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Long paper

Occupational Violence among Frontline Healthcare Workers: A Thematic Analysis

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Abstract

Since discovering SARS-CoV-2 (previously known as *nCoV-19*), an emerging infectious disease caused by a new virus under the family Coronaviridae, the number of reported occupational-related violence among frontline healthcare workers has been increasing. This study used a qualitative design that employed a random selection of fifteen (15) respondents from the five (5) DOH Hospitals in Central Luzon (Region 3). The data were analyzed to determine the codes/labels and the themes of the study. Analyses of the interviews identified four (4) significant themes, namely: (1) Awareness of Maltreatment, (2) Optimistic Perspective, (3) Spiritual Positivism, and (4) Proactive Health & Information Drive. These findings suggested that government officials, hospital administrators, and community leaders should provide a concrete policy guideline on the safety of health care workers during the COVID-19 pandemic and impose necessary sanctions on those who pose a risk to their safety under the governing laws. In addition, the findings of the study also provide the need to address pressing issues on lack of support from different institutions especially in cases of communicable diseases such as COVID-19. It also suggests additional investment in health, science & technology, advancement in laboratory assays and medicine, and

additional human resources accommodate increasing cases of emerging and re-emerging infectious diseases.

Keywords – occupational violence, covid-19, health care worker, infectious diseases, emerging, re-emerging

INTRODUCTION

The exponential number of COVID-19 cases worldwide has placed the health care systems, especially its health care employees, at risk of contracting the virus. The burden of understaffed and lack of health support in the government facilities has taken a great toll on the physical, psychosocial, and mental well-being of the health care staff as we gear towards the inevitable changes through the "New Normal," violence, abuse, and maltreatment among our modern heroes who fight against COVID-19 increases.

The COVID-19 pandemic places some health systems underneath enormous pressures and stretches others on the far side of their capability. Yet, they respond to the current public health emergency, and minimizing its impact needs each health resource to be scaled up. Failure to guard health care during this apace ever-changing context exposes health systems to crucial gaps in services after they are most required and may have a lasting impact on the health and well-being of populations (Xie et al., 2021).

Due to the increasing transmission of the COVID-19, relatively high death rates in selected sub-populations, lack of effective treatments and vaccines, mass quarantine measures, and deranged mass communication in several areas, mental state issues, like anxiety, depression, and sleep issues, are frequently reported among the general public, infected cases, close contacts, and even health care employees (Xie et al., 2021). Consequently, health authorities are continuously establishing good mental state services to deal with the danger of psychiatric morbidities. For example, crisis psychological intervention groups and teams are quickly established in all provinces of China, significantly in selected infectious hospitals (Kang et al., 2020). However, within the early stage of the pandemic, a variety of hospitalized patients and psychology professionals in China were infected with the COVID-19 because of a scarcity of equipment and inadequate supplies of protecting gear (Xie et al., 2021).

Since the outbreak of the COVID-19 in January 2020, health care professionals have been receiving additional support, commonness, and a feeling of belongingness more than they have before. Nevertheless, attacks on the health care workers have been continuously reported and currently embodied incidents related to the COVID-19 pandemic across the globe. This new public health emergency shows that health facilities, medical transports, patients, and health care staff and their families will – and do – become targets all over. This horrifying trend reinforces the necessity for improved measures to safeguard health care workers from acts of violence. Throughout the COVID-19 pandemic, guarding the health and

lives of health care workers in the frontline is vital to sanctioning a much better international response (Forgione, 2020).

The COVID-19 (coronavirus disease 2019) pandemic causes over fifty-eight million reported cases globally and one million rumored deaths as of November 20, 2020. As a result, healthcare professionals continuously face unprecedented challenges while remaining on the frontlines (Bhatti et al., 2021). This scenario entails exhausting work hours, a shortage of personal protecting equipment (PPEs), and constant concern about acquiring COVID-19 themselves or transmitting it to their loved ones. To determine the gaps and challenges, a worrying surge in violence against health care staff is increasing globally (Forgione, 2020). According to the World Health Organization (WHO), up to 30% of HCWs encounter physical violence in some circumstances in their careers, which causes psychological distress and burnout that successively affects health care provision and delivery (World Health Organization, 2015). In Pakistan, a third of all HCWs are reporting aggression directed towards them, with the most common being within the verbal kind (Shaikh et al., 2020). Because the increase of confirmed COVID-19 cases in Pakistan crosses 374,000, growing tensions among the population lead to a rise in incidents of violence and hostility everywhere in the country (Bhatti et al., 2021).

In a study by Vento et al.(2020), many countries report violence cases, and this problem significantly strikes a few. A Chinese Hospital Association survey has gathered information from 316 hospitals and disclosed that 96 of the hospitals surveyed experienced workplace violence in 2012 (Yao et al., 2014), and a study done by the Chinese Medical Doctor Association or CMDA in 2014 provided information that over 70% of licensed physicians experienced verbal abuse or physical injuries at work (Yang et al., 2019). An examination of all legal cases on violence against health professionals and facilities from the criminal ligation records 2010–2016, discharged by the Supreme Court of China, found that beating, pushing, verbal abuse, threatening, obstruction of hospital gates and doors, smashing hospital property were often the reported forms of violence (Vento et al., 2020). In India, violence against health care staff and harm to health care facilities has become a debated issue at varying levels. Therefore, the government has created violence against HCWs, an offense punishable by up to seven years imprisonment, covering the ones with numerous episodes of violence and harassment of HCWs concerned in COVID-19 care or contact tracing. In Germany, 23% of medical care physicians experienced severe aggression or violence. In Spain, there has been a rise in the magnitude of the phenomenon in recent years.

According to Vento et al. (2020), governmental failures in some countries to adequately give and manage resources during this pandemic mean that health care personnel are risking their own lives daily by taking care of COVID-19 infected patients without adequate personal protective equipment (PPE) and different safety measures in their workplaces. As a result, thousands of health care staff worldwide have acquired SARS-CoV-2, and the public perceived them as health hazards.

This situation has generated violence against them in some places, primarily for performing their professional duties. This response is more likely to exacerbate the new COVID-19 related stress and burnout that health care staff and their families are experiencing during this pandemic. Some government leaders have responded by asserting swift and, in some cases, draconian punishment for people who attack health care staff (Abbas et al., 2020).

During the COVID-19 pandemic, health workers, physicians, nurses, and frontline healthcare staff celebrate their outstanding work in several countries. However, attacks against the health care personnel engaged in the pandemic response are increasing in numbers as reported worldwide by media, humanitarian organizations, and medical experts.

Several countries receive reports of COVID-19-related violence against health care. Healthcare workers frequently report violent incidents and threats in India and Mexico. Facilities that are essential and critical for the COVID-19 response are also affected once conflict-related violence damages and destroys health facilities or kills or injures doctors. In most COVID-19-related incidents, individuals opposing health measures meant to contain the transmission of the virus triggered abuse or violence. Health care workers additionally experienced abuse or violence while traveling to and from work and being vocal and open about difficulties they experienced in their work, together with insufficient PPE (Insight, 2020). These kinds of incidents sometimes took place at hospitals while health care professionals were on duty. India, Indonesia, and Mexico receive reports on these cases. Reportedly, in one incident in Mexico, a medical professional conducting COVID-19 contact tracing activity was physically harassed by a family member of an infected person who suspected the health care worker of being the carrier of the virus. In another incident, someone accused a healthcare worker of claiming a COVID-19 infection for private gain and benefit.

Based on primary accounts gathered by the International Committee of the Red Cross (ICRC), information from different organizations, and the trailing of news reports and social media, staff recorded a total of 611 incidents between February 1 and July 31, 2020. Whereas patients and medical infrastructure were usually on the receiving end: 67% of incidents were directed at health care employees, entirely 20% were involved in physical assaults, 15% were incidents that ICRC classed as "fear-based discrimination," and 15% were verbal assaults or threats (Root, 2020).

Changes to burial practices have been requested by authorities to stop the spread of the virus also triggered violence and affected health care workers after they attended such events. Opposition to changes to burial practices was joint in India and Indonesia. Throughout these incidents, health care workers were threatened, typically by members of the deceased person's family armed with knives, and maltreated and injured by stones thrown at them. In one incident in Tunisia, a family member of a deceased COVID-19 patient violently attacked health care workers and destroyed health equipment at the Ibn Al Jazzar

Hospital in Kairouan City in their plan to take away the body of the deceased from the hospital (Insight, 2020).

Root (2020) also stated that neighbors threw bricks at a doctor's house in Bangladesh after testing positive for COVID-19. On the other hand, in the Philippines, a health care worker, who tested positive, and his family were forced to leave when neighbors disconnected their electricity and assaulted them. In different incidents, drivers refused workers' access to transport, attackers doused them in a bleach solution or pelted them with stones. According to Wieffering and Housing (2021), the bereaved family of a COVID-19 patient attacked two Nigerian nurses. One nursing professional had her hair ripped out and suffered a fracture. The second one suffered a coma.

In a study of 3551 non-healthcare employees within the USA and Canada, a high proportion of Canadians and Americans believed that healthcare employees must not be allowed to travel into public, should have restrictions on their freedom, and should be isolated from the community and their families. A little has been done politically to health care that protects employees for carrying out their duties. The absence of protection—typically, bullying arises from authorities—creates anxiety for medical experts in that they subsequently confront bullying and stigmatizing situations alone (Dye et al., 2020).

In addition to impacting their own lives, stigma and bullying against health care employees impact—even destabilize—their families, neighborhoods, and patients. Addressing this issue needs understanding why individuals harass and stigmatize health care employees that may aim to destigmatize health care workers through open dialogue and discussion among stakeholders in their communities. The United Nations has determined that violence against health care employees may be a human rights violation, and any acts of violence against health care employees discharging their duties should be condemned (Dye et al., 2020).

According to a review of cases in Pakistan by Bhatti et al. (2021), grievances over the death of COVID-19 patients, a mistrust towards doctors borne of widespread conspiracy theories, and resistance towards guidelines on COVID-19 measures set by their government were the primary reasons of the attacks on healthcare professionals. Medical professionals were already under strain, even before the COVID-19 outbreak. A review of health care workers in China and Singapore found that one out of four workers reported signs of depression and anxiety, while one out of three workers suffered from sleep disorders throughout COVID-19. World Health Organization also recently highlighted an appalling rise in reports of health care workers being targets of verbal harassment, discrimination, and physical violence throughout the pandemic (WHO, 2020).

Health care professionals, such as nurses, are caught in the middle, facing harassment, violence, and discrimination in their facilities, likewise in communities (Sadang, 2020). Nurses appointed in communities, incredibly far-flung areas stricken by the pandemic, were found to possess more psychological problems and distress than those in different

health care settings, including nurses and nursing attendance deployed in most community isolation facilities amidst COVID-19 (Sadang, 2020). In Manila, the 'Anti-COVID-19 Discrimination Ordinance of 2020' was signed into law, penalizing perpetrators of discrimination, shaming them for their discriminatory conduct, and creating Manila a COVID-19 anti-discrimination zone (Jecker & Takahashi, 2021). Similar ordinances were passed elsewhere within the Philippines, forbidding 'stigma, disgrace, shame, humiliation, harassment, or discrimination against COVID-19 positive individuals, together with patients, individuals being monitored and investigated, health care staff, and front liners. While it is difficult to determine and assess the impact of such changes, they contribute to a climate of solidarity and may facilitate efforts, like testing and contract tracing, which mitigates disease transmission. Additionally, they promote the type of social cooperation that supports positive collective action, like physical distancing and masking, which are essential to the public interest during a communicable disease outbreak (Jecker & Takahashi, 2021).

The study of Khanal et al. (2020) examined the status of anxiety, depression, and sleep disorder symptoms among health care workers in Nepal throughout the beginning phases of the COVID19 pandemic. The prevalence of anxiety (41.9%) and depression (37.5%) symptoms among health care workers in their study was higher than those found in a recent study conducted among the overall population throughout the COVID-19 pandemic in Nepal, which showed that 31% of respondents had reported anxiety and 34% of respondents have reported depression.

According to the 2015 Permanente Journal's study of workplace violence, emergency department patients typically become violent because of "pain, stress, lack of privacy, and long wait times." With concern, worry, alcohol and substance abuse, or mental disorders also present, the emergency department simply becomes a turbulent and unpredictable setting. Violence against health care staff is not new; however, a 2020 report by The Lancet shows that the uncertainty and anxiety of COVID-19 have redoubled the cruelty of attacks toward frontline staff. The 2018 Bureau of Labor Statistics of the United States information shows that "healthcare staff is five times more probably to be eviscerated by workplace violence than the other private-sector business." Furthermore, since 2011, the Department of Labor's information shows a 60% increase in the rate of attacks on health care staff. These statistics are surprising and unacceptable (Zack, 2021).

In a report from an article entitled "Countries are Failing to Protect Tights of Health Workers at the Forefront of the COVID-19" (2020), health workers have conjointly suffered disapproval, physical assaults, death threats, and denial of use of public transportation in countries like Colombia and Mexico, and even public corporal punishment in Bolivia. While some governments have addressed such attacks with prompt statements and awareness-raising actions to support the role of health care workers publicly, different leaders have taken actions to undermine them.

A May 2020 study estimates that within the U. S., Black individuals were 3.57 times more probably to die from COVID-19 than Caucasians. Similarly, the danger of death among

the Latinx population was nearly double that of the white population. Data from different countries reveal a similar scenario. A 2020 report from Public Health England (PHE) found that COVID-19 death rates were higher among Black and Asian individuals than the Caucasian race in England. The report also found that marginalized health care employees felt unable to voice out their issues concerning the shortage of personal protective equipment and COVID-19 testing during the pandemic's early stages (Rees, 2020).

From 2002 to 2013, incidents of significant workplace violence fourfolded more commonly in health care services than in private business on average, in line with the Occupational Safety and Health Administration (Coutré, 2019). According to Cannito (2020), many aspects of the American health care system landscape primed health care staff across roles to be significantly at risk for exposure to different kinds and sorts of trauma and career burnout. These risks exist for various reasons related to the field's long issues, like psychological state branding, lack of adjunct services or resources, and "warrior" or "protector" cultural mindsets that place patient care over self-care. The work itself might need these people to be exposed to systematically—and interact with—illness, injury, and human misfortune. One in seven health care workers in England said that a patient or member of the public attacked them in 2019. One in three Australian doctors additionally reported similar abuse, and over 75% of India's physicians said they had experienced violent threats at work (Gibson, 2020).

The Bureau of Labor Statistics of the United States identified rates of non-fatal workplace injuries and sickness involving days off from work, together with intended injury by different persons. Of the 18,400 injuries reported in the private sector in 2017, 71% came from industry and social assistance. Furthermore, this includes incidents that concerned days off from work (Coutré, 2019). The Safeguarding Health in Conflict Coalition (SHCC) reported the numerous types of violence against health care, from airstrikes against clinics to the pillaging of hospitals. Health care workers all over the globe are being kidnapped, arrested, injured, and killed while providing medical aid. Violent interference prevented patients from accessing care and emergency responders, vaccinators, and other health care workers from providing life-saving services (Short, 2021).

Recent studies have shown that many health care workers (HCWs) were victims of stigma and discrimination. For instance, in the Philippines, HCWs experiencing eviction, ridicule, and harassment even among their work and boarding homes became news and a trending topic in social media (Corpuz, 2021). The anti-discriminatory provisions of the statutory laws and Article 9 of the Magna Carta for Public Health Care Workers are de facto. The government enforced different laws and ordinances. In Metro Manila, the city Ordinance No. 8624 or the 'Anti COVID-19 Discrimination Ordinance of 2020' prohibits harassment or discrimination against the health care workers similarly to government forces within the frontlines. As a result, all 17 cities and municipalities in Metro Manila prohibited stigma, discrimination, or damage against HCW and patients suspected of contracting COVID-19 (Corpuz, 2021).

In the province of Quezon in Luzon, someone shot an ambulance driver for parking his vehicle in a community area after transporting medical personnel. The resident who placed a bullet through his hand suspected him of carrying COVID-19 patients and endangering the lives of the individuals within the community. Moreover, a nurse, who contracted COVID-19, fears going back to his town within the outskirts of the economic hub of Metro Manila when his neighbors petitioned against his return after the duty (Rubrico, 2020).

Globally, health care staff represent a high proportion of those who contracted with COVID-19. According to the ICN or the International Council of Nurses, by the end of October 1, 2020, 500 nurses from 44 countries had died, with total health care workers' fatalities as high as 20,000. Health care workers are disproportionately dangerous of being infected and carry most of the care burden at home. It includes caring for older relatives, which significantly impacts their right to family life (Sandvik, 2020). Disseminating reliable data may help counteract COVID-19 stigma in individuals and displace social discrimination the frontline health care workers are experiencing. It successively helps defend their mental welfare and effectively controls the public health crisis (Singh & Subedi, 2020). In addition to this, the provision of workplace policies to support destigmatization and demand generation on COVID-19 transmission and prevention will increase public awareness and trust in health care personnel and the health care system.

Statement of the Problem

This proposed study identified violence that frontline health care workers in DOH hospitals in Central Luzon experienced amidst the COVID-19 outbreak. The study attempted to explain the reasons behind the experienced violence among health care workers amidst COVID-19 response, their coping mechanisms, and action plan/ suggestions in providing a safe and secure environment for health care workers.

Moreover, this study sought answers to the following:

1. How may the profile of the health care workers who experienced occupational violence be described in terms of:
   a. gender;
   b. place of assignment (DOH Hospital);
   c. age;
   d. COVID-19 post;
   e. profession;
   f. status of employment;
   g. work experience; and
   h. work satisfaction?
2. What forms of occupational violence have been experienced by the health care workers?
3. What are the coping mechanisms of the health care workers in DOH hospitals in Central Luzon who experienced occupational violence?

4. What are the proposed recommendations to the government, hospital administrators, and society/community in creating a safe and secure environment for HCWs during this pandemic?

METHODOLOGY

Research Design and Strategy

The researcher used a qualitative design. The researcher determined the presence of occupational violence among frontline health care workers. The respondents' responses were categorized based on their codes. The codes identified were the basis of the themes of the study using random sampling to determine the research respondents.

Population and Locale of the Study

The study employed a random selection of fifteen (15) respondents in the five (5) DOH hospitals in Central Luzon, primarily: Bataan General Hospital and Medical Center in Balanga City, Bataan; Mariveles Mental Wellness and General Hospital in Mariveles, Bataan; Dr. Paulino J. Garcia Memorial Research and Medical Center in Cabanatuan City, Nueva Ecija; Talavera General Hospital in Talavera, Nueva Ecija; Jose B. Lingad Memorial General Hospital in City of San Fernando, Pampanga. The researcher conducted this study in Central Luzon (Region 3). The respondents were identified based on their availability for an online interview during the conducted survey. Figure 1 illustrates the map of Central Luzon (Region 3). The five DOH hospitals in Central Luzon are located in Bataan, Nueva Ecija, and Pampanga.

Figure 1. Map of Central Luzon and Its DOH Hospitals

Table 1. Respondents' Distribution

DOH Health Facilities in Central Luzon						
Regional Hospitals in Central Luzon	BGHMC	MMWGH	JBLMGH	Dr. PJGMRMC	TGH	**TOTAL**
No. of Respondents	3	3	3	3	3	**15**

Table 1 illustrates the distribution of respondents from different DOH regional hospitals in Central Luzon where the survey questionnaire and interview were conducted.

Data Collection Instruments

The study generated the use of questionnaires and interviews as tools to gather the data and determine the profile of respondents from the five (5) DOH hospitals in Central Luzon. The research instrument of the study was based on the research problem. The research questionnaire has four (4) parts. The first part was the respondent's profile that includes the name (optional), gender, place of assignment (DOH hospital), age (in years), COVID-19 post (Isolation, ICU, Laboratory), profession, the status of employment, work experience (in years), and work satisfaction.

The questions related to the forms of occupational violence experienced by health care workers in the workplace or community setting are in the second part. The third part includes the coping mechanisms in terms of physical, emotional, psychosocial, and spiritual. At the same time, the fourth part was the suggestions for a safe and secure environment for the government, hospital administrators, and society/community.

Data Collection Procedure

The researcher made a letter of approval to the DOH Central Luzon Regional Director at the Government Center, City of San Fernando Pampanga, stating the study's conduct to the five DOH hospitals in Region 3, under DOH Central Luzon Center for Health Development (DOH CLCHD) supervision. The researcher also requested an advisory or letter of communication sent to the five DOH hospitals regarding the study questionnaire. Upon approval of the regional director, the researcher made a google form that includes the questions based on the research problem. The questionnaire also included a portion wherein the researcher communicates with the respondents who agreed to an online interview schedule via Google Meet. The researcher analyzed the data after the questionnaire and interview. The researcher started conducting the survey and interview upon receiving the Memorandum of Endorsement from the Department of Health Central Luzon Center for Health Development (DOH CLCHD) on July 22, 2021.

Treatment of Data

The data gathered by the researcher were arranged in a qualitative method and expressed by narration. Afterward, the researcher arranged the questions and results of the interview of the respondents. The researcher used thematic analysis in the analyses of the data from the respondents through the identification of codes. The researcher narrated the statements of the respondents.

Using thematic analysis, the respondents' experiences, views, and opinions from a given set of questions and then analyzed or familiarized to identify the specific code/s of the responses. The codes were identified based on the similarities of the responses in which the themes of the study were generated.

In this study, the researcher used an inductive-latent approach wherein the themes were determined based on the data given by the respondents as to how they perceived the questions given to them. After which, the researcher followed the following steps: familiarization, coding, generating themes, reviewing themes, defining and naming themes, and writing up developed by Braun et al. (2017).

RESULTS AND DISCUSSION

Respondents' Profile

Majority of the respondents who answered the survey were females belonging to the classification of young adulthood (18 – 34 years old). In terms of the COVID-19 post, the majority of the respondents were assigned to the isolation ward of the regional hospitals and other wards or units. In addition, the majority of these assigned health care workers are nurses, while physicians and other allied health professionals were the least.

In terms of the status of employment, almost all of the respondents were classified under full-time employment wherein most of whom have stated they have at least less than three (3) years of experience working in the regional hospitals.
For the work satisfaction, the majority stated that they were satisfied with their work due to various reasons such as good company and support from the hospital administration and other partner agencies, which includes non-government agencies (NGAs) and other volunteers.

Forms of Occupational Violence

During the interview, the health care workers (respondents) said that they had not experienced violence towards themselves. However, most of them heard the news of other colleagues who have experienced discrimination, verbal assault, physical assault, denial of public transport, and denial of entry in a convenience store, among others. They also

described some health care workers who were physically injured and immediately taken to the nearest treatment facility.

In addition, the respondents also stated that these incidents happening inside and outside the hospital premises and communities were mentally disturbing and caused anxiety, most significantly, to those health care workers who are handling COVID-19 patients in their facilities. The majority of the respondents also stated that they have a safe community where rules and ordinances protecting health care workers were in place. However, they stated that because of the threat of the new COVID-19 variant – Delta variant, people in the community become weary of the healthcare workers working in the DOH Hospitals, wherein previous reports have stated that the majority of these hospitals were catering to patients with severe to critical patient conditions.

One respondent mentioned during the interview that he/she receives threats from some patients, saying that he/she will lose his/her job if he/she fails to provide the primary health care services to the patient's family/relative and that the government is paying him/her to do his/her work. Upon further interview, the respondent discussed how this situation mentally affected HCW's quality of service and made him/her question his/her skills in health service delivery. In addition, the HCW mentioned that a colleague working in another health facility heard the news of a health care worker doused with a bleaching solution. This incident gave the HCW anger and discouragement towards the attackers of the modern heroes who heed the call of their sworn profession.

Another respondent also stated that a colleague was already exhausted due to the influx of COVID-19 and non-COVID-19 patients. The respondent further stated that there was an insufficient workforce to augment the number of patients over the load of medical care needed for each patient, which caused some health care workers to be less effective in service delivery and medical care. None of the health care workers who responded to the interview have any experiences or knowledge of a colleague who died concerning occupational violence.

After becoming a critical part of this response towards the COVID-19 pandemic, they stated that the government should prioritize the well-being of health care workers. They also requested that the community must strictly follow the protocols implemented in the community, adhere to the minimum public health standards such as wearing of face mask, rely on credible resources and debunking fake news about COVID-19, and take part in the vaccination to attain the herd immunity and protect themselves, families, and their loved ones.

Furthermore, they stated that despite being exhausted, the call for service and their passion for serving as health care workers are still burning to save every patient who needs their help.

Table 2. Generating of Codes/Labels

Respondent's Statement	Codes/Labels
• I have never heard of anyone in our hospital who has experienced any form of maltreatment. There are no reports concerning physical abuse or verbal harassment. Luckily, I have no personnel experience yet regarding this. Although, some of my colleagues from other facilities have informed me that there are cases of maltreatment from patients and/or their relatives towards hospital staff.	• Lack of personal experience • Awareness of workplace violence • Informed cases of maltreatment
• We try to remain calm and steadfast in treating our patients. We hope this pandemic ends sooner or later. It may take a while, but it's important not to let our guards down. This is a total call of duty in the medical setting and as a nurse. We in this facility have high hopes that we will remain victorious in this fight against COVID-19.	• Positive outlook • Awareness of the current situation
• I feel exhausted. There's a ton of things going on, but we remain faithful with our prayers. Dead bodies are there. Families are crying out their prayers of healing. As someone who has been working since the start of the pandemic, there is not a day in my life that I never ask for God's guidance during my shift.	• Acceptance of situation • Spiritual belief • Positivism
• This pandemic challenged my faith and my patience with some people. Are health care workers' jobs during this COVID-19 just a mere child's play for these people? We are here to help them. We've seen people on social media providing us with a real-time scenario of our situation and how we can protect our families through proper health education and prevention. Staying home will help us in the frontline more than your leisure activities.	• Disbelief in people's moral values • Health actions • Information drive • Proactive social media approach

Table 2 illustrates the codes/labels generated from the respondents' statements. The codes /labels identified were used to generate the themes of the study.

Coping Mechanisms of Health Care Workers

a. Physical

Due to limited recreational activities outside their homes, most respondents stated that they always make time for physical activities to boost their immune system and prevent contracting any diseases. It is also essential to have a well-balanced diet and foods that are rich in nutrients. Because of the ongoing community quarantine in some areas in Central Luzon, the establishments follow protocols to ensure at least 50% business or customer capacity in mitigating the spread of COVID-19. Some respondents attended online fitness sessions that included circuit training, muscle and core enhancement, and overall body strengthening using materials or appliances utilized at home.

b. Emotional

This pandemic will have its effect in the long run. Its long-term emotional effect will be experienced by the health care workers and those who provide services to the affected COVID-19 patients, such as other non-healthcare workers (i.e., janitorial services, civilian personnel, food and food beverage staff, and media, among others). Even though there were reports about health care workers who were in service of their duty who contracted COVID-19 (some of whom had lost the battleground), it is equally important to take care of our emotional well-being as much as we take care of our physical well-being.

Most of the respondents stated that even though the country was under the surge of COVID-19, they would still persevere to provide services. Being optimistic and leaning personal or emotional thoughts towards a better outcome is critically essential. The respondents also stated that being open to sharing about own emotional struggles and thoughts, especially during burnout, will lessen mental struggles. Seeking professional help is necessary for the current work situation, especially if mental exhaustion brought about by working under COVID-19 wards and other workplaces is taking an emotional toll.

Being open about our thoughts and emotions with friends, loved ones, or people we trust serves as a gateway for our body to heal its own mentally. They also stated that a little "time-out" from work would help a lot. Excellent examples of this include spending time with our friends and family, watching a movie, baking, eating our favorite dish, and doing the things we love and make us happy. These are some of the suggestions to take care of our mental and emotional well-being.

c. Psychosocial

According to the interview conducted with the respondents, one of the best coping mechanisms they do is seeking good company, like friends and close family members, whenever exhausted. Being with our circle of friends allows us to release our stress and be

vocal about it. They also stated that attending seminars on coping with the current situation and sharing experiences allowed others to learn from these experiences.

In addition, understanding why some people behave in such a way is crucial in taking care of one's psychosocial well-being. Enjoying one's own company and sharing our personal experiences is one of the best ways to distress. They also mentioned that it is also essential to be the bigger person in cases of violence during hospital or facility work shifts and to avoid, as much as possible, scenarios that will cause violence towards both parties.

d. Spiritual

In terms of spiritual well-being, Filipinos are one of the most religious people. The respondents stated that having faith that everything will be fine and everything will turn to normal one day is one of the coping mechanisms of health care workers. In addition, seeking spiritual counseling in one's religion would also relieve our well-being to function and keep their daily tasks like health care workers.

The respondents also mentioned that prayer is the fastest mode of communication to the higher being where they can ask Him to provide all health care workers the strength and courage to continue the battle alongside all other people during this COVID-19 pandemic. As the primary responders during this COVID-19 pandemic, health care workers also need to take care of themselves to take care of those afflicted with COVID-19 in their facilities.

Table 3. Generating of Themes

Codes/Labels	Themes
• Lack of personal experience • Awareness of workplace violence • Informed cases of maltreatment	• Awareness of maltreatment
• Positive outlook • Awareness of the current situation	• Optimistic perspective
• Acceptance of situation • Spiritual belief • Positivism	• Spiritual positivism
• Disbelief in people's moral values • Health actions • Information drive • Proactive social media approach	• Proactive health & information drive

Table 3 illustrates the generating of themes. The themes were identified based on the codes generated from the statements of the respondents. Being physically fit, eating a well-balanced meal, being with a good company of friends and family members, enjoying a life with movies, and seeking wisdom through the experiences of others were are some of

the many ways our health care workers cope despite the burden and threat that this virus poses not only in their lives but also to their loved ones. The passion for serving others and their unselfish acts in treating and sustaining the lives of their patients who need their help is more than anybody could ask for during these trying times that struck not only the country's health system but also the global response in terms of the pandemic.

Awareness of Maltreatment

The study participants stated that they have never experienced any form of occupational violence in their community and workplace. However, they heard of reports from social media and other colleagues from different health facilities regarding abuse and maltreatment of health care workers resulting in physical injury, verbal assault, and denial of services.

Optimistic Perspective

During the interview, all respondents highlighted their personal experiences during their COVID-19 response with their other colleagues.

Respondent A: "*Before and after we enter the isolation room with our team leader, we conduct a five to ten minutes briefer on the positive outcomes of our team, whether a patient had been sent home and tagged as recovered or an act of love from a patient from his/her attending medical personnel as an act of gratitude.*"

The participants provided examples of positive outputs that drive them to continue their service as sworn medical health care workers during these trying times.

Respondent B: "*I see to it that every after shift, I get to see my patient smile or any threads of hope that everything will turn out well after they receive treatment. That is my mantra every time I enter the ICU.*"

Spiritual Positivism

All respondents highlighted that prayer and guidance from the omnipotent was still the fastest communication in the interview.

Respondent A: "*This COVID-19 did not only challenge the health care system in our country, but it also has shaken our faith, especially us, who work hand-in-hand with the virus. Who will know? I may contract the virus itself, and in no time, I might not make it. That is why every day, as I wear my PPEs, I make sure that I wear hopes and prayer.*"

Respondent B: "*I remember the last time I went to undergo blood sample extraction from one patient. I heard on one side of the bed a religious song [Christian Song]. I think the patient does his devotion.*"

Respondent C: "*I sometimes listen to Hillsong music as I travel to work. It sometimes calms and provides me the courage to pursue my duties as a nurse.*"

The respondents noted that prayer and faith keep them abrupt as the COVID-19 hits every individual, regardless of age, social status, and gender.

Proactive Health & Information Drive

The last theme is the perception that our health care workers are also humans. Their roles in response to COVID-19 and its variants of concern are vital as the country prepares not only for the threat of COVID-19 but also from other diseases.

Respondent A: "*It is really hard and depressing. Most of my colleagues have contracted the virus, causing our facility to hire an additional workforce, but no one was willing to accept the offer when they know they will be assigned to a COVID-19 ward.*"

Other study participants provided information on their call to provide essential support and enough monetary incentives to support their daily needs and dependents.

Respondent B: "*We are already understaffed and underpaid. Our PPEs are running low. We also have a family to feed. We cannot afford to be sick.*"

Respondent C: "*Our SRAs are long overdue. I am thinking of quitting my job. I do not know. But I am exhausted.*"

Perhaps, our healthcare workers were also battling their fights alone. One respondent stated that working together by adhering to public health and community protocols, limiting mass gatherings, debunking fake news by credible information, and getting vaccinated to protect oneself and their loved ones were the best ways to combat this pandemic.

Furthermore, these statements proved that the government, their respective hospital administrators, and the community where the health care workers reside must also protect the nation's primary responders to the pandemic.

Lastly, there were limited plans and programs in the workplace and community setting that would provide safety, security, and welfare among the health care workers, including the non-medical staff of the facility during the COVID-19 outbreak. The conducted interview provided information on the need to create programs and policies for a better and safe work setting among health care workers.

Proposed suggestions for the government, hospital administrators, and society/community

a. Government

The effect of this pandemic will still be evident for a long time, especially to those health care workers who lost a friend, a family, or a loved one in the line of their duty. Most of the health care workers who responded to the survey stated that the present administration should consider provisions on financial support for those health care workers afflicted with the virus and those receiving minimum wage salary.

Those healthcare workers who were bound to work overseas requested the lift of the ban for allied healthcare workers. Media reports stated that numerous health care workers are planning to quit their job because of the incompetent salaries provided to them both in public and private health facilities in the country. In addition to this, the salary they received and other government-mandated benefits were insufficient to support their family, which is why most healthcare workers seek overseas employment despite the travel restrictions imposed by the government.

Lastly, officials should appropriately implement laws, policies, and guidelines to ensure our health care workers' protection from any form of harm and violence from the national to the local community.

b. Hospital Administrators

Hospital administrators and their management should be proactive in making their health facility a violence-free workplace for all its employees, medical and non-medical. They should also listen to their health care workers' needs and provide the necessary compensation for the nature of their work.

During this pandemic, administrators should implement additional workplace guidelines and discuss with the employees and their clients, patients, and visitors. In this way, they will develop a systematic approach to any arising conflicts between protocols and guidelines.

Lastly, employees' safety should be the topmost priority. Despite being health care workers, hospital administrators and their management should consider the well-being of their employees against any forms of violence, untoward incidents, and threats from their patients, relatives, and outsourced individuals. In this way, facilities can ensure that their administrators protect all staff and clients' quality of service, and medical care will not be compromised.

c. Society/Community

The community is the first stepping stone to address this COVID-19 pandemic. The Local Government Units (LGUs) should adequately implement laws, governing policies, and guidelines in all its constituents. Consequently, individuals in the community will be adequately informed of their roles and responsibilities in this pandemic and help lessen the increase in cases in our health facilities.

Being a responsible individual is one step closer to mitigating the spread of COVID-19 in the community. Following the minimum public health standards and protocols, such as wearing a face mask and face shield, will significantly help our health care workers in response to the COVID-19 pandemic.

Health education through proper information-education campaigns regarding COVID-19 helps to prevent community-related violence related to health care workers. In this way, every individual will be well-informed, and fake news or myths about COVID-19 will be prevented.

The response to the COVID-19 pandemic is a collective effort limited to our health care workers working inside and outside the corners of their wards or laboratories and a prompt action of our government officials, hospital administrators & management, and of course, our community. Everyone must be engaged to address all upcoming threats of COVID-19 that will primarily affect the most vulnerable population in our community (young individuals, elderly population, and people with comorbidities). It is also essential to encourage everyone to follow all health protocols implemented by the government, practice minimum public health standards, proper hygiene etiquette, and stop fake news through credible sources and individuals.

Furthermore, the analyses of the respondents' data and interviews produced different codes or labels that were needed to generate the themes of the study. Hence, these findings suggest the need for the drafting of policies, guidelines, or programs that will alleviate safety and security among frontline health care workers during pandemic response and other future outbreaks of emerging and re-emerging infectious diseases.

CONCLUSIONS

The study on occupational violence among frontline health care workers concluded that all of the health care workers who responded to this study were aware of occupational violence related to COVID-19 happening inside their health facilities and within the community despite laws, ordinances, and guidelines related to health care worker discrimination from the government in place. Moreover, the findings revealed that the majority of the respondents were female belonging to the young adulthood working as a Registered Nurse (RN) with full-time employment of less than three (3) years of working

experience. In terms of work satisfaction, most of the respondents were very satisfied with their job during their COVID-19 response.

Most of the respondents have little to no experience related to occupational violence in their workplace or community. However, discrimination, verbal and physical assault and denial of public transport and entry were among the most common forms of occupational violence mentioned during the conduct of the study in all of the DOH Hospitals in Central Luzon.

Engaging in physical activities such as home exercises, eating well and balanced diet, maintaining the excellent company of friends, family members, or trusted individuals were the most common coping mechanisms of the health care workers in Central Luzon. In addition, the respondents also mentioned becoming optimistic about the present situation and having faith through continuous church or religious engagement as their coping mechanisms.

The study also revealed the lack of support from the government concerning poorly implemented laws, guidelines, and policies regarding occupational violence. Also, there was little compensation for HCWs' benefits in response to their critical role in aiding during the pandemic. Moreover, hospital administrators should prioritize the safety of their HCWs from due harm and threat from their clients through imposing strict protocols and guidelines in their facility.

Also, barangay officials in the community should immediately address any form of violence towards healthcare workers, properly inform the public of the corresponding sanctions for those who violate laws and guidelines regarding HWC discrimination, and educate the community through health campaigns to prevent misinformation COVID-19.

Lastly, there were limited guidelines that will provide a safe environment among hospital staff, both medical and non-medical, that will ensure their well-being during and after their hospital duties.

RECOMMENDATIONS

This study revealed the presence of Occupational Violence among Frontline Health Care Workers. Thus, the researcher recommends that government officials strictly implement sanctions regarding the perpetrators of HCW-related violence among the community and health facilities. Additional guidelines, not limited to occupational violence, should also be considered to provide better health services to the population. To prevent health care workers from seeking overseas employment, the government should consider other means of improving the services for health care workers in terms of salary, benefits, and other considerations that will hold enough health care workers in the Philippines.

Also, the respondents of the study did not have any specific experiences on violence or discrimination, they have reported that some of their colleagues working in other health facilities had experienced verbal abuse and threat (such as dismissal from work). With this, authorities may draft an anti-discrimination policy or violence against health care workers/ hospital staff. This will protect employees, both medical and non-medical, against any individual in any form of violence that may take place in the workplace setting (hospital or community). In addition to this, information campaigns through hospital social media accounts, televisions, portfolios, radio broadcasts, or newspapers should also be drafted on what specific sanctions may be given to those individuals violating the said guideline/s.

The authority should draft a risk communication plan for the community and health facilities to guide other employees and the public on the importance of providing a safe and secure place for health care workers and patients. They must consider using online platforms, media, or teleconference to inform the public about the present situation and immediately debunk existing fake news regarding COVID-19. The hospital administrators, through other stakeholders, must ensure enough personal protective equipment (PPE), supplies and commodities, medicines, and other help-line for their health care workers. The engagement of government representatives and other stakeholders, hospital administrators and managers, and community leaders is essential in providing a better way to address occupational violence among our health care workers.

In addition, this study may also be used to provide additional guidelines, policies, laws, and ordinances that will help alleviate other forms of discrimination from different infectious diseases, forms of violence, and activities leading to maltreatment and abuse of an individual. The study will also provide additional information on the personal experiences of health care workers and non-medical staff of different health facilities during their response to COVID-19 and may be used as a basis for providing a risk communication plan that applies to the health care facilities, local government units, and community levels.

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