortages, and a basic lack of trust between frontline nurses and nurse executives and hospital administrators have all been reported.^[4] In the midst of the pandemic in 2021, WHO,^[5] reported that America had the largest number of confirmed cases, followed by Europe with 35 million, and South East Asia with 13 million.

In mid-January, the number of confirmed cases in the Philippines had surpassed half a million.^[6] Bicol Region had 4,457 confirmed cases in the early weeks of February 2021 where 607 (13.62%) are active cases, 3657 (82.05%) had recovered, and 193 (4.33%) had died.^[7] Because of the situation in an archipelago country of 100 million people, there were shortage of hospital beds, mechanical ventilators, and masks under regular care and in intensive care.^[8] The pandemic brought death incidences. As of April 1, 2021, around 552,957 persons died due to COVID-19 in the United States, including 551 nurses. The pandemic has actually posed health-care delivery issues, globally, in several countries demonstrating a lack of preparation and emergency preparedness.

Hence, this study explored the healthcare professionals' emergency response preparedness during the COVID-19 pandemic in the province of Albay. Specifically, it determined the research participants' demographic profile, the extent of healthcare professionals' emergency response in their preparedness during the COVID-19 pandemic, and looked into the issues and concerns identified by the participants regarding preparedness.

MATERIALS AND METHODS

This study employed a sequential explanatory mixed methods design employing two phases. The initial phase utilized quantitative method in determining the demographic profile of the respondents, and the extent of preparedness of the healthcare professionals during the COVID 19 pandemic. For this quantitative part, the study utilized an adapted standardized tool developed by Al-Ashwal et al.^[9] as the main data gathering instrument. The second phase utilized a qualitative phase in ascertaining the issues and concerns of healthcare

professionals in the care of the COVID 19 patients. The research participants are a group of healthcare professionals such as physicians, nurses, medical technologists, pharmacists, and other hospital staff selected through purposive sampling. The selection followed the criteria, 1) at least one year working at a government hospital, 2) has worked 6 months at the hospital before the pandemic started, 3) either permanent or job order, and 4) is willing to participate in the data gathering proceedings. Paper underwent an intensive ethics review done by a University Ethics Review Board. An informed consent was utilized. The content of the informed consent was explained to the participants before they were requested to inscribe their signature to affirm their willingness to participate. Data gathering was done through survey and in-depth interviews to key informants. Interviews were done through limited face-to-face and Inter-Agency Task Force (IATF) guidelines were strictly observed. Data from survey were treated through frequency, percentage and weighted mean while data gathered through the in-depth interviews were explored through reflexive thematic analysis.^[10] In this approach, the qualitative data aided in a more thorough and in-depth explanation of the quantitative data results.^[11] The locale is in province of Albay, and study took place from March 2021 to June 2021.

RESULTS AND DISCUSSION

Demographic Profile of the Research Participants

Age. Figure 1 shows the demographic profile of the research participants along age. The healthcare professionals are within the age-range of 20 to 29 years old with a frequency of 47 (43.12%), 30 to 39 years old had a frequency of 39 (35.78%), and 40 to 49 years old had 16 (14.68%). The healthcare workers are mostly young adults who work hard in the specific hospital they are working at despite the challenges of this pandemic.

As young adults, they have a sense of identifying themselves as independent and autonomous. Identity development may be influenced by real-world experiences, life events, and transitions. Identity formation is characterized by both gradual maturity and significant stability,^[12] and hence, as young adults, the healthcare professionals manifest maturity and stability while caring for their clients.

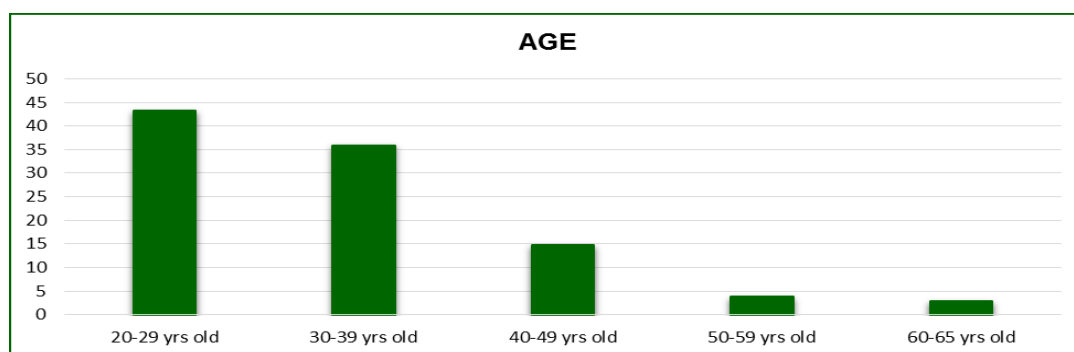


Figure 1: Socio-Demographic Profile on Age.

Sex. Figure 2 shows the findings on sex. In this study, the healthcare professionals are mostly females, 67 (61.47%), and 42 (38.53%) are males. Both males and females are important in a hospital setting in the several roles and responsibilities they carry, and hence, the

presence of both males and females are essential in the healthcare system. However, women healthcare workers always outnumber the males in the general hospital setting, and women are generally active and hard working.

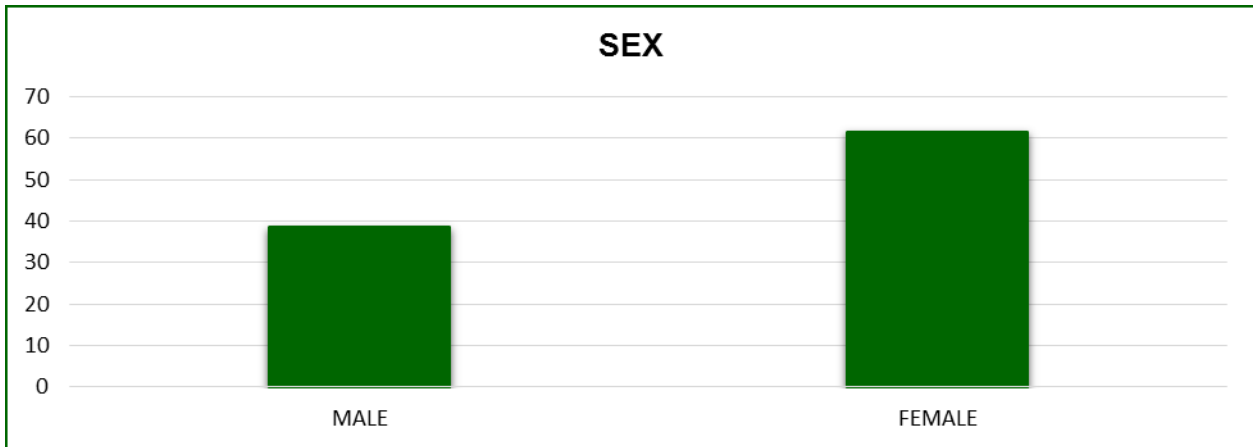


Figure 2: Socio-Demographic on Sex.

The higher number of women does not mean that the hospitals prefer women healthcare workers, rather than men. It just so happened that there are usually more women applicants than men. Nonetheless, having mostly women at the hospitals give advantages to the hospitals. Women-led government activities introduce measures and prioritize public health concerns and their activities are highly successful in collaborating with the other healthcare team members.^[13] More important is female healthcare professionals are performing well, are in the best of health and practice safety measures which are

critical not just for consistent and safe patient treatment, but also for outbreak management.^[14]

Highest Educational Attainment. Figure 3 shows the result of the survey on highest educational attainment and it is revealed that research participants are mostly college graduates with the degree, Bachelor of Science in Nursing (BSN) with 90 (82.570%). Around 10 (9.17%) attained 2-year Diploma in Midwifery, 4 (3.67%) are Master’s degree holder, 4 (3.67%) are graduates of Medicine or are medical doctors, and only 1 (.92%) is a doctoral degree holder (PhD).

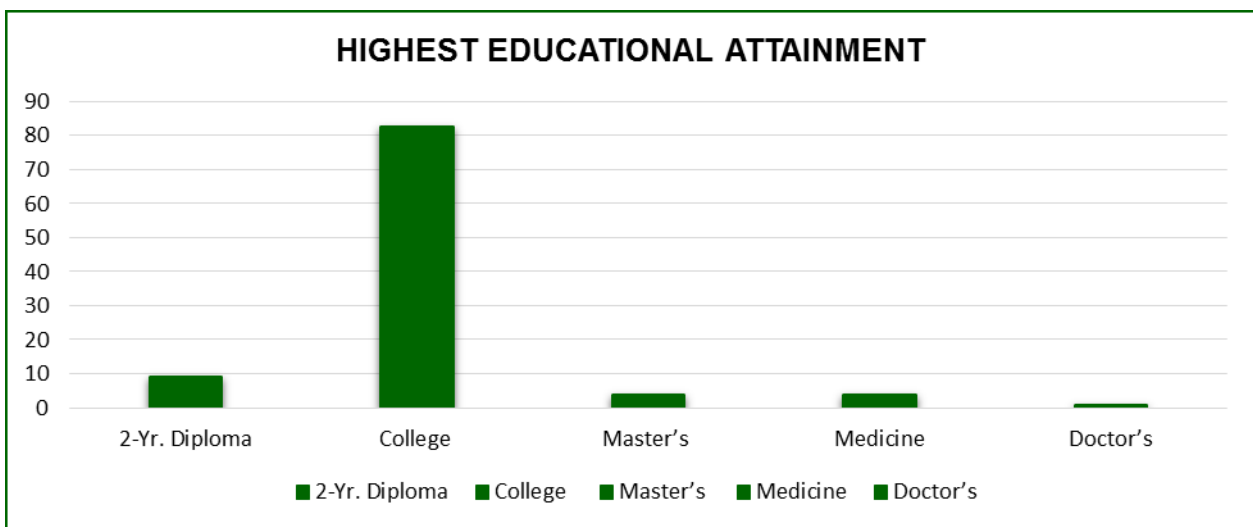


Figure 3: Socio-Demographic Profile on Highest Educational Attainment.

Healthcare professionals must be educationally qualified to be prepared to meet diverse clients’ needs, function as leaders, and go into advance studies which may give benefits to their clients. Nurses, specifically, must have

the capacity to deliver safe and quality patient care. Effective client care may be compromised if nurses and other healthcare professionals cannot comprehend the full scope of their roles and responsibilities.^[16]

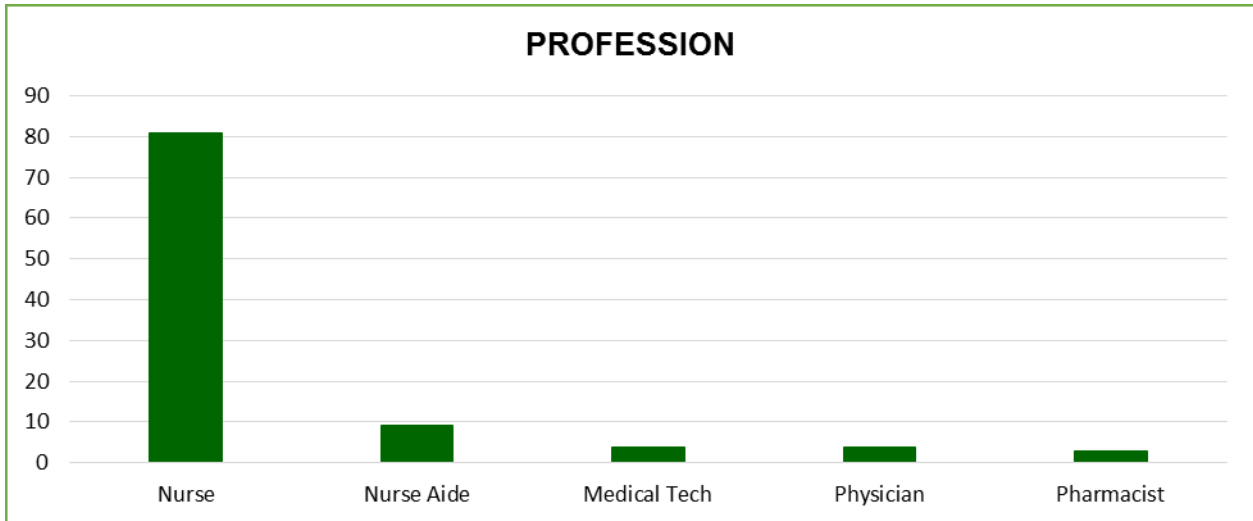


Figure 4: Socio-Demographic Profile on Profession.

Profession. In Figure 4, the result on the type of profession the research participants are engaged in can be seen. Among the healthcare professionals, 88 (80.73%) are nurses and all the others with very few in frequency and percentages are nurse aides, medical technologists, physicians, and pharmacists. As it is, the most number among those who participated in the study are nurses. Indeed, nurses are most essential in the Philippine healthcare system. It is noteworthy then that 80% of them participated in this research undertaking

and are active in the care and management of the specific clients. Because COVID-19 quickly spread over the world, strengthening the preparedness of public health care systems and the healthcare professionals is critical.^[16] This study also postulated that even if the healthcare professionals were caught by surprise by the pandemic, they went unfazed in giving care and services to the clients, not only to COVID-19 patients but also the others suffering from other ailments, because they are competent as healthcare workers.

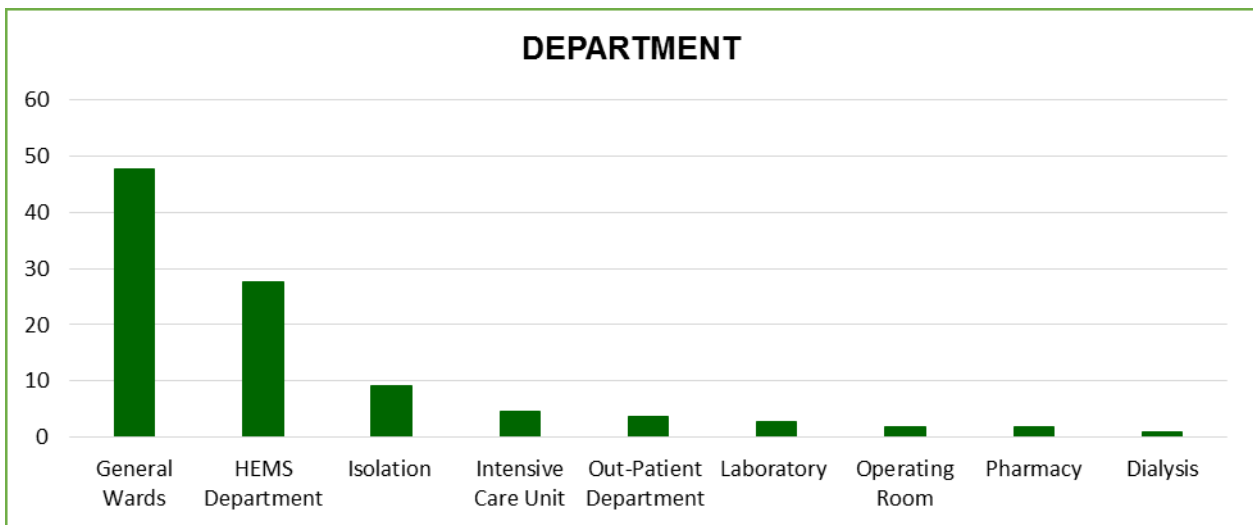


Figure 5: Socio-Demographic Profile on Department.

Department. A total of 9 departments were identified by this study. It is noted that participants came from the varied departments and the highest number of healthcare professionals, 52 (47.71%), are from the general wards, 30 (27.52%) came from the HEMS department, and 10 (9.17%) from isolation ward. The general wards include surgery, medical, pediatric, OB/GYN, and private wards. Hospitals pursue different mechanisms to put nurses and other healthcare professionals on certain wards, and that hospitals make certain that good service and appropriate nursing care are given to the clients.^[17]

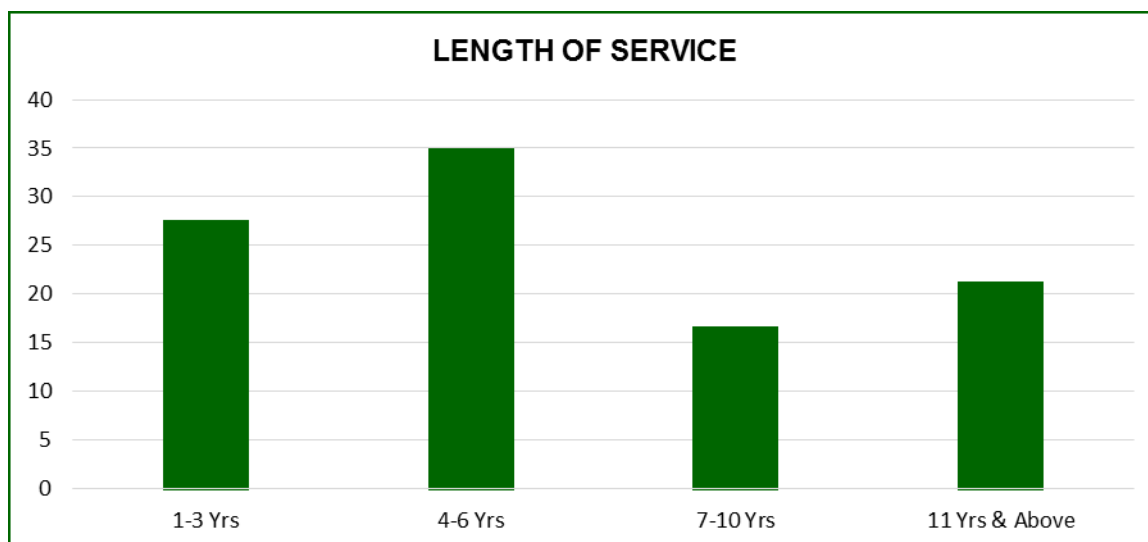


Figure 6: Socio-Demographic Profile on Length of Service.

Length of Service: The data on the length of service is shown on Figure 6. The number of years of experience or length of service at work of any given professional is vital. The length of service of the healthcare professionals in this study is 4 to 6 years with 38 (34.9%), followed by 1 to 3 years 30 (27.52%), and 11 years and above, 23 (21.10%). Health professionals, the nurses in particular, play a vital role in response to infectious disease pandemics to address the health issue on both preventive and therapeutic level,^[18] henceforth, nurse's years of experience and level of education are fundamental in clinical nursing expertise.

Extent of Healthcare Professionals' Emergency Response in their Preparedness during the COVID-19 Pandemic

This investigation measured the extent of preparedness of the healthcare professionals into four scales where the highest is set at *Highly Prepared*, followed by *Prepared*, *Moderately Prepared* and *Not Prepared* at all. Majority of the indicators varied around *Prepared* from a

weighted mean of 2.69 to 3.32, depending upon the stated indicator. Among the fifteen indicators, four got an interpretation of *Highly Prepared*. The survey revealed a composite mean of 3.24 interpreted as *Prepared*.

Pertaining to the indicator which stated that, *I have participated in educational activities dealing with COVID-19 outbreak preparedness (continuing education classes, seminars, or courses)* got the highest weighted mean of 3.56, interpreted as *Highly Prepared*. Taking part in educational activities dealing with COVID-19 outbreak preparedness, webinars are aired through virtual platforms like Zoom, Google Meet, and Facebook Live have been helpful to the healthcare workers. This is articulated in the study where the webinars were evaluated if they were satisfactory as a form of online educational intervention or if webinars were effective for the continuing education of health professionals in Indonesia.^[19]

Table 1: The Extent of Healthcare Professionals' Emergency Response in their Preparedness for COVID-19 Pandemic.

Indicators	Weighted Mean	Interpretation
1. I know all the relevant information related to COVID-19 disease.	3.52	Highly Prepared
2. I have read general guidance about COVID-19 (for example, WHO or CDC COVID-19 guidance).	3.12	Prepared
3. I have read medical articles related to COVID-19 outbreak preparedness.	3.14	Prepared
4. I can identify the signs and symptoms of COVID-19.	3.51	Highly Prepared
5. I can manage the common symptoms of COVID-19.	3.32	Prepared
6. I have the skills to decide which patients should be managed first.	3.11	Prepared
7. I can care for COVID-19 patients independently without any supervision.	2.69	Prepared
8. I have participated in educational activities dealing with COVID-19 outbreak preparedness (continuing education classes, seminars, or courses).	3.56	Highly Prepared
9. I have the necessary knowledge and skills to educate patients about COVID-19 prevention practices.	3.18	Prepared
10. I am aware of all the challenges in my community that may hinder the response to the COVID-19	3.29	Prepared
11. I know how and to whom COVID-19 cases should be reported.	3.27	Prepared

12. I have participated in emergency planning for COVID-19 in my community	2.99	Prepared
13. In case of infectious disease outbreaks, I know how to use properly the personal protective equipment	3.55	Highly Prepared
14. In case of infectious disease outbreaks, I know how to execute decontamination procedures.	3.17	Prepared
15. In case of emergency, I know how to perform isolation procedures to minimize the risks of community exposure.	3.21	Prepared
Composite Mean	3.24	Prepared

Legend: 1.00-1.50 Not Prepared; 1.51-2.50 Moderately Prepared; 2.51-3.50 Prepared; 3.51-4.00 Highly Prepared

Participants who know how to properly use the personal protective equipment (PPE) in case of infectious disease outbreaks was marked with the second highest weighted mean of 3.55, also interpreted as *Highly Prepared*. Before COVID-19 happened, wearing of PPEs was not a priority among healthcare workers. It was an option whether to don face masks and gloves in doing nursing care, or not. But in taking care of patients in isolation wards and wards with infectious diseases, healthcare workers were mandated to wear masks. In Pakistan, face masks were the most commonly used PPE to protect the healthcare providers from respiratory infections in most hospitals in Pakistan for protection.^[20] Medical masks were generally used to protect themselves from influenza, tuberculosis and other respiratory infections, while the use of respirators was limited to high-risk situations. There is uncertainty about what is optimal PPE, but it is clear that standardized and rigorous application of PPE can dramatically reduce nosocomial transmission.^[21] Moreover, as emphasized in another study, they expressed that implementing a culture of safety can require changes in the organization’s policies, procedures, managerial actions and priorities, and resources dedicated to safety with access to effective safety equipment.^[22]

The participants who know all the relevant information related to COVID-19 disease got the third highest weighted mean of 3.52, also with interpretation of *Highly Prepared*. This is greatly related to the indicator marked with the highest weighted mean where the participants take part in educational activities dealing with COVID-19 outbreak preparedness (continuing education classes, seminars, or courses). Hence, they know relevant information about COVID-19 which is indeed a remarkable result. It is imperative for healthcare professionals to know vital information about COVID 19 because they themselves must a good source of information about health and illness in general.

Issues and Concerns Identified by the Participants regarding their Covid-19 Emergency Response Preparedness

Healthcare professionals were invited for an in-depth face-to-face interviews implementing proper health protocols mandated by the IATF. The participants carefully answered the questions based on the interview guide, and were able to shed light on the important issues

and concerns identified by the healthcare professionals regarding their own emergency response preparedness. The researcher analyzed the data through reflexive thematic analysis, and made sense of what the participants identified as substantial and interesting for the needed data. The study looked for patterns and came up with six major themes. These themes were: *Insufficient Medicines, Supplies, Equipment and Staff; Good pay and Better Benefits in the Care of COVID-19; Occupational Safety and Health; Up-Skilling and Re-Skilling; Mental Health and Self-Care; and Resilience*. These themes are likewise presented as a paradigm highlighted in Figure 1.

Theme 1: Insufficient Medicines, Supplies, Equipment and Staff. The theme on the insufficient medicines, supplies, equipment and staff is operationally defined as the issues and concerns they have raised about the lack of materials and purchases of necessary products, materials, and personnel of their hospital, not only at the time of pandemic but all through the year, as the care for clients and manage emergency situations.

Participant 1: *Defective or dysfunctional equipment such as unserviceable ambulance. If a patient is for transfer, I would not want to ride the ambulance anymore. Good, because our driver knows how to trouble shoot.*

Participant 2: *There is insufficient number of nurses, hence, some nurses are pulled-out from other wards and are requested to come to the ER.*

Participant 3: *Incomplete medicines. Lack of isolation unit and small spaces, lack of staff, especially ER staff. We lack manpower, we are understaffed. If there is a typhoon, the assigned nurse for the next shift do not show up.*

Participant 4: *We really lack nurses and other health personnel. Some already went abroad.*

Participant 5: *The lack of supply of PPEs is one of the biggest issues in my workplace, Lack of supplies and manpower augmentation. We always request for procurement. Those not approved the previous year, we “copy paste” them this year. It is difficult if health is not the priority.*

A research participant cited the issue on the equipment such as ambulances and those ambulance that needs repairs. He said that he almost does not want to ride on

one of their ambulances since many parts of the vehicle need repair. In the interview with their chief of hospital regarding the matter, the chief gave a similar explanation on the procurement process stating that the requisition and procurement process in their hospitals on the supplies or equipment undergo a long and taxing process. This is an issue that has been happening in all the government hospitals in Albay, and it starkly affect the quality of care for their clients. This issue is related to the study where authors revealed that a shortage of medical equipment, either due to unavailability or non-functioning, is a barrier to the ability of the health system to deliver quality health services.^[23]

Another vital issue is the lack of staff or personnel. In hospitals, adequate number of healthcare professionals are needed for better patient care. The more staff are needed especially when emergency occurs, or when a pandemic such as the COVID-19 happens. However, hiring additional staff is a complicated process in the government, and it is usually connected to the budget allocated to their hospital by the local government. This vital issue has been a focus in a study on staffing levels set by administrators and are affected by forces that include budgetary considerations and features of local nurse labor markets.^[24]

Theme 2: Good Pay and Better Benefits in the Care of COVID-19 Patients. The theme on good pay and better benefits in the Care of COVID-19 patients operationally refers to the privileges and remunerations given to the nurses while assigned at the COVID-19 wards. The statements given by the interviewees under these theme include:

Participant 1: *My salary increased when I was transferred to the COVID-19 ward. Before, I was categorized as job-order. In the COVID ward, I was categorized as Nurse 1 with salary grade 15.*

Participant 2: *At first, I refused to be transferred to the COVID ward, I felt afraid. But when I realized that the salary was higher, I considered it an advantage.*

Participant 3: *It was better to be assigned at the COVID ward, aside from the Nurse 1 salary, we had hazard pay and service recognition incentive (SRI). I became more motivated to work hard.*

Participant 4: *Our nurses who are not from here enjoy free board and lodging, they are included in the food appropriation by the kitchen. They also enjoy free Wi-Fi.*

Indeed, good pay and better benefits motivate a person to work even harder and love his job more. The study finds it remarkable that the nurses and other healthcare workers continue to do their jobs despite the danger posed by their responsibilities. Relating this to a study which found out that the presence of high-quality and

motivated staff is not only a key aspect of health system performance but also one of the most difficult inputs to ensure.^[25] Job satisfaction of health workers is important for motivating employees and improving efficiency, as higher job satisfaction is known to improve employee performance and patient satisfaction.

Theme 3: Occupational Safety and Health. This refers to health and safety practices of employers and employees in the workplace. It has a strong focus on preventing workplace hazards. Verbalizations of the key informants zeroed in under this theme. Here are the transcripts under this theme:

Participant 1: *When COVID-19 started, we were initially scared, especially when we listened to news. Later on, all went well. Hospital's, IATF's, DOH's and provincial government of Albay's guidelines were forwarded that help guide everyone.*

Participant 4: *We just followed the basic protocol of occupational safety and health (OSH). DOH is strict on that. The hospital's license may not be renewed if we don't follow OSH.*

Participant 5: *Many agencies collaborated with the hospital like the Bureau of Fire, and Philippine National Police. They augmented in the staffing especially in April 2021 when there was a surge in COVID cases.*

According to WHO,^[26] healthcare workers in clinical areas must wear medical masks during their entire shift. There may be a need to remove the mask briefly during meal time, but it has to be placed right back on. As healthcare workers have been infected with COVID-19 outside of health facilities, it is critical that healthcare workers, as all people, follow the guidance to protect themselves from infection when outside of a health facility. The hospital administration and nursing service must emphasize for their employees to follow such guidelines and protocols. Indeed, the healthcare professionals like the doctors, nurses, pharmacists, medical technologies, nurse attendants, institutional workers, even security guards must always follow the guidelines and standard protocol for occupational safety and health, to protect clients, to protect their colleagues, and to protect themselves too. The PNP and BFP sent their nurses to augment the staff in the COVID-19 wards and also in the emergency department, triage areas and general wards.

Moreover, this theme was also inspired by the Civil Service Commission (CSC), Department of Health (DOH) and Department of Labor and Employment (DOLE) who jointly issued guidelines on occupational safety and health standards, hence government workers can be assured of their health and safety in their workplaces.^[27] Moreover, occupational safety and health policy was established with the goals for the occupational health and safety work in the workplace

and for activities that promote the working capacity of the staff.^[28]

Theme 4: Up-Skilling and Re-Skilling. Up-skilling is the process of learning new skills or of teaching workers new skills, while re-skilling is the process of learning new skills so you can do a different job, or of training people to do a different job.^[29] This theme was then developed through the verbalization forwarded by the key informant interviewees. Here are the statements given:

Participant 1. *Our hospital administration saw the need for staff trainings seminars. They scheduled the trainings where both AM and PM shifts can attend. The trainings helped us.*

Participant 2: *We opted to enroll in MAN on our own, for our professional growth and development, and, for us to be ready wherever and whenever we shall be assigned, in HEMS or at the COVID ward*

Participant 3: *I had my training for the response for COVID-19 at the start of the pandemic. It went well and I learned a lot. I know I have to attend more trainings.*

Participant 4: *DOH required us to send nurses for trainings. There were schedules to accommodate all nurses. CPD units were offered during the trainings.*

Participant 5: *We have one MAN scholar. Our office look for budget and the beneficiary must finish the degree within a given time frame.*

With the changing times and with the complexities of the hospital settings, quality of care and emergency preparedness, all healthcare professionals must undergo trainings and continuing education to improve client outcomes. It is also articulated that lifelong learning is central to nurses' professional development and constitutes a vital aspect for keeping nurses' knowledge and skills up-to-date.^[30] More importantly, they established that access to continuing professional development could be made more attainable, realistic and relevant. Expediently, organizations should adequately fund and make continuing professional development accessible. In turn, nurses should continue to actively engage in continuing professional development to maintain high standards of nursing care through competent practice.

Theme 5. Mental Health Mental health is of paramount importance among HEMS staff and other healthcare professionals. It is remarkable that a theme emerged on this context. The transcripts include:

Participant 1: *When I tested positive, I was not able to go home for 2 months. But I didn't tell my family so they did not worry. I did not have symptoms, so I immediately went back to duty once I turned negative.*

Participant 2: *While assigned at the COVID ward, we couldn't go home. On my part, I just practiced positive thoughts, no blaming of self, no regrets of being a nurse. I always posted positive thoughts in Instagram.*

Participant 3: *My Mom sending me messages all the time gave me the boost I needed. She would always call, my boyfriend would always message me too, same with my best friends. They really helped lift my spirits.*

Participant 5: *I remind the nurses and other healthcare professionals to sleep well, to have time for sleep especially when off duty. I encourage them to communicate openly if they have problems. They are free to post in social media, and I can see their posts as happy and cheerful.*

Communicating with their loved ones while away from them, staying positive in thoughts and being cheerful all the time, having ample hours of sleep, and opening up their feelings to their immediate superior have been good measures for the healthcare professionals to be mentally healthy. The pandemic had major psychosocial impacts to medical staff's mental health, hence appropriate psychological interventions is vital.^[31] Accordingly, considering comprehensive and practical actions to protect health care workers' mental health are critical. It is espoused that the environment in which nurses' practice has been found that the work environment impacts nurses' psychosocial well-being and interpersonal relationships, and the quality of patient care.^[32] It also contributes to the incidence of burnout and job satisfaction among nurses, as well as patient mortality.

Theme 6: Resilience. Distinctive verbalizations of the key informants have contextually led to this theme. As defined, resilience is the ability to cope successfully despite adverse circumstances.^[33] The transcript includes:

Participant 1: *Even if I tested positive, then negative later on, I just went back to work immediately. As if nothing went wrong.*

Participant 3: *I was exposed at the COVID ward for 9 months, I did not test positive. I always took my vitamins and gargled with Chlorhexidine Digluconate 3 times a day. It was effective for me. On the 10th month, I became positive, but with almost no symptoms. I felt okay and regained 100% of my health immediately.*

Participant 4: *In my 15 years at the hospital, whatever disaster comes like typhoon, and now the COVID 19, all doctors, nurses, institutional workers, nurse aides, even security guards, are always on duty. Even if their uniforms are not ironed due to electric outage, everyone is always smiling despite the hard work.*

Participant 5: We make sure that there is adequate drinking water at the COVID ward, for us and all other healthcare workers, because we need to re-hydrate, especially when the weather is so warm.

Filipinos are known to be highly resilient, they just go back on their feet every after a sad or bad experience, after a typhoon, or even when COVID-19 happened. Nurses face a variety of challenges, including the risk of contracting the virus, concerns about infecting their families, a lack of personal protective equipment (PPE), longer work hours, and moral discomfort connected to resource allocation, hence, being resilient is important.^[34] Building personal resilience has been identified as being essential in coping with work related stress and adversity, maintaining job satisfaction, engaging in self-care, and helping to address problems with workforce

retention and staff well-being in response to the increasing pressures faced by nurses working within overburdened and under-resourced healthcare systems.^[35] Moreover, healthcare professionals, nurses recognize the need of measures to promote self-care and care for mental health (e.g., appropriate sleep, healthy food, regular exercise, social connections, and mindfulness).^[36]

Issues and concerns Identified by the participants regarding their COVID-19 emergency response preparedness are summarized in this part through a paradigm shown on Figure 7. The paradigm exhibits the six themes that emerged raised by the research participants regarding their preparedness for emergency response and their hospital’s preparedness as well.

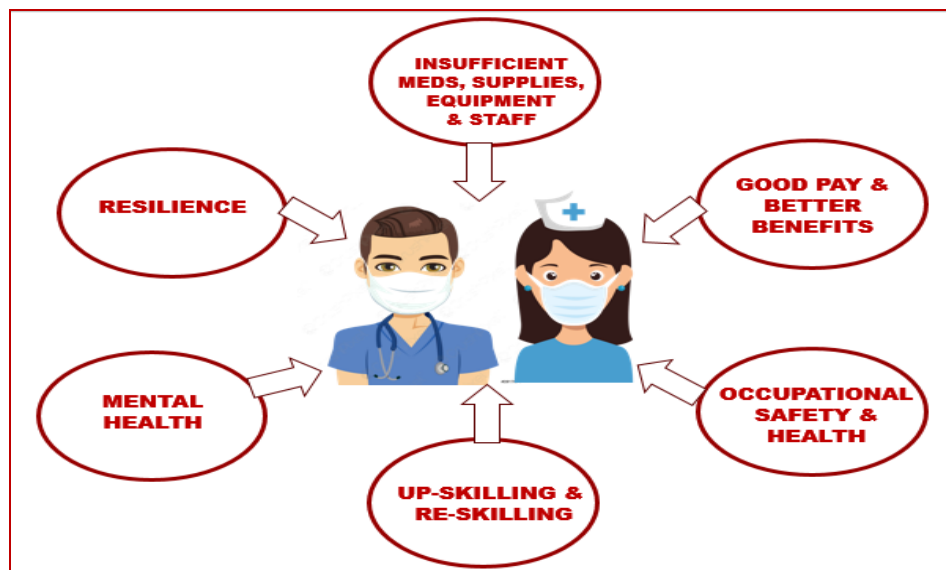


Figure 7: Themes derived from the findings of the study.

The paradigm highlights the important aspects in preparedness, and those that should be prioritized for emergency response. Based on the results, the government hospitals, where the healthcare professionals are employed need, to give attention to: medications, supplies, equipment, and adequate number of staff; respectable pay and better benefits, safety and health while on the job, up-skilling or re-tooling of staff through trainings and advanced studies, ensuring that their staff have a balanced mental health and are able to strengthen their resilience. The goal of this paradigm is to mitigate the impact of emergency on the healthcare workers, on the clients they serve, on the environment, and on the larger community.

CONCLUSION

The study indicates that the healthcare professionals are dynamic young adults in the realm of healthcare, steadfastly working in government hospitals, and are adequately able when COVID-19 pandemic occurred. It further articulated that drawbacks arise in their day to

day care, management and services to their clients, especially during the time of the pandemic. These drawbacks need to be addressed by the hospital administrators and by the local government units. The hospital administrators may prioritize health, welfare & upkeep of their employees so that the preparedness will be sustained and intensified.

RECOMMENDATIONS

The hospital administrators may implement strategies like request for additional budget from the local government of Albay, or from the Department of Health (DOH) central office, for augmentation of personnel, supplies, and budget, and to help balance the healthcare professionals’ health and work performance. They may strengthen their existing approach in management, leadership and governance skills and structures to ensure that procurement and maintenance plans for medical equipment are implemented. The administration may also explore schemes in enhancing the occupational safety of their employees, and likewise uphold their

mental and psychosocial well-being. On the part of the healthcare professionals, they may equip themselves with proper dexterity through attaining Master's and Doctoral degrees, and attend trainings and workshops. A specialized group of employees may undergo re-tooling in the maintenance of the hospital equipment and follow regular servicing and prompt repairs of broken equipment to keep them in best possible working condition. Future researchers may do further investigations on the hospitals' facilities and the healthcare professional's competencies and knowledge on emergency response, including basic life support, and other crucial topics.

ACKNOWLEDGEMENT

The authors would like to thank the nurse educators of Philippine Women's University, Manila, experts in nursing, healthcare and research, for the help in evaluating this paper. Furthermore, the authors would like to extend their gratitude to Bicol University for the financial assistance in the completion of this paper.

REFERENCES

- Bagnasco, A., Zanini, M, Hayter, M, Catania, G, & Sasso, L. COVID 19 – A Message from Italy to the Global Nursing Community. *Journal of Advanced Nursing*, 2020; 76(9): 2212–2214.
- Chen, Shu-Ching, LAI, Yeur-Hur, Tsay, Shioh-Luan. *Nursing Perspectives on the Impacts of COVID-19*, *Journal of Nursing Research*, 2020; 28(3): e85
- Mason, KE., Maudsley, G, McHale, P, Pennington A, Day J, & Barr, B. Age-Adjusted Associations between Comorbidity and Outcomes of COVID-19: A Review of the Evidence from the Early Stages of the Pandemic. *Frontiers in public health*, 2021; 9: 584182.
- Killough A, Lavandera E, Jones K. CNN. Jul 22. [March 31, 2021]. Texas COVID-19 hot spot is facing a “tsunami” of patients, overwhelming hospitals, 2020.
- World Health Organization (WHO). WHO Coronavirus Disease (COVID-19) Dashboard: Updated 2021/2/6, 4:14pm CET. <https://covid19.who.int/>. Accessed: February 7, 2021.
- CNN Philippines Staff. PH breaches 500,000 COVID-19 cases with 1,895 more detected. CNN Philippines, 2021.
- DOH CHD-Bicol (2021). COVID-19 Update No. 20201-0036 Bicol Region.
- Naguit, RJ. Philippines: COVID-19 as a Public Health Crisis. Friedrich Ebert Stiftung, 2020. <https://asia.fes.de/news/philippines-covid-19-as-a-public-health-crisis>.
- Al-Ashwal FY, Kubas M, Zawiah M, Bitar AN, Mukred Saeed R, Sulaiman SAS, et al. Healthcare workers' knowledge, preparedness, counselling practices, and perceived barriers to confront COVID-19: A cross-sectional study from a war-torn country, Yemen. *PLoS ONE*, 2020; 15(12): e0243962.
- Braun, V. & Clarke, V. *Thematic Analysis. APA Handbook of Research Methods in Psychology, Research designs: Quantitative, Qualitative, Neuropsychological, and Biological*, 2018; 2: 57-71
- Aliswag, E. G. *Aliswag Review Series Professional Guidelines in Research Writing*. ISBN: 978-621-8084-12-4, 2017.
- Branje S. Adolescent identity development in context. *Current Opinion in Psychology*, 2020; 45: 101286. doi.org/10.1016/j.copsyc.2021.11.006
- Coscieme L, Fioramonti L, Mortensen LF, Pickett KE, Kubiszewski I, Lovins H, JMclglade J, Ragnarsdóttir KV, Roberts D, Costanza R, De Vogli R, and Wilkinson R, Women in power: Female leadership and public health outcomes during the COVID-19 pandemic, *MedRxIV*, 2020.
- Chang D, Xu H, Rebaza A, Sharma L, and Dela Cruz CS. Protecting health-care workers from subclinical coronavirus infection. *Lancet Respir Med*, 2020; 8: e13.
- Oldland E, Botti M, Hutchinson AM, Redley, B. A framework of nurses' responsibilities for quality healthcare — Exploration of content validity, *Collegian*, 2020; 27(2): 150-163. ISSN 1322-7696.
- Hou Y, Zhou Q, Li D, Guo Y, Fan J, & Wang J. Preparedness of Our Emergency Department during the Coronavirus Disease Outbreak from the Nurses' Perspectives: A Qualitative Research Study. *Journal of emergency nursing*, 2020; 46(6): 848–861.e1.
- Van den Oetelaar WF, van Stel H F, van Rhenen W, Stellato RK, & Grolman W. Balancing nurses' workload in hospital wards: study protocol of developing a method to manage workload. *BMJ Open*, 2016; 6(11): e012148.
- Rathnayake S, Dasanayake D, Maithreepala SD, Ekanayake R, & Basnayake PL. Nurses' perspectives of taking care of patients with Coronavirus disease 2019: A phenomenological study. *PloS One*, 2021; 16(9): e0257064.
- Yo EC, Witjaksono AN, Fitriani DY, Werdhani RA, & Parikesit D. Assessing webinar outcomes for health professionals: a perspective from Indonesia during coronavirus disease 2019 pandemic. *Korean Journal of Medical Education*, 2021; 33(2): 87–96.
- Chughtai AA, MacIntyre R, Peng Y, Wang Q, Ashraf MO, Dung TC. Infection control survey in the hospitals to examine the role of masks and respirators for the prevention of respiratory infections in HCWs. *Int J Infect Dis*, 2014; 21(Suppl 1): 408
- Schwartz J, King CC, & Yen MY. Protecting Healthcare Workers During the Coronavirus Disease 2019 (COVID-19) Outbreak: Lessons From Taiwan's Severe Acute Respiratory Syndrome Response, *Clinical Infectious Diseases*, 2020; 71(15): 858–860.

22. Larson EL, & Liverman CT (Eds.). Preventing Transmission of Pandemic Influenza and Other Viral Respiratory Diseases: Personal Protective Equipment for Healthcare Personnel. National Academies Press (US), 2011.
23. Moyimane MB, Matlala SF, & Kekana MP. Experiences of nurses on the critical shortage of medical equipment at a rural district hospital in South Africa: a qualitative study. *The Pan African medical journal*, 2017; 28(100).
24. Clarke & Donaldson. Nurse Staffing and Patient Care Quality and Safety. In: Hughes RG, editor. *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. Rockville (MD): Agency for Healthcare Research and Quality (US), 2018; 25.
25. Deriba BK, Sinke SO, Ereso BM, & Badacho AS. (2017). Health professionals' job satisfaction and associated factors at public health centers in West Ethiopia. *Human Resources for Health*, 2017; 15(1): 36.
26. WHO Coronavirus Disease (COVID-19) Dashboard: Updated 2021/2/6, 4:14pm CET. <https://covid19.who.int/>. Accessed: February 7, 2021.
27. CSC-DOH-DOLE Joint Memorandum Circular, 2020.
28. Oshc.dole.gov, 2021.
29. Merriam Webster, 2021.
30. Mlambo M, Silén C, & McGrath C. Lifelong learning and Nurses' Continuing Professional Development, A Metasynthesis of the Literature. *BMC Nurs*, 2020; 20(62).
31. Kang L, Ma S, Chen M, Yang J, Wang Y, Li R, et al. Impact on mental health and perceptions of psychological care among medical and nursing staff in Wuhan during the 2019 novel coronavirus disease outbreak: A cross-sectional study. *Brain, behavior, and immunity*, 2020: 10.1016/j.bbi.2020.03.028
32. LoGiudice JA, and Bartos S. Experiences of Nurses during the COVID-19 Pandemic: A Mixed-Methods Study, *AACN Adv Crit Care*, 2021; 32(1): 14–26.
33. Henshall C, Davey Z, Jackson D. Nursing resilience interventions – A way forward in challenging healthcare territories. *Journal of Clinical Nursing*, 2020; 29(19-20): 3597–3599.
34. Odom-Forren J. Nursing Resilience in the World of COVID-19. *Journal of Peri-Anesthesia Nursing: Official Journal of the American Society of Peri-Anesthesia Nurses*, 2020; 35(6): 555–556.
35. Foster K, Roche M, Delgado C, Cuzzillo C, Giandinoto JA, & Furness T. Resilience and Mental Health Nursing: An Integrative Review of International Literature. *International Journal of Mental Health Nursing*, 2019; 28: 71–85.
36. Hofmeyer A, Taylor R, & Kennedy K. Knowledge for Nurses to Better Care for Themselves so They Can Better Care for others during the COVID-19 Pandemic and Beyond. *Nurse Education Today*, 2020; 94: 104503.