

Capacitation of Essential School Workers in Compliance with Philippine COVID-19 Guidelines: A Qualitative Study

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ABSTRACT

Introduction. Organizations, including higher education institutions (HEIs), have been mandated to protect employees from the threats of the COVID-19.

Objective. This study sought to describe the perceptions of essential school workers (ESWs) of selected HEIs in the southern Manila area in terms of how they were capacitated in compliance with national guidelines,

Methods. A total of seven HEIs participated in this qualitative study. Focus group discussions (FGDs) were conducted among four sectors of ESWs: security, maintenance, health services, and office staff. Thematic analysis was used to draw insights from the narratives of the FGDs.

Results. Three themes emerged from the FGDs: *material capacitation, programmatic capacitation, and issues and challenges.*

Conclusion. This study highlights that from the perspective of ESWs, HEIs in the southern Manila area exert efforts to comply with IATF guidelines through various expressions of material and programmatic capacitation to protect them from the threat of COVID-19. However, results also demonstrate challenges that deter full compliance and consistent implementation of the guidelines across institutions.

Keywords: *capacitation, higher education institutions, essential school workers, qualitative research*

INTRODUCTION

Academia is among the sectors greatly affected by the 2019 novel coronavirus (COVID-19) pandemic. Due to the pandemic-induced quarantine, higher education institutions (HEIs) had to abruptly implement remote learning for students and work-from-home schemes for their employees. However, essential workers had to be retained to perform tasks that could only be done in-campus. During periods of high infection rates and enhanced community quarantine measures, these essential workers, such as security, maintenance, health, and select office personnel, risk their health and safety

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to accomplish their work responsibilities.¹ Hence, as their employers, academic institutions must capacitate essential workers to ensure they are protected from disease and disability. For this study, according to national guidelines, we define capacitation as the measures undertaken by HEIs to decrease the risk of acquiring and spreading COVID-19.

The Inter-Agency Task Force for COVID-19 (IATF), the Department of Labor and Employment (DOLE), the Department of Health (DOH), and the Department of Trade and Industry (DTI) released the Minimum Health Standard for the employees who are reporting to their workplace. Based on the Joint Memorandum Circular No. 20-04-A Series of 2020 released by DOLE and DTI, *"Employers are required to implement all necessary workplace safety and health programs, including the following COVID-related programs, at no cost to the employees."*² Included in the program are ways to increase physical and mental health resilience, and reduce the transmission of COVID-19. Noncompliance with the minimum health standard could lead to temporary closure. As this is a national mandate, this is a required policy that should guide all institutions and industries, government or private.

During the early period of the COVID-19 pandemic, governments outside the Philippines have likewise mandated institutions to ensure physical distancing among institutions. They also required the use of face masks in certain situations⁴ because of their effectiveness³. Countries such as Germany, South Korea, Vietnam, and China did these to reduce the spread of the virus⁴, while South Korea, Singapore, Japan⁵, America, and France⁶ distributed face masks to their residents. In addition, several businesses and establishments in America have reinstated face mask mandates for their workers regardless of vaccination status⁷ and provided face masks to employees working in specified high-risk settings. Meanwhile, schools in Belgium⁸ and France⁹ required students to wear masks in classes to slow down the spread of coronavirus.

Previous studies focused on essential employees' experiences during the COVID-19 pandemic and the challenges in health care, transportation, social services, and public safety sectors¹⁰; however, there is a limitation in examining essential workers in the function of security guards, maintenance, and janitors, clinic staff, and office workers in academic institutions. These workers often lack Personal Protective Equipment (PPEs)¹¹ and risk themselves and their families to help others maintain normalcy¹². Taken together, the current body of evidence on essential worker capacitation during the pandemic reveals gaps and challenges in compliance with statutory requirements. This study will help schools to better adopt policies when similar crises or future outbreaks will transpire in the future to protect frontline workers who are most vulnerable. Moreover, prior research focused on sectors outside education. Cognizant of these research gaps, this study aims to describe how HEIs in the southern Manila area capacitate essential school workers

(ESWs) in compliance with IATF guidelines as perceived or experienced by ESWs themselves.

While the visible expression of their feelings and emotions were largely hidden behind masks, deleterious unprecedented events, high work pressure, and little attention paid to psychological aspects have had devastating effects on staff mental health. Since ESWs' perceptions during the early period of the COVID-19 crisis, was the only way to understand what they went through, the researchers conducted the current study utilizing a qualitative approach. The aim of the study was to undertake an in-depth exploration of the experiences and the mental health consequences of health-care staff working during the COVID-19 crisis.

MATERIALS AND METHODS

Research design and participants

This study used a qualitative research design to examine the capacitation of ESWs in HEIs. Specifically, this study used a case study approach. A qualitative case study is a research method that helps in exploring a phenomenon with context through various data sources.¹³ The researchers were part of a consortium in South Manila, and out of the twelve (12) member schools: only a total of seven (7) HEIs participated in this study. This was because, some of the member HEIs were used as a quarantine facility, and therefore restricted access to their campus.

Focus group discussion (FGD) was the main data collection used for the study. The emphasis of FGDs was to gather people from similar backgrounds or experiences together to discuss on a specific topic of interest. It is a form of qualitative research where questions were asked regarding the perceptions of ESWs towards HEIs capacitation. Such a method allowed for a rich-in depth exploration of participants' experiences¹⁴ and to help future health capacitation initiatives of HEIs. Multiple FGDs were conducted per HEI. Each FGD represented a specific sector of ESWs as follows:

- (1) **Security staff**, which includes guards manning key areas of the university ensuring the peace and order within the campus vicinity
- (2) **Maintenance staff**, which includes janitors and other property maintenance personnel
- (3) **Health services staff**, which refer to professional and non-professional personnel working in the university clinic or health services office
- (4) **Office staff**, which includes non-teaching personnel in key offices that were functional during quarantine such as registrar, finance, and administrative offices.

While other stakeholders in the university like the administrators and faculty members are affected by the pandemic, it is the ESWs who need more protection and be capacitated since they need to report onsite. ESWs recruited for the FGDs are officially documented in the human resource office of their respective HEIs. At least two sectors were represented

per HEI to ensure that more than one perspective is being considered on the said site. Table 1 shows the distribution of FGD participants per sector per school. Schools 3 and 7 did not have participants from the health services and office sector due to administrative restrictions.

Table 1. Distribution of FGD participants

	Security	Maintenance	Health Services	Office
School 1	6	6	2	6
School 2	6	6	2	6
School 3	6	6	0	0
School 4	6	6	1	6
School 5	6	6	1	6
School 6	6	6	1	6
School 7	6	6	0	0

Data gathering procedure

After gaining administrative and ethical clearances from the HEIs, an on-site FGD was conducted. Informed consent was secured from the respondents. An FGD guide was used to facilitate the discussions per session. This FGD guide was comprised of eight (8) open-ended, semi-structured questions and was validated by an expert on qualitative research. Follow-up questions were asked to probe into the topics further. The FGD sessions were audio recorded. The FGDs were conducted during the period of Enhanced Community Quarantine in 2021. The FGDs were held in open spaces and the participants were physically distant from each other. A designated research team member was assigned as a moderator per FGD of the HEIs. All moderators received an online training on conducting FGDs, which was facilitated by a sociologist. The said sociologist (PhD) was an expert in the conduction of qualitative studies.

Demographic information of study participants was obtained before the FGDs. Twenty-four (24) FGDs were conducted to assess the experiences of the participants. One (1) FGD per sector, per HEI was conducted. The FGDs consisted of opening, intermediate, and ending discussion questions. Opening discussion questions included:

- (1) What are the practices of your school and/or agency to support you as an essential school worker, and to protect you against COVID-19?
- (2) Were face masks, face shields, alcohol, sanitizers, and soap, provided to you by the school and/or agency, whenever you report to work?
- (3) Was social distancing practiced and were proper signages and markings observed during work hours?
- (4) Was your temperature monitored and health status observed regularly?

In the main part of the FGDs, the actions, feelings, and thoughts of the ESWs were examined. Questions included were:

- (5) What are your challenges in complying with COVID-19 related policies of the school and/or agency?

- (6) What training(s) did you receive from the school?
- (7) Do you know of anyone who availed of medical and psychosocial support from the school related to COVID-19?

Each participant's replies were followed up with additional questions to encourage discussion. Ending discussion questions were as follows:

- (8) What would you say are the most important issues that you would like to express about the school or agency, in relation to their support for you, during this pandemic?

At the end of the FGDs, the participants were asked if they had anything to add. Each FGD lasted for 30 minutes to one (1) hour only, to reduce exposure and minimize contact. To triangulate the findings, observation was conducted by the research representative per HEI. Using an IATF-guideline-based observation tool, pertinent areas on campus (e.g., gates, walkways, common areas, etc.) were visited. The COVID-19 protective behaviors of ESWs were also observed by the researchers. COVID-19 protocols were observed throughout the data collection process.

Data analysis procedure and ensuring trustworthiness

Thematic analysis was used to derive insights from the FGDs.¹⁵ First, the written transcripts of the FGDs were prepared immediately following the FGDs. The assigned moderator transcribed each audio recording for each FGD. The full panel of moderators and the research team examined each FGD for correctness. Participants received transcribed FGDs to review for accuracy. To become immersed in the texts and to fully understand them, the transcripts were read and reread, several times by the moderators and researchers to gain a sense of the whole. When moderators had read the text carefully and extracted important statements, they labeled each narrative with a code. Statements in the Filipino language were translated into English, and these were further reviewed by the research team. In addition, the codes were discussed in virtual meetings by all the researchers. Codes were then clustered into categories, which in turn emerged into themes. Continuous comparison of codes and categories, and re-categorization were carried out during the study in virtual meetings with research team members. Efforts were employed to ensure the trustworthiness of the findings according to the criteria of Lincoln and Guba.¹⁶ The results of the study were presented to selected participants per HEI, who agreed with the main observed patterns.

RESULTS

Out of the 121 participants in this study, most of them were between 40-45 years old (5.1%). Forty-three participants (35.5%) were male, while 78 participants (64.5%) were female. The participants were composed of 42 (34.7%) ESWs from

the security sector, 42 (34.7%) from maintenance sector, 7 (5.8%) from the health services sector, and 30 (24.8%) from the office sector. Ninety-eight (80.9%) were living with their family, 9 (7.4%) were living with non-family members, 6 (5%) were living in the accommodation provided by the school or agency, while 8 (6.7%) were living alone. Most of the participants' work schedules were between 8AM to 5PM every Monday to Friday.

Three major themes emerged from the analysis of the FGDs among ESWs: (1) material capacitation; (2) programmatic capacitation, and (3) issues and challenges. Categories represent the specific capacitation provided by at least one institution among the participating HEIs.

Material Capacitation

This theme emerged from conceptual categories that refer to the supplies and equipment provided by the HEIs to their ESWs to mitigate the spread of COVID-19 virus in compliance with IATF guidelines.

Provision and Use of Face Masks and Face Shields

Most of the essential workers from the health and office sectors, generally consisting of permanent personnel, indicated that the school provided them with face masks and face shields. Although they were observed wearing face masks properly, some did not wear face shields inside their offices. However, outside their offices, they were observed wearing them correctly.

Essential workers from the security and maintenance sectors, mainly consisting of contractual personnel, indicated that although they were provided face masks and face shields by the school and/or agency at the onset of the pandemic, they had to provide their face masks and face shields within a matter of months thereafter. Only one school continuously provided face masks and face shields for essential workers from these sectors. Generally, it was observed that there was proper use of masks and shields in the security sector but improper use in the maintenance sector.

Provision and Use of Sanitation Facilities and Supplies

Although almost all the schools observed had not provided hand washing stations at their main entrances, essential workers reported that they frequently hand washed with soap and water in the comfort rooms. The only school that provided a hand washing station at the entrance also supplied it with manufactured soap. It was observed that regular body temperature checks using thermal scanners were conducted, and written health declarations were accomplished upon entry.

Provision of Accommodations, Transportation, and Meals

Four (4) schools offered opportunities for room and board to all workers reporting on site, but two (2) schools provided such accommodations to permanent employees

only. Some schools provided shuttle services to all essential workers, while others made them available only to permanent personnel and for selected routes. General disinfection of buildings and offices was reported to have been regularly conducted in some schools during weekends. During the ECQ, three (3) schools provided meals to their essential workers, and after the ECQ one (1) of these schools even provided meals to those with half-month compensation.

Provision of RT-PCR Testing

It has been reported that one (1) school provided unlimited RT-PCR testing, but no RT-PCR testing was provided by most schools. However, permanent employees with health cards took advantage of the free RT-PCR testing provided elsewhere.

Programmatic Capacitation

This theme includes the procedural interventions, programs, and activities implemented by the HEI to protect the ESWs from COVID-19 and its impacts.

Provision of Psychosocial Support

Most essential workers, whether permanent or contractual, reported having been informed of available psychosocial support services, including online training offered by their school. Moreover, in coordination with non-government organizations (NGOs) and government agencies, the guidance counselors and medical personnel were instrumental in initiating and organizing these services.

Flexible Work Arrangements

All schools and agencies implemented flexible work schedules for their essential, permanent, and contractual workers, respectively. They gave the office staff two days of work on-site and three days of work from home, while the security personnel had 14 days of on-site duty and 14 days of home quarantine.

Telemedicine

Most essential workers, whether permanent or contractual, reported having been informed by the school doctor/nurse of available telemedicine services, including online consultation, offered by their school. Permanent employees reported having provisions for telemedicine services via their health maintenance organizations (HMOs).

Information on Workers' Benefits

Most permanent employees reported having been informed of their entitlements, including those related to leaves of absence. Some schools even released salaries and bonuses earlier than expected. However, such entitlements were mainly not extended to the maintenance and security sectors under the direct supervision of their respective agencies.

Webinars, Memoranda, and other Reminders related to COVID-19 Prevention

Some of the employees were encouraged to join webinars sponsored by the university, while others were given links to webinars related to COVID-19 prevention and disease updates. Also, to spread awareness, some of the school doctors visited the offices of essential workers to monitor and conduct short lectures on how to prevent and lessen the spread of COVID-19. Other schools sent text messages to monitor suspected employees with COVID-19, while some sent memorandums via email blasts.

Issues and Challenges

The ESWs also reported some gaps in the implementation of COVID-19 capacitation by the HEIs. These included lack of consistency and unequal capacitation.

Lack of Consistency in Compliance

Most institutions do not have hand washing stations at the main entrance and only have signages for proper handwashing techniques visible in the comfort rooms. Some informants reported that precautionary measures and reminders were not regularly provided for them. Further,

some institutions had conducted awareness-raising programs like webinars on COVID-19 and mental health for office and health employees/staff, but not for security and janitorial services. Some participants reported that the provision of masks and PPEs were not consistently provided, and sometimes they had to purchase them independently.

Unequal Capacitation across Employee Types

Some of the institutions offered medical services to regular employees only. Some institutions continually gave the salary of their regular employees during the pandemic. However, employees who were not yet regular/tenured and those who were outsourced had experienced depletion in the salary they received.

Qualitative insights reveal that HEIs provided material capacitation for the ESWs in the form of PPEs, sanitation supplies, RT-PCR testing, accommodation, and transportation. Moreover, HEIs implemented programs such as webinars, work benefits, reminders, telemedicine, and psycho-education. However, some participants lament the lack of consistency and disparities in provided support by the HEIs. Table 2 shows the conceptual categories and representative quotes under each emergent theme.

Table 2. Emergent themes, conceptual categories, and representative quotes

Theme 1. Material Capacitation	
Categories	Representative Quotes
Provision and Use of Face Masks and Face Shields	"For us, ma'am, the university has provided us with mask during the first day..." – Office staff, HEI-1
Provision and Use of Sanitation Facilities and Supplies	"We were given PPEs by the agency. We use it when we perform disinfection." – Janitorial staff, HEI-2
Provision and Use of Sanitation Facilities and Supplies	"In one gate of the school, we were provided with sanitation spray and there's a body temperature checking device... so that we can be protected [from COVID]..." – Security staff, HEI-6
Provision of Accommodation, Transportation and Meals	"During the early lockdowns, the personnel who were staying in the school dormitory were provided with food." – Office Staff, HEI-4
Provision of RT-PCR Testing	"If you get the symptoms while at work, the management will shoulder the swab test..." – office staff, HEI-1
Theme 2. Programmatic Capacitation	
Categories	Representative Quotes
Provision of Psychosocial Support	"We attended a webinar about mental health, the speaker was very good..." – office staff, HEI-2
Flexible Work Arrangements	"My arrangement is that I go to work for two days... Then I get to go home to work the rest of the week..." – office staff, HEI-2
Telemedicine	"They could access health information using messenger. If they have questions, they can receive answers immediately. They are very thankful. It's like telemedicine..." – health services staff, HEI-2
Information on Worker's Benefits	"Those who come to work during ECQ period received hazard pay... So there's extra compensation..." – health services staff, HEI-2
Webinars, Memoranda and other Reminders related to COVID-19 Prevention	"There are reminders regarding measures of how to prevent getting COVID..." – maintenance staff, HEI-3
Theme 3. Issues and Challenges	
Categories	Representative Quotes
Lack of consistency in compliance	"Last time, we had a nurse who was stationed at one of the gates. The nurse asked about health information from staff. Why did we stop doing that? It was not consistent," – health services staff, HEI-6
Unequal capacitation across employee types	"We wish that our agency offered hazard pay and provided face shield and mask, just like the other non-agency employees," – office staff, HEI-1

SUMMARY OF FINDINGS

Material capacitation refers to supplies and equipment provided by the HEIs to their essential workers. Most of the HEIs provided masks and face shields to their ESWs however, in the succeeding months after the lockdown, these ESWs had to provide such provisions for themselves. Nearly all the HEIs did not install hand washing stations on their campuses but the ESWs assured that they always washed their hands in the comfort rooms. Only a few HEIs offered accommodation and shuttle service to their ESWs. It can be noted that only one HEI provided unlimited RT-PCR testing to the ESWs. In terms of psychosocial support, most ESWs were informed of the available training and webinars offered by the school. The ESWs were also up to date with the existing telemedicine services and online consultations offered by the school. Furthermore, permanent employees were informed of the benefits they can avail of during the pandemic. Also, some schools released bonuses for their permanent employees earlier than expected. Despite the different measures implemented, the ESWs still experienced issues and challenges like no hand washing stations, and only permanent employees enjoyed medical assistance thru HMO and continuous salary during the pandemic.

DISCUSSION

The goal of this present study is to examine the capacitation of ESWs in HEIs in the southern Manila area, concerning the IATF guidelines of the Philippines. This is the first empirical multi-center study that attempted to explore the perspectives of ESWs of HEIs in the context of working during pandemic-induced lockdown using a qualitative approach.

The first thematic finding describes how HEIs help protect ESWs from COVID-19 through material capacitation, mostly through the provision of face masks, PPEs, testing, and basic needs such as food, accommodation, and transportation. These practices are compliant with global mandates concerning COVID-19 prevention.

The environment and people can both spread the coronavirus, it is advised to use cloth or medical masks¹⁷ and PPEs¹⁸. Regular conduct of RT-PCR testing has also proven to reduce contamination among people.¹⁹ Regular temperature testing²⁰ is also being done at university campuses to reduce transmission potential.²¹ Contact tracing is also being done to help people diagnosed with COVID-19 get referrals for services and resources they may need to isolate.²² Such practices are being exemplified in all participating institutions and are compliant with mandates concerning COVID-19 prevention, based on the Joint Memorandum Circular No. 20-04-A Series of 2020 released by DOLE and DTI.²

In terms of programmatic capacitation, the participants in this research reported that they have been informed of

mental health and psychosocial support services by their institution. This was in coordination with government agency units, similar to those adopted in other countries such as Kenya, South Africa, Cameroon, Uganda, and Tanzania that developed and implemented guidelines, based on WHO recommendations, for mental health and psychosocial support services. However, they provided such services to health workers, COVID-19 patients, and communities at risk only.²¹ On the other hand, flexible work arrangements had overtaken traditional workspace/time routines due to COVID-19 and could be utilized by human resource practitioners as a tool to reduce employee turnover²³, while other studies^{24,25} show that such arrangements have resulted to workers searching for jobs with more stable schedules and income as a response to unexpected expenses. Garg et al.²⁶ reported that telemedicine systems and services have taken a major role in epidemiological surveillance, timely referral, and primary health care delivery during the COVID-19 pandemic, which were reflected by the participants. Yet, occupational health and safety services resonate in most academic institutions, unlike those workers in the maritime industry.²⁷

However, it could be reiterated that not all essential workers were provided benefits and entitlements, and this was strengthened by a recent study by Claxton et al.²⁸ on a certain organization that afforded benefits for only half of their employees. As such, results show that not all participating academic institutions follow solely the directives as set forth by the IATF in the country. Because of this, not all four (4) sectors of the ESWs were provided with an equal opportunity to basic provisions of COVID-19-related materials and programs. It was also observed that there was a gap in cascading information and support to ESWs, which was generally categorized as a common issue and challenge to all participating schools. It must also be noted that some programmatic capacitation components (such as those beyond the minimum legal benefit requirements and resources for telemedicine) may be beyond HEIs' control.

Limitations

Although our study provided interesting insights, it was not without limitations. Findings represented the perspectives of the ESWs, not HEI administrators nor faculty, who were mostly working from home. It must be noted that the transferability of the findings was for HEIs, and may not be the same for basic education schools and non-education institutions. Moreover, some schools (i.e., 3 and 7) did not have complete representation. Future research needs to examine the perspectives of the administrators, on the issues and challenges, as addressed by the ESWs.

CONCLUSION

Findings of this study highlight that from the perspective of ESWs, HEIs from the southern Manila area exert efforts to comply with IATF guidelines through various expressions

of material and programmatic capacitation to protect them from the threat of COVID-19. However, results also demonstrate challenges that deter full compliance and consistent implementation of the guidelines across employee types and institutions.

Implications

Findings call for a proactive stance from HEI administrators. With or without a pandemic and other health-related crises, HEIs should keep policies that would sustain protective behaviors and present a structured action flow that employees can follow during health emergencies. Insights from the narratives illuminate the challenges that ESWs experienced at the height of the pandemic; hence, HEI leaders are enjoined to revisit their policies on health capacitation and benefits, and ensure that these are enjoyed equitably.

Statement of Authorship

JFC contributed in the conceptualization of work, acquisition and analysis of data, project administration, drafting, writing and revising, and final approval of the version to be published. PMNP contributed in the conceptualization of work, acquisition and analysis of data, project administration, writing and methodology, and final approval of the version to be published. JVC contributed in the conceptualization of work, acquisition and formal analysis of data, drafting, writing and revising, and methodology and guide questions. ASA contributed in the conceptualization of work, acquisition and analysis of data, drafting and writing, and abstract. RGBC and ECP contributed in the conceptualization of work, acquisition and analysis of data, drafting and writing. JJAR contributed in the conceptualization of work, acquisition and analysis of data, drafting, writing and revising, and introduction. RACG contributed in the acquisition and analysis of data, and writing. GCL and SMCP contributed in the conceptualization of work, and acquisition and analysis of data.

Author Disclosure

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