

# Ordeals in Combating COVID-19 Pandemic and Acceptability of COVID-19 Vaccine among Frontliners in Santa Cruz, Davao del Sur

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## ABSTRACT

This study was conducted to determine the frontliners ordeals in combating COVID-19 pandemic in Sta. Cruz, Davao del Sur. Analysis of data was done using descriptive statistical tools such as Frequency Count, Mean and Levenes Test/ANOVA. The study employed ninety-two respondents. The study shows that most of the respondents are male (55.4%) that ages 51-80 years old (65.2%). The study revealed in the frontliners level of ordeals is highly difficult in combating the outbreak especially in their social shielding responsibility. On the other hand, the acceptability of COVID-19 vaccine among frontliners, is moderately accepted and they have safety and efficacy concerns, fear of adverse effect and more. The study also concluded that the demographic profile of the respondents does not affect the frontliners level of ordeals and the acceptability of COVID-19 vaccine.

**Index Terms** – COVID-19, Frontliners, Ordeals, Vaccine, Acceptability

## INTRODUCTION

Since the beginning of Covid-19 that originated from Wuhan, China in December 2019, a virus known as SARS-CoV-2 that causes a disease such as fever, cough, difficulty in breathing that often leads to pneumonia and even worst to death. It has wreaked communities, cultures, and economies throughout the world. Exceeding 10 million cases of Covid-19 have been documented in almost 200 countries as of June 30, 2020, with more than 505,000 fatalities related to the illness (Miller, 2020).

As stated in the study by Lai et al. (2020), due to this critical situation worldwide, frontline is scared of Covid-19 communicable and infection to their friends, family, and companions, feel vulnerable, defamed, and are hesitant to work or mull over resignation, furthermore, encountering anxiety, depression, and high level of stress have long-term mental effects.

In the Philippines, the pandemic greatly affects the government regulatory, medical framework and the extensive preparedness of the country towards national crisis. The head of task force Police Lt. Gen. Guillermo Lorenzo Eleazar, ordered that the police administrator designated in every barangay will serve as the chief of barangay tanods, including local government unit officers and barangay functionaries within the authorization for minimum health protocols such as the obligatory wearing of facemask and social distancing, considering it will be a force for citizens to comply at the community level. Also, barangays can assemble into clusters, or the national police might add from the military if needed (Luna, 2020).

According to independent analytics firm OCTA Research, which cites data from the Department of Health (DOH), Davao del Sur got the highest sum total of new COVID-19 cases among all provinces last February 2022 (Gonzales, 2022). The municipality of Sta. Cruz Davao del Sur adopted Bayanihan Act to Heal as One to decrease the cases, and several health protocols were then implemented based on the evaluation of IATF. However, the Rural Health Unit of Sta. Cruz stated that as of March 2022, there had been 1,381 confirmed cases and a total of 44 deaths since the emergence of COVID-19 (RHU, Sta. Cruz, 2022). The totality of COVID-19 cases is constantly growing posing a significant threat to the barangay officials and functionaries assigned who are assigned frontliners in combating COVID-19.

### **Objective of the Study**

The study aimed to determine the ordeals of frontliners in combating COVID-19 pandemic and their acceptability of COVID-19 vaccine in the municipality of Sta. Cruz, Davao del Sur. Specifically, the study determines:

1. Demographic profile of the respondents in terms of:
  - Position
  - Age
  - Gender
  - Civil Status
  - Educational Attainment
2. Frontliners' level of ordeals in combating the COVID-19 pandemic in Sta. Cruz, Davao del Sur, in terms of:
  - Lack of Pandemic Preparedness
  - Shortage of Personal Protective Equipment (PPE)
  - Anxiety and Fear Amongst Professionals
  - Challenges in Enforcing Social Distancing
  - Challenges in Fulfilling Social Shielding Responsibility
  - Anxiety and Fear Amongst Residents and Service Users
  - Delay in Testing
  - Evolving PPE Guidance
  - Shortage of Staff
3. Acceptability of COVID-19 Vaccine Among Frontliners.
4. The difference in frontliners level of ordeals in combating the COVID-19 pandemic when grouped according to demographic profile.
5. The difference in the acceptability of COVID-19 vaccine among frontliners when grouped according to demographic profile.

### **Significance of the Study**

The study would benefit the Local Government Unit (LGU) because the result of this research can help them improve their efforts in addressing the issues and concerns of the frontliners in the present and the future. Apart from that, this can also assist Inter-Agency Task Force (IATF) to engage, assess and be responsive to the needs of frontliners in combating the Covid-19 epidemic. This study can also help the Rural Health Unit (RHU) and Barangay Local Government Unit (BLGU) to modify their methods, address all the real-life battles of frontliners, and support their health care needs. Moreover, this could contribute to the general welfare of the community. By having strong frontliners, we should have a more secure, peaceful, and safe place. Lastly, the future researcher would benefit from this study to refer to related studies or literature in their future studies.

## Scope and Limitation

The focus of this study was to determine the frontliner's ordeals in combating the COVID-19 pandemic and their acceptability of the COVID-19 vaccine in Sta. Cruz, Davao del Sur. This study was conducted last March 2022 among the barangay officials and appointed functionaries in Barangay Zone 2, Barangay Zone 3, and Barangay Zone 4 in Sta. Cruz. Moreover, it was delimited that the study may not be generalizable to others not included in the barangay officials and functionaries list.

## REVIEW OF RELATED LITERATURE

### COVID-19

Coronavirus disease 2019 (COVID-19) was primarily discovered in the Province of Hubei in Wuhan City in December 2019 and transmit to other parts of China (WHO, 2020). According to the study, front liners belong to those in danger of developing the virus. Contamination is documented in 3,387 frontline workers in China, with 22 Health Care Workers (HCW), which is equivalent to 0.6% dying as a cause of the infection (Lin et al., 2020). Similarly, as stated in the article of Minder and Peltier (2020), high rates of healthcare workers infection were detected in Italy, Spain and France. Working in such a strange situation, often beyond their capabilities, and with the possibility of getting the infection puts frontliners at risk for mental health issues. According to the literature, frontline professionals have a high risk of mental health disorders (such as stress, sleeplessness, depression, sickness anxiety, PTSD, and so on), which are caused by various bio-psychosocial variables (Luo et al., 2020). Since the breakout of COVID-19, which has spread across several nations, some data has coincided with helping researchers better understand the disease's spread and implications. While it is vital to recognize the virus transmission and risk factors, it is also essential to investigate and assess the experiences and status of those on the front lines of the COVID-19 pandemic crisis (Xiong & Peng, 2020). Frontline workers can address several of the most pressing concerns about the pandemic COVID-19 in the Philippines. The fact that they provide public services in a wide range of people, these frontliners face the threats of the virus. Despite of the constant reports of the cases and deaths, the challenges experienced by them were still less known (Sim, 2020).

Banks et al., (2020) mentioned in their study that lack of resources to carry out their obligations, concern for their health, tiredness, and inadequate training and preparation to handle their shifting obligations are all difficulties that put frontline workers in danger. The country's frontline troops were burdened by the government's lack of strategic and substantive assistance. Requests for more case testing and adequate personal protective equipment have gone unanswered (Baysa-Barredo, 2020).

### Lack of Pandemic Preparedness

In many countries, disease prevention and treatment depend heavily on pandemic preparedness. However, there has been lack of readiness in the health and social care sectors as a result of pandemic control and management policies and guidelines, which causes fear and anxiety among frontline workers who could not distinguish how serious COVID-19 outbreak was. Moreover, this made public uneasy, which decreased morale and cooperation at work. To safeguard both frontliners and patients they care for, proper pandemic management and control plans must be in place for the health and social care sectors. These types of legislation can be beneficial to frontliners in the surge of pandemic like COVID-19 (Aronson & Smith, 2011).

### Shortage of Personal Protective Equipment (PPE)

World Health Organization has highlighted that the emerging coronavirus and other contagious diseases are

putting people at risk due to serious and worsening shortages in the global supply of personal protective equipment (PPE) – driven by surging demand, hoarding, panic buying, and abuse. Healthcare workers use personal protective equipment (PPE) to prevent themselves and their patients from being contaminated and harming others. However, because of a lack of supplies such as gloves, medical masks, respirators, goggles, face shields, gowns, and aprons, frontline personnel are dangerously ill-equipped to care for COVID-19 patients (WHO, 2020).

According to the World Health Organization (2020), severe and rapidly deteriorating supply disruptions in the global production of personal protective equipment (PPE) caused by rising demand, stockpiling, panic buying and abusive behaviour are putting individuals in danger from arising coronavirus and other serious infections. PPE is used by healthcare professionals to safeguard themselves, patients and others against contamination and harm. Frontline staff, however, are severely underprepared to care for COVID-19 patients due to a scarcity of equipment such as ventilators, face and eye shields, face mask, aprons and gowns.

Additionally, the authority is said to have issued low-quality, locally made PPE's, shields, and other supplies that are insufficient to defend the health personnel from the virus (Tanim, 2020).

### **Anxiety and Fear Among Professionals**

Based on the research study of Ho et al. (2005), this epidemic shares many real reason for fear just like SARS-CoV in the year 2003, including the worry of infection, concern that proper care cannot be given to patients due to a lack of resource base, and fear of bringing the infectious disease home and contamination friends and family members, the anxiety about social stigma, and many other reasons for fear. Given the claims of a high COVID-19 occurrence among frontliners, these concerns are justifiable (Koh, 2020). All afflicted, medicated, and either healed or died patients are accountability of frontliners all over the world. Frontline workers must recognize those who have been exposed to the disease, cater patients medical needs, utilize difficult drastic treatments on hospitalized patients, cope with psychological impact of every deaths, and manage the possibility of getting infected at any time. Each of the scenarios above is a tough living experience in and of itself, and these circumstances were predicted to have short and long-term effects for frontliners. In this scenario, the first negative factor likely to endanger healthcare professionals' and frontliners psychological adjustment skills is the dread that is building due to COVID-19. Fear is an individual's protection system against harmful events, and it encompasses the individual's basic responses in order to survive and protect themselves from these scary conditions. However, an abnormally high amount of fear can cause many mental health issues (Shin & Liberzon, 2010; Garcia, 2017; Shigemura et al., 2020; Wang et al., 2020).

### **Challenges in Enforcing Social Distancing**

Social distancing, which entails increasing the physical distance (6 feet) between people to minimize the spreading of illness, has been a crucial method for reducing COVID-19 transmission (Maragakis & Hopkins, 2020). Caused by social exclusion and feelings of loneliness in line with COVID-19 implemented policies, social and psychological consequences on the general public are anticipated and needs more focus (Holmes et al., 2020). In addition, lengthier quarantine durations, virus worries, boredom or monotony, a lack of resources, and absence of information, financial loss, and discrimination were all noted as stress factors in a research of Brooks et al., (2020) about the psychological effects of isolation. Existing research on social distancing and isolation points to various obstacles for public health authorities, including mistrust of the government and concerns about family resource limitations (Baum et al., 2009). Moreover, as reviewed by Akan (2010), some aspects of pandemic information communication have gaps and ambiguities.

## **Challenges of Fulfilling Social Shielding Responsibility**

Frontliners have had to stay at work for several weeks after receiving a COVID-19 diagnosis in order to safeguard the patients they are responsible for. It is indeed vital to keep in mind that frontline workers made this social shielding commitment not just for the people they loved and had a duty to, but also for their families, who ran a higher risk of catching COVID-19. To handle social shielding without saddling frontliners, health and care institutions must have practical ways (Yu et al., 2018).

## **Anxiety and Fear Amongst Residents and Service Users**

It is recognize that the individuals they cared for, the residents and service users, were anxious and afraid. Those experiences cause a shortage of alleviation and plan of actions to safeguard them towards COVID-19. Since COVID-19 was a novel virus for everyone, including those in the health and social services, a lot of individuals have asked questions about it that cannot be resolved. As a result, this is critical that healthcare organizations educate their frontline workers with the necessary skills and capacities to manage the individuals they are responsible for throughout the outbreak (Ho et al., 2020).

## **Delay in Testing**

As emphasized by the World Health Organization the necessity of testing during the pandemic and improving national laboratories' capacity (WHO, 2021). Yet, when creating country assessment strategies, COVID-19 testing competence are occasionally disregarded. Even in well prepared health systems, rapid community transmission of SARS-Cov-2 which causes COVID-19, has strained diagnostic capacity and public health reporting systems even in well-prepared health systems (Legido et al., 2020). The self-assessment of countries for the WHO preparation index is subjective. It does not explicitly require estimating laboratory capacity based on the time it takes to report a case, collect samples, analyze it, and inform results, depending on the area (WHO, 2021). According to Espinal (2016), during an "unusual health event," poses a risk. In the COVID-19 strategy to limit, minimize, and track the disease, such as in the existing outbreak and its consequence, monitoring will continue to be crucial for public health decision (Sharfstein et al., 2020). Immediate contact tracing and test of residential care communities to decrease serious implications are essential to reducing the number of COVID-19 cases that are on the rise (McMichael et al., 2020). Testing is crucial for pandemic precaution and healthcare actions, according to Jernigan et al. (2011). Nevertheless, the pandemic's ever-changing nature posed several challenges for those working on the front lines of health and social services. It was reported that frontline workers were unable to obtain COVID-19 diagnostic testing when they needed it and that there were staff shortages were caused by delayed in testing social services and health care employees, which made it difficult to tell if they were carrying COVID-19 or not and led to people isolating themselves.

## **Evolving PPE Guidance**

According to Patel et al. (2010), the published guidance on personal protective equipment (PPE) is a dynamic document during a pandemic. Kraemer (2013) stated that a living document's principle may be revised if there is trusty and accurate to update a particular domain's guidance while other parts of the paper remain unaltered. It is necessary for social and health care frontliners to keep up with all of the directions to figure out what applies to the circumstances and discerning. Frontliners were put in uncertain about the effectiveness of their precaution control approach due to the constantly changing pandemic management guidelines. Furthermore, a suitable national policy on procuring and using personal protective equipment (PPE) is necessary. This policy should be implemented to ensure steadiness and long-term feasibility. It should be properly studied before a potential pandemic infection, and advice needs to be made explicit and sooner. The frontline personnel would gain from training in infection prevention and control relevant to the



global epidemic (Poon et al., 2020).

### Shortage of Staff

The COVID-19 epidemic resulted in a surge in frontline absences, worsening frontline shortages, and responsibilities. The lack of frontline workers is due to the unavailability of frontline workers who choose to self-isolate when they are sick, even if they are unsure if it is COVID 19. It is important to note that the outbreak made things worse and that there are severe frontline shortages that limit the provision of effective public health care. Immediate diagnostic procedures and identification of potential COVID-19 diseases are crucial during the COVID-19 pandemic to avoid front-line shortages in health and social services (Beech et al., 2019).

Aside from that, the Philippines is experiencing a serious lack of frontline workers as the epidemic has had a massive effect on the country's healthcare system. Due to the general long-standing problem of lower worker pay, more frontline workers are looking for a job abroad, where the compensation is greater. The Philippine Overseas Employment Administration (POEA) has implemented a placement prohibition on health and frontline social workers to assist in the fight against the Philippines epidemic. This was the government's plan to avert further shortages of frontline workers, but it was sharply criticized and was ultimately changed to allow individuals with current abroad contracts to leave. However, in addition to the increased concerns that frontline workers have about their well-being, the delay in providing assistance has contributed to their expanding list of worries. (Ramos, 2020).

### Acceptability of a COVID-19 Vaccine Among Frontliners

World Health Organization (WHO) has listed vaccine hesitancy to be one of the top ten global threats to health for 2019 because it hinders vaccination program effectiveness (WHO, 2020). A lack of immunization from preventable infectious diseases resulted from anti-vaccine beliefs that spread false facts about the dangers and consequences of vaccination, despite the worldwide effort to prevent the crisis (Dhaliwal & Manion, 2020). Researchers found that vaccination acceptability is poor, according to studies by Rubin et al. (2020) looking at the acceptance of conventional and pandemic flu vaccines among medical professionals. Considering the significant impact that immunized healthcare professionals have on the public's decision-making on vaccination.

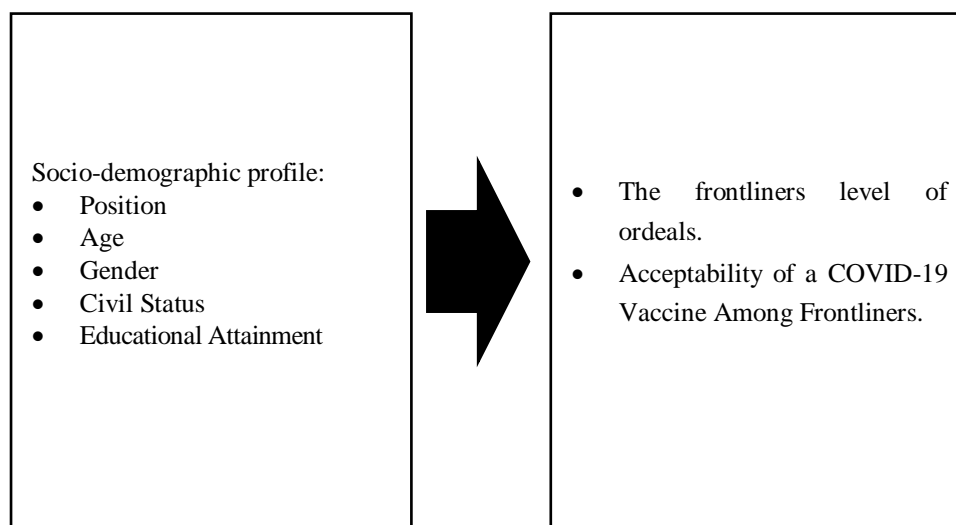


Figure 1. Research Paradigm

Figure 1 shows the relationship of the socio – demographic profile consisting of the following items, position, age, gender, civil status, and educational attainment of frontliners (independent variables) to the frontliners level of ordeals and acceptability of COVID-19 vaccine (dependent variable). The researcher would like to examine the relationship of the variables in the study.

## Hypotheses

The null hypotheses was tested at a 0.05 level of significance.

Ho1: There is no significant difference between the demographic profile and the frontliners level of ordeals in combating the COVID-19 pandemic in Sta. Cruz, Davao del Sur.

Ho2: There is no significant difference between the demographic profile and the acceptability of the COVID-19 vaccine among frontliners in Sta. Cruz, Davao del Sur.

## METHODOLOGY

### Research Locale

Sta. Cruz is a municipality on the coast of the Davao del Sur province and the third-oldest town in Mindanao. With 123.52 square miles or 14.78 percent of Davao del Sur’s total area, make up the municipality. It has 101,125 residents, according to the 2020 Census. This equaled 1.93 percent of the overall population of the Davao Region or 14.86 percent of Davao del Sur’s total population. The municipality of Sta. Cruz, Davao del Sur is where the study was conducted, in particular Barangay Zones 2, 3, and 4. In the 2015 Census, Barangay Zone 2 had a household population of 5,004, divided into 1,229 homes, with an average of 4.07 individuals per family. While Barangay Zone 3 has a household population of 11,122, divided into 2,844 homes, with an average of 3.91 people per household. Lastly, there are 1,555 houses in Barangay Zone 4 with a total of 6,549 people living there, or a proportion of 4.21 people per household. The vicinity map below shows the research locale of the study.

### Respondents of the Study

The barangay officials and designated functionaries in the separate areas of Barangay Zone 2, Barangay Zone 3, and Barangay Zone 4, in the locality of Sta. Cruz, Davao del Sur, were the primary respondents in this study. They are the barangay captain, barangay councilors, and designated officials such as the barangay secretary, treasurer, health workers, and CVOs who are mentally capable and actively participated and eager to answer to the researcher’s needs in the study.

Table 1. Population of the Respondents.

<b>Barangay</b>	<b>Population Size</b>
Zone 2	33
Zone 3	36
Zone 4	41
<b>Total</b>	<b>110</b>

### Sampling Design and Technique

The researcher used the census method of data collection or the complete enumeration approach in

identifying the respondents of the study, which are the barangay officials and appointed functionaries from Barangay Zone 2, Barangay Zone 3, and Barangay Zone 4 of Sta. Cruz, Davao del Sur since there are only 110 respondents in this study. According to the study of Arnab (2017), we can get the proper value of the variable using the complete enumeration approach if all of the population's values are correct.

### **Research Instrument**

The instrument that has been used in this study is an adapted questionnaire. Part II questionnaire in the acceptability of the COVID-19 vaccine instead of “among healthcare workers” was changed to “among frontliners”. The questionnaire was adapted from the study of Mathew Nyashanu, Farai Pfende, and Mandu Ekpenyong, and “Acceptability of COVID-19 Vaccine Among Healthcare Workers in the Kingdom of Saudi Arabia” that was published on March 01, 2021, by Ameerah M. N. Qattan et al. A survey questionnaire that were given to the respondents is composed of two (2) parts: the first part is the demographic profile, and second part determine the frontliners level of ordeals in combating the COVID-19 pandemic and acceptability of COVID-19 vaccine in Sta. Cruz, Davao del Sur. Each item received a score ranging from 1 to 5 using a Likert scale, with one (1) being “strongly agree” and five (5) being “strongly disagree.”

### **Data Gathered**

The data that were gathered in this study from barangay officials and appointed functionaries includes the demographic profile of the respondents, the frontliners level of ordeals in combating COVID-19 pandemic in terms of Lack of Pandemic Preparedness, Shortage of Personal Protective Equipment (PPE), Anxiety and Fear Amongst Professionals, Challenges in Enforcing Social Distancing, Challenges in Fulfilling Social Shielding Responsibility, Anxiety and Fear Amongst Residents and Service Users, Delay in Testing, Evolving PPE Guidance, Shortage of Staff, and Acceptability of a COVID-19 Vaccine Among Frontliners.

### **Data Gathering Procedure**

The goal of the study was to gather data on the frontliners level of ordeals in combating the COVID-19 pandemic in Sta. Cruz, Davao del Sur. After the thesis outline was approved, the researcher sent a letter to the Office of the Punong Barangay noted by the adviser. Authorizations and approvals were used to communicate and verify a researcher's cooperation with the barangay. After the permission was approved, the researcher started to give the survey questionnaire to its determined respondents. The researcher ensured that the respondents were aware and informed of the study's significance and goal. The questionnaires were distributed to the participants. Lastly, the data has been gathered, tallied, and organized using the appropriate statistical tools, and the result was interpreted and discussed.

## **RESULTS AND DISCUSSION**

### **Demographic Profile of the Respondents**

Out of 110 participants, there were only 92 who were able to respond for several reasons: two (2) Barangay Councilors, one of them attended seminar in Manila, Philippines, and another one was on leave for a personal reason; four (4) Barangay Health Workers was unavailable because they are on duty in vaccination center for COVID-19 boosters; while five (5) Barangay Tanod were laid-off, two (2) were living in a high-risk area and three (3) of them were fishermen working on large fishing boats. The demographic profile of the participants in Sta. Cruz, Davao del Sur is shown in Table 3. The data revealed that the participants are 35.9% Barangay Healthcare Workers (BHW), 33.7% Barangay Tanod, 20.7% Barangay Councilors, and 3.3% Barangay Captain, Secretary, and Treasurer.



It also showed that most of them were 51-80 years old, which garnered 65.2% in the data. At the same time, the majority of the participants are male (55.4%); while female respondents are composed of (44.6%). In accordance with the Philippine Statistics Authority (PSA), the expected working people in July 2020 were 41.3 million, 61.0% were men, and only 39.0% were women. In terms of civil status, 76.1% were married; 8.7 % were widowed and separated, while 6.5% were single. Moreover, the Bureau of Labor Statistics published that married people are more advanced in their professions, where duties are tougher and demands on the job are greater due to their needs (Adcock, 2019).

When it comes to educational attainment, a very large percentage, as much as 44.6% belongs to the high school level; while 23.9% of them are high school graduate, and 16.3% for college level. A small percentage which is 15.2%, belong to college graduate. As stated by Atty. Ignacio (2019), in an article about the debate over whether a certain level of education should be required for elected officials. He disclosed that this right of the people cannot be restricted by setting a minimum educational requirement for public officials and that a certain level of education is not a guarantee for efficiency or effectiveness as a public official because it does not imply that a college graduate is more honest or less corrupt than a high school graduate.

Table 2. Demographic Profile of the Respondents

<b>Socio-Demographic Profile</b>	<b>F</b>	<b>Rf (%)</b>
<b>Position</b>		
Barangay Captain	3	3.3
Barangay Councilors	19	20.7
Barangay Secretary	3	3.3
Barangay Treasurer	3	3.3
Barangay Health Workers	33	35.9
Barangay Tanod	31	33.7
<b>Total</b>	<b>92</b>	<b>100</b>
<b>Age</b>		
18-30	0	0
31-50	32	34.8
51-80	60	65.2
<b>Total</b>	<b>92</b>	<b>100</b>
<b>Gender</b>		
Male	51	55.4
Female	41	44.6
<b>Total</b>	<b>92</b>	<b>100</b>

<b>Civil Status</b>		
Single	6	6.5
Married	70	76.1
Separated	8	8.7
Widowed	8	8.7
<b>Total</b>	<b>92</b>	<b>100</b>
<b>Educational Attainment</b>		
High School Level	41	44.6
High School Graduate	22	23.9
College Level	15	16.3
College Graduate	14	15.2
<b>Total</b>	<b>92</b>	<b>100</b>

### Frontliners Level of Ordeals

Table 3 below presents the frontliners level of ordeals in combating COVID-19 pandemic in Sta. Cruz Davao del Sur. Out of nine (9) variables a significant majority of respondents agreed on the following five (5) variables: Challenges in fulfilling Social Shielding Responsibility (3.97); Challenges in Enforcing Social Distancing (3.93); Anxiety and Fear Amongst Residents and Service Users (3.63); Shortage of Staff (3.60); and the Anxiety and Fear Amongst Professionals (3.55), this means that the ordeals of frontliners in these variables are highly difficult. These factors took a large portion of their difficulties faced in battling COVID surge. And based on the results, the respondents had struggles in social shielding, many employees were forced to spend days inside the workplace in order to stop the spread of corona virus disease. Additionally, enforcing social distancing challenging because there are homes where families are jammed together in one roof wherein there is no such thing as social distancing, (Coronel, 2020). According to the study of Nyashanu (2020), due to lots of questions about COVID-19 this causes residents and service users to have anxiety and fear since it is a new condition, to be answered. Moreover, there is a serious staff shortage in both social and health workers due to isolation and lack of COVID-19 testing opportunities for them.

On the other hand the shortage of personal equipment (3.39); lack of pandemic preparedness (3.29); evolving PPE guidance (3.13); and delay in testing (3.0) are in moderate description, this means that some ordeals faced by frontliners are is moderately or somewhat difficult because they were able to coordinate with provincial and local government supported and provided by the national government. A vital core project of the DOH that call for the needs of frontliners called Bayanihan to Heal as One Act that cater complete access to safety for the benefit of frontline personnel. Additionally, it provided them access to necessities like transportation, accommodation, and regular COVID-19 testing (DOH, 2020).

However, the total mean of frontliners level of ordeals in combating COVID-19 pandemic in Sta. Cruz Davao del Sur tallied (3.50) which indicates that the ordeals faced by frontliners is highly difficult. The health and social care service are not equipped to handle massive outbreaks such COVID-19, as stated in the study of Nyashanu (2020). Therefore, a coordinated strategy of government is needed to manage and control such pandemics in order to improve future pandemic preparedness, also it would be essential to modify the way that frontline workers are provided.

Table 3. Frontliners level of Ordeals in Combating COVID-19

	Mean	Description
1.Lack of Pandemic Preparedness	3.29	Moderate
2.Shortage of Personal Protective Equipment (PPE)	3.39	Moderate
3.Anxiety and Fear Amongst Professionals	3.55	High
4. Challenges in Enforcing Social Distancing	3.93	High
5. Challenges in Fulfilling Social Shielding Responsibility	3.97	High
6. Anxiety and Fear Amongst Residents and Service Users	3.63	High
7. Delay in Testing	3.0	Moderate
8. Evolving PPE Guidance	3.13	Moderate
9. Shortage of Staff	3.6087	High
<b>Average</b>	<b>3.50</b>	<b>High</b>

### Acceptability of COVID-19 Vaccine Among Frontliners

The Table 4 shown below is the result of the acceptability of COVID-19 vaccine among frontliners. Out of eight (8) variables a significant majority of research participants responded on the following four (4) variables: Safety and efficacy concerns (4.16); I feel that masks and sanitizers are sufficient for protection (4.04); The speed of making the vaccine (3.78); and Fear of adverse side effect (3.57). Thus, those variables implies that these factors can cause hesitance on the part of the frontliners.

While the following variables got a “moderate” response: The short duration of clinical trials (2.80); Personal desire not be vaccinated (2.69), and I think the vaccine is a plot (2.57). On the contrary, the respondents do not agree with the statement that COVID-19 does not exist that tallied with the weighted mean of 2.30 that means low level of descriptive.

The overall data average is 3.24 that fell under moderate level of mean descriptive, this indicate that the respondents moderately accepted COVID-19 vaccine. World Health Organization has included vaccine hesitancy is one of the concerns in 2019 which poses a threat to the effectiveness of vaccination programs. According to Dhaliwal and Mannion (2020) despite the global attempt to control the outbreak, there is hesitancy to vaccinate from preventable contagious virus as a result of anti-vaccination views that spread misleading information about the risks and adverse effects of vaccination. Therefore, development of effective and factual strategies to convince healthcare professionals to take the COVID-19 immunization is highly needed. In order to relieve worries regarding the vaccine, healthcare professionals also need to be more informed about health-related topics (Qattan et al., 2021).

Table 4. Acceptability of a COVID-19 Vaccine Among Frontliners.

	Mean	Description
1.Fear of adverse side effect.	3.57	High
2.Safety and efficacy concerns.	4.16	High
3.The speed of making the vaccine.	3.78	High
4.The short duration of clinical trials.	2.80	Moderate
5.Personal desire not to be vaccinated.	2.69	Moderate
6.I think the vaccine is a plot.	2.57	Moderate

7.I do not believe in the existence of COVID-19.	2.30	Low
8.I feel that masks and sanitizers are sufficient for protection.	4.04	High
<b>Average</b>	<b>3.24</b>	<b>Moderate</b>

### Difference on Frontliners Level of Ordeals in Combating COVID- 19

As shown in Table 5 below shows that position, age, gender, civil status and educational attainment have a P-value of 0.068, 0.387, 0.152, 0.451, 0.286, respectively. Which are greater than the level of significance 0.05, thus, hypothesis was accepted, it implies that the frontliners level of ordeals do not vary significantly when grouped according to the socio-demographic in combating COVID-19 because frontliners have different mechanism and techniques on how to handle difficult situations, and to the new way of life and work conditions. As stated in the study of Kahambing (2021), unity and functional support structures can enable the frontline employees to survive, optimism and proactive strategies are essential for their mental health.

Table 5. Statistical Analysis between Demographic Profile and Frontliners Level of Ordeals in Combating COVID-19

	f-value	p-value	Interpretation	Decision
Position	2.824	0.068	No significant difference	Accept Null Hypothesis
Age	1.122	0.387	No significant difference	Accept Null Hypothesis
Gender	7.242	0.152	No significant difference	Accept Null Hypothesis
Civil Status	1.144	0.451	No significant difference	Accept Null Hypothesis
Educational Attainment	2.675	0.286	No significant difference	Accept Null Hypothesis
<b>Average</b>	<b>3.0014</b>	<b>0.2688</b>	<b>No significant difference</b>	<b>Accept Null Hypothesis</b>

### Difference on Acceptability of COVID-19 Vaccine Among Frontliners

As shown in Table 6 below shows that position, age, gender, civil status and educational attainment have P-value of 0.340, 0.383, 0.306, 0.568 and 0.428, respectively. All of the data was greater than the level of significance 0.05, thus, hypothesis was accepted, it implies that the acceptability of COVID-19 vaccine among frontliners do not vary significantly on the respondents socio-demographic profile in accepting COVID-19 vaccine. Thus, regardless of the demographic profile of the respondents is not the basis of the acceptability of COVID-19 vaccine. In the study of Gadoth et. al, (2020) it was found out that even most respondents in their survey agreed that general vaccination is important and useful for public health practice, they were generally hesitant to get vaccinated against COVID-19 in trial and expressed doubts about the regulatory approval and protective qualities of COVID-19 vaccines. This suggest that in order address the underlying causes of vaccine hesitancy in both healthcare workers and the general public and pave the way for an end to the COVID-19 pandemic, it will be crucial to take a carefully chosen sample of people from various class, regional, occupational, and racial backgrounds, and to include those who were not part of vaccine studies, such pregnant women.

Table 6. Statistical Analysis between Demographic Profile and Acceptability of a COVID-19 Vaccine Among Frontliners

Profile Variable	f-value	p-value	Interpretation	Decision
Position	2.41	0.340	No significant difference	Accept Null Hypothesis
Age	1.22	0.383	No significant difference	Accept Null Hypothesis
Gender	5.80	0.306	No significant difference	Accept Null Hypothesis
Civil Status	0.91	0.568	No significant difference	Accept Null Hypothesis
Educational Attainment	1.28	0.428	No significant difference	Accept Null Hypothesis
<b>Average</b>	<b>2.32</b>	<b>0.405</b>	<b>No significant difference</b>	<b>Accept Null Hypothesis</b>

## SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

### Summary

The main objective of the study was to determine the demographic profile of the respondents in terms of Position, Age, Gender, Civil Status and Educational Attainment. The study was conducted to determine if there is a significant difference between the demographic profile of the respondents in frontliners level of ordeals in combating COVID-19 in Sta. Cruz, Davao del Sur also, to determine if there is a significant difference between demographic profile and acceptability of COVI-19 vaccine among frontliners.

There were ninety two (92) respondents in Sta. Cruz, Davao del Sur and answered a set of adopted questionnaire from the study of Nyashanu et al., (2020) and Qattan et al., (2021). The data were statistically treated using frequency count, mean and Levenes test/ANOVA. The frequency count was used to interpret the demographic profile of the respondents, the mean was used to determine the frontliners level of ordeals and acceptability of COVID-19 vaccine among frontliners while, levenes test/ANOVA was used to determine if there is a significant difference between the responses of the respondents from the mean.

The following are the findings of the study:

1. It was found out that most of the respondents ages 51-80 years old, with 65.2%, the majority were male (55.4%), most of them are married (76.1%) and attained High School Level (44.6%).
2. The majority of the respondents agreed with the statement that they have difficulties in combating the COVID-19 pandemic, such as challenges in fulfilling social shielding responsibility, challenges in enforcing social distancing, anxiety and fear among residents and service users, shortage of staff and anxiety and fear among professionals.
3. In the acceptability of the COVID-19 vaccine, most responses fell under moderate level of description which means that the COVID-19 vaccine is moderately accepted by the respondents.
4. Obtained in the results, there is no significant difference in frontliners level of ordeals in combating the COVID-19 pandemic when grouped according to demographic profile.
5. The data also found no significant difference in the acceptability of the COVID-19 vaccine among fontliners when grouped according to demographic profile.

### Conclusion

Based on the analysis of the results of the study, the researcher concludes that:

1. Most of the respondents were 51-80 years old, and the majority were male; most were married and attained High School Level.
2. Results of the data in the Frontliners Ordeals show that respondents experienced a high difficulty in



combating the outbreak, especially in fulfilling social shielding responsibility, challenges in enforcing social distancing, anxiety and fear among residents and service users, shortage of staff and anxiety and fear among professionals, this implies that the following variables had caused challenges to frontliners during a pandemic. Based on the results of the data for the acceptability of the COVID-19 vaccine among frontliners, the overall mean fell under the moderate description level meaning most of the respondents, moderately accepted the vaccine. This implies that they have concerns about vaccines safety and efficacy. Even so, it can also be seen in the results that despite on respondents' concern about vaccine, the response that "COVID does not exist" is low.

3. There is no significant difference in frontliners level of ordeals in combating COVID-19 pandemic when grouped according to demographic profile.
4. There is no significant difference on the acceptability of the COVID-19 vaccine among frontliners when grouped according to demographic profile.

## Recommendation

Based on the findings and conclusions presented, the following recommendations are suggested:

1. Local Government Unit of Sta. Cruz, Davao del Sur, to concentrate on training, hiring and provide focus to frontliners. They must be given higher priority than ever to be well-equipped for future pandemics. That entails giving them the proper knowledge, including preparation in social shielding, and social distancing, and providing them with the necessary financial and emotional support to lessen possible mental health issues such as anxiety and fear.
2. To the Department of Health (DOH) and Rural Health Unit (RHU), the researcher highly recommend that there should be increased in health-related education for healthcare professionals to address possible concerns about the COVID-19 vaccine. It can significantly reduce the future incidence of potential attacks, hospitalizations, and fatalities.
3. Barangay Local Government Unit should improve the pandemic preparedness and highlight the needs of frontliners. Create a stronger health system prepared for any epidemic or pandemic by committing to improving primary healthcare on both barangay and local levels.
4. This is also recommended to the future researchers, and this will be beneficial to researchers for it can be the guide in conducting another study that will relate to this. As a result, this will be used as a reference for future research.

## REFERENCES

1. Adcock, S. (2019). Why do Married Men and Women Work Longer than Unmarried ?<https://www.theladders.com/career-advice/why-do-married-men-and-women-work-longer-than-unmarried>.
2. Akan, H., Gurol, Y., Izbirak, G., Ozdatli, S., Yilmaz, G., Vitrinel, A., & Hayran, O. (2010). Knowledge and attitudes of university students toward pandemic influenza: a cross-sectional study from Turkey. *BMC Public health*, 10(1), 1-8.
3. Arnab, R. (2017). *Survey Sampling Theory and Applications*. <https://www.sciencedirect.com/book/9780128118481/survey-sampling-theory-and-applications>.
4. Aronson, J., & Smith, K. (2011). Identity work and critical social service management: Balancing on a tightrope? *British Journal of Social Work*, 41(3), 432–448.
5. Banks, S., Cai, T., De Jonge, E., Shears, J., Shum, M., Soboan, A. M., & Weinberg, M. (2020). Practicing ethically during COVID-19: Social work challenges and responses. *International Social Work*, 63(5), 569-583.
6. Baum, N. M., Jacobson, P. D., & Goold, S. D. (2009). "Listen to the people": public deliberation about social distancing measures in a pandemic. *The American Journal of Bioethics*, 9(11), 4-14.
7. Baysa-Barredo, J. M. (2020). Problematizing the Securitization of Covid-19 in Southeast Asia: a necessary step towards an inclusive, rights-centred normal.

8. Beech, J., Bottery, S., Charlesworth, A., Evans, H., Gershlick, B., Hemmings, N., & Palmer, B. (2019). Closing the gap. Key Areas for Action on the Health and Care Workforce.
9. Coronel, S. (2020). Philippines: COVID-19 will Devastate the Poor. <https://www.lowyinstitute.org/the-interpreter/philippines-covid-19-will-devastate-poor>.
10. Dhaliwal, D., & Mannion, C. (2020). Antivaccine messages on facebook: preliminary audit. *JMIR public health and surveillance*, 6(4), e18878.
11. Espinal, M., Aldighieri, S., John, R. S., Becerra-Posada, F., & Etienne, C. (2016). International health regulations, Ebola, and emerging infectious diseases in Latin America and the Caribbean. *American Journal of Public Health*, 106(2), 279-282.
12. Gadoth, A., Halbrook, M., Martin-Blais, R., Gray, A., Tobin, N. H., Ferbas, K. G., & Rimoin, A. W. (2021). Cross-sectional assessment of COVID-19 vaccine acceptance among health care workers in Los Angeles. *Annals of internal medicine*, 174(6), 882-885.
13. Garcia, R. (2017). Neurobiology of Fear and specific phobias. *Learning & Memory*, 24(9), 462-471.
14. Gonzales, C. (2022). Davao del Sur Logged the Most Number New Covid-19 Cases on Monday-OCTA. <https://newsinfo.inquirer.net/1548103/davao-del-sur-logged-most-number-new-covid-19-cases-on-monday-octa>.
15. Ho, C. S., Chee, C. Y., & Ho, R. C. (2020). Mental health strategies to combat the psychological impact of COVID-19 beyond paranoia and panic. *Ann Acad Med Singapore*, 49(1), 1-3.
16. Ho, S. M., Kwong-Lo, R. S., Mak, C. W., & Wong, J. S. (2005). Fear of severe acute respiratory syndrome (SARS) among health care workers. *Journal of consulting and clinical psychology*, 73(2), 344.
17. Hollmeyer, H. G., Hayden, F., Poland, G., & Buchholz, U. (2009). Influenza vaccination of health care workers in hospitals—a review of studies on attitudes and predictors. *Vaccine*, 27(30), 3935-3944.
18. Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., & Bullmore, E. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *The Lancet Psychiatry*, 7(6), 547-560.
19. Ignacio, E. (2019). Educational Attainment as Qualification for Candidates. <https://baguioheraldexpressonline.com/educ-attainment-as-qualification-for-candidates-2/>
20. Jernigan, D. B., Lindstrom, S. L., Johnson, J. R., Miller, J. D., Hoelscher, M., Humes, R., & Shaw, M. W. (2011). Detecting 2009 pandemic influenza A (H1N1) virus infection: availability of diagnostic testing led to the rapid pandemic response. *Clinical infectious diseases*, 52(suppl\_1), S36-S43.
21. Kahambing, J. G. S. (2021). Psychosocial wellbeing and stress coping strategies during COVID-19 of social workers in Southern Leyte, Philippines. *Asian Journal of Psychiatry*, 62, 102733.
22. Kraemer, H. C. (2013). An idea worth researching: DSM diagnosis of mental disorders as a living document. *International Journal of Eating Disorders*, 46(5), 412-415.
23. Koh, D. (2020). Occupational risks for COVID-19 infection. *Occupational medicine*, 70(1), 3-5.
24. Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., & Hu, S. (2020). Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA network open*, 3(3), e203976-e203976.
25. Legido-Quigley, H., Asgari, N., Teo, Y. Y., Leung, G. M., Oshitani, H., Fukuda, K., & Heymann, D. (2020). Are high-performing health systems resilient against the COVID-19 epidemic? *The Lancet*, 395(10227), 848-850.
26. Lin, M., Beliaevsky, A., Katz, K., Powis, J. E., Ng, W., Williams, V., & Leis, J. A. (2020). What can early Canadian experience screening for COVID-19 teach us about how to prepare for a pandemic? *Cmaj*, 192(12), E314-E318.
27. Luna, F. (2020). Task force Deploy Cops to Barangays to 'Supervise' Quarantine Enforcement. <https://www.philstar.com/headlines/2020/07/23/1030065/task-force-deploy-cops-barangays-supervise-quarantine-enforcement>.
28. Luo, M., Guo, L., Yu, M., Jiang, W., & Wang, H. (2020). The psychological and mental impact of

- coronavirus disease 2019 (COVID-19) on medical staff and general public—A systematic review and meta-analysis. *Psychiatry Research*, 291, 113190.
29. Marakagis, LL., & Hopkins, J. (2020). Coronavirus, Social and Physical Distancing and Self-Quarantine. <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-11939-7>.
  30. MacDonald, N. E. (2015). Vaccine hesitancy: Definition, scope and determinants. *Vaccine*, 33(34), 4161-4164.
  31. McMichael, T. M., Clark, S., Pogojans, S., Kay, M., Lewis, J., Baer, A., & County, K. (2020). COVID-19 in a long-term care facility—King County, Washington, February 27–March 09, 2020. *Morbidity and Mortality Weekly Report*, 69(12), 339.
  32. Miller, M. (2020). 2019 Novel Coronavirus COVID-19 (2019-nCoV) Data Repository: Johns Hopkins University Center for Systems Science and Engineering. *Bulletin-Association of Canadian Map Libraries and Archives (ACMLA)*, (164), 47–51.
  33. Minder, R., & Peltier, E. (2020). Virus knocks thousands of health workers out of action in Europe. *The New York Times*, 24, 2021.
  34. Nyashanu, M., Pfende, F., & Ekpenyong, M. (2020). Exploring the challenges faced by frontline workers in health and social care amid the COVID-19 pandemic: experiences of frontline workers in the English Midlands region, UK. *Journal of Interprofessional Care*, 34(5), 655-661.
  35. [35] Patel, M., Dennis, A., Flutter, C., & Khan, Z. (2010). Pandemic (H1N1) 2009 influenza. *British journal of anaesthesia*, 104(2), 128–142.
  36. Poon, L. C., Yang, H., Kapur, A., Melamed, N., Dao, B., Divakar, H., & Hod, M. (2020). Global interim guidance on coronavirus disease 2019 (COVID-19) during pregnancy and puerperium from FIGO and allied partners: Information for healthcare professionals. *International Journal of Gynecology & Obstetrics*, 149(3), 273-286.
  37. Press Release. (2020). Healthcare Workers Granted Critical Support by Bayanihan 1: More Human Resources, Increased Allowances, and Protective Equipment. <https://doh.gov.ph/press-release/healthcare-workers-granted-critical-support-b-bayanihan-1-more-human-resources-increased-allowances-and-protective-equipment>
  38. Philippine Statistics Authority. (2020). Employment Situation July 2020. <https://psa.gov.ph/content/employment-situation-july-2020-0>.
  39. Qattan, A. M., Alshareef, N., Alsharqi, O., Al Rahahleh, N., Chirwa, G. C., & Al-Hanawi, M. K. (2021). Acceptability of a COVID-19 vaccine among healthcare workers in the Kingdom of Saudi Arabia. *Frontiers in Medicine*, p. 8, 644300.
  40. Ramos, C. (2020). Locsin Pushes for Deployment of Filipino Health Workers Abroad. *Philippine Daily Inquirer*. Retrieved on June 22.
  41. RHU, Sta. Cruz Davao. (2022). Sta. Cruz COVID-19 Tracker. [https://web.facebook.com/photo/?fbid=672424947524588&set=a.103795287720893&\\_rdc=1&\\_rdr](https://web.facebook.com/photo/?fbid=672424947524588&set=a.103795287720893&_rdc=1&_rdr)
  42. Rubin, G. J., Potts, H. W., & Michie, S. (2011). Likely uptake of swine and seasonal flu vaccines among healthcare workers. A cross-sectional analysis of UK telephone survey data. *Vaccine*, 29(13), 2421–2428.
  43. Sharfstein, J. M., Becker, S. J., & Mello, M. M. (2020). Diagnostic testing for the novel coronavirus. *Jama*, 323(15), 1437-1438.
  44. Shigemura, J., Ursano, R. J., Morganstein, J. C., Kurosawa, M., & Benedek, D. M. (2020). Public responses to the novel 2019 coronavirus (2019-nCoV) in Japan: Mental health consequences and target populations. *Psychiatry and clinical neurosciences*, 74(4), 281.
  45. Sim, M. R. (2020). The COVID-19 pandemic: major risks to healthcare and other workers on the front line. *Occupational and environmental medicine*, 77(5), 281-282.
  46. Tanim, A. (2020). Ensuring Quality of PPE and Other Protective Components. <https://thefinancialexpress.com.bd/views/ensuring-quality-of-ppe-and-other-protective-components-1587744428>.
  47. World Health Organization. (2019). The Threats to Global Health in 2019.

- <https://www.who.int/vietnam/news/feature-stories/detail/ten-threats-to-global-health-in-2019>
48. World Health Organization. (2020). 2019 Novel Corona Virus (2019 nCoV): Strategic Preparedness and Response Plan. <https://www.who.int/publications/i/item/strategic-preparedness-and-response-plan-for-the-new-coronavirus>.
  49. World Health Organization. (2020). COVID-19 Strategy Update- April 14, 2020. <https://www.who.int/publications/i/item/covid-19-strategy-update—14-april-2020>.
  50. World Health Organization. (2020). Rolling Updates on Coronavirus Disease (COVID-19). <https://www.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>.
  51. World Health Organization. (2020). Shortage of Personal Protective Equipment Endangering Health Workers Worldwide. <https://www.who.int/news/item/03-03-2020-shortage-of-personal-protective-equipment-endangering-health-workers-worldwide>
  52. World Health Organization. (2020). The World Health Organization, Supported by European Civil Protection and Humanitarian Aid Operations (ECHO) Expand COVID-19 Laboratory Testing in the Philippines. [https://www.who.int/philippines/news/detail/04-11-2020-the-world-health-organization-supported-by-the-european-civil-protection-and-humanitarian-aid-operations-\(echo\)-expand-covid-19-laboratory-testing-in-the-philippines](https://www.who.int/philippines/news/detail/04-11-2020-the-world-health-organization-supported-by-the-european-civil-protection-and-humanitarian-aid-operations-(echo)-expand-covid-19-laboratory-testing-in-the-philippines).
  53. Xiong, Y., & Peng, L. (2020). Focusing on healthcare providers' experiences in the COVID-19 crisis. *The Lancet Global Health*, 8(6), e740-e741.
  54. Yu, S., Kowitt, S. D., Fisher, E. B., & Li, G. (2018). Mental health in China: Stigma, family obligations, and the potential of peer support. *Community mental health journal*, 54(6), 757-764.

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