

Healthcare Frontliners Experiences during COVID-19 Pandemic: A Phenomenological Study

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Abstract

Healthcare personnel are working in the higher-risk department as they are in primary contact with Covid-19 patients. In the Philippines, 2,315 Filipino healthcare workers have been infected by the corona virus as of May 2020, with death toll at 35 (DOH, 2020). A qualitative study using empirical phenomenological approach was used to examine the lived experiences of healthcare frontliners. Participants are healthcare frontliners, specifically nurses who are providing direct care and treatment for patients with Covid-19. Participants were recruited through purposive and snowballing sampling. Data was saturated on the 15th informants. Result showed that Healthcare frontliners face a challenging situation in this time of pandemic. Challenges of the healthcare frontliners includes physical challenges, emotional challenges, psychological challenges, financial challenges and organizational challenges. Despite the overwhelming challenges they are facing, still they have ways to cope up with these challenges. Their coping strategies includes strengthening mental health, strong spiritual health, support system and strengthening physical health. The importance of recognizing the experiences of health workers and understanding them is deemed significantly necessary as these accounts will help influence the policy making of future governmental programs for health workers.

Keywords: Healthcare Frontliners; Covid 19 Pandemic; Health system, challenges, phenomenology

1. Introduction

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. The virus spreads primarily through droplets of saliva or discharge from the nose of an infected person's coughs or sneezes (WHO, 2020). Half a year through the outbreak, there is yet no known vaccine for COVID-19 and clinical trials to discover potential treatments are still ongoing. As of April 21, 2020, reports from different countries around the globe show that over 35, 000 health workers were infected with COVID19. Reports say that this number is significantly higher because of underreporting. In the Philippines, 2,315 Filipino healthcare workers have been infected by the corona virus as of May 2020, with death toll at 35 (DOH, 2020).

Healthcare personnel are working in the higher-risk department as they are in primary contact with high-risk patients on a daily basis, they render longer duty hours, long exposure in areas of COVID-19 healthcare facilities, lack or improper use of personal protective equipment (PPE), and other factors such as insufficient training and late recognition or suspicion of COVID-19 patients (WHO, 2020). All these result to lots of mental stress not to mention the actual risks of virus transmission.

In Samar, Philippines, over 900 patients are currently in isolation with majority of confirmed and monitored patients from Taranagan town and Catbalogan City (DOH Eastern Visayas, 2020). This has undeniably overwhelmed the healthcare force of the province. With this, the importance of recognizing the experiences of health workers and understanding them is deemed significantly necessary as these accounts will help influence the policy making of future governmental programs for health workers.

Through a phenomenological analysis, this study aimed to analyze and understand the different experiences of health workers who are presently under overwhelming amounts of psychological stress working in virus-stricken communities and isolation facilities. This study provides a comprehensive analysis of COVID-19 lived experiences of health workers. These information would be valuable to LGUs and other social entities who are responsible in policy making and implementation of programs that shall assist health workers

2. Methodology

Research Design

A qualitative study using empirical phenomenological approach was used to examine the lived experiences of healthcare frontliners. Phenomenology is identified as a qualitative scientific method that allows the researcher to consider phenomena, which take place in a given person. Phenomenology moves between the descriptions of the phenomenon to our understanding of it. Its fundamental intention is to access the consciousness of the individual and grasp what this consciousness is capable of revealing regarding the phenomena that it has experienced (Coony et. al., 2016). The main idea of empirical phenomenology is that scientific explanation must be grounded in the first-order construction of the actors; that is, in their own meanings. Such type of research focused on meaning-making of experience, behavior and narratives, etc. (Walters, 2017). Thus it aims to describe the narratives and experiences of healthcare frontliners.

Participants

Participants are healthcare frontliners, specifically physicians and nurses who are providing direct care and treatment for patients with Covid-19. Participants were recruited through purposive and snowballing sampling. Data was saturated on the 15th informants. The research was conducted in Tarangnan, Samar and Catbalogan City where there were recorded cases of Covid-19.

Data Gathering Procedure

Semi-structured, in-depth telephone interviews was made at a time convenient for participants'. With participants' permission, all interviews were audio-recorded. Semi-structured Interview guide was validated by experts in the field of social sciences/psychology. Preliminary interview includes participants' age, marital status, years of work experience and current working schedule. It was followed by a broad-generating questions on their experiences of taking care of patients with Covid-19 and followed up by open-ended questions relating to their experiences as healthcare providers before Covid-19 and during this time of pandemic. They were also asked on the challenges they encountered and how they respond to it. Lastly, they were asked on the support they are receiving and the kind of support they wanted to receive.

Data Analysis

The responses of the participants served as the units of analysis of the study. It made use of the Colaizzi's method. The analysis includes reading of the transcript several times to gain an understanding of the meanings, identify significant meanings, phrases, codes and organizing it into categories and developing of themes.

HyperRESEARCH software was used to code, retrieve and conduct qualitative data analysis. It is a licensed commercial software package used by researchers within the sciences, social sciences, and professions

including education and medicine. It helps the qualitative researcher analyze a range of multimedia data in addition to text-analysis data, including video and audio.

Ethical Consideration

Ethics approval for this research was sought from the Institutional Research Ethics Review. The study objectives and voluntary nature of the study was explained to the participants and oral informed consent was obtained before each telephone interview. Confidentiality was assured by using numbers instead of names and removing identifying information from the transcripts. All audio-recording and transcripts was secured and discarded after using the data for analysis.

3. Results

From the data analyses, themes on challenges encountered by the healthcare workers and their coping strategies emerged. Challenges of the healthcare workers includes physical challenges, emotional challenges, psychological challenges, financial challenges and organizational challenges. Healthcare workers coping strategies includes strengthening mental health, strong spiritual health, support system and strengthening physical health.

Theme (1): Challenges Encountered by the Health Care Workers

Theme 1 can be best explained by five subthemes which includes physical challenges, emotional challenges, psychological challenges, financial challenges and organizational challenges. From the analysis, it can be understood that healthcare workers are facing difficulties and challenges in providing care to COVID-19 patients.

Subtheme A: Physical Challenges

Nurses are at the forefront of patient care and facility management in COVID-19 centers. Nurses emphasized the necessity for advanced preparation for critical and emergent healthcare crises, highlighting the importance of specific policies, adequately trained personnel, and the procurement of the necessary equipment for patient care as their primary concerns in the care context.

Adequate provisions of wearing Personal Protective Equipment (PPE) for frontline healthcare workers were given importance to reduce the spread of disease, safeguard healthcare workers health and well-being, and maintain a sustainable workforce to curb the outbreak. However, provisions of wearing PPEs has defining problems encountered by some healthcare workers.

Informants interviewed described PPE to be tiring and uncomfortable to wear. The effects were pronounced for nurses who spent most of their shifts in PPE like tight masks caused facial pain, marks and bruises, dry skin as well as difficulties breathing, headaches and irritability. They also added that full-length gowns were hot and sweaty which sometimes causes overheating and dehydration. As stated by the informants.

- *“I find it very tiring wearing the PPE. I even have difficulty drinking water and going to comfort room, sometimes I find it hassle wearing PPE but I have to protect myself...” (Informant 3)*
- *“I find it uncomfortable but I have to secure myself from the virus, sometimes it’s hard for me to breath, also I feel dizzy while on PPE.” (Informant 5)*

Also, Informants discussed being physically exhausted. All of them complained being ‘physically drained’. They discussed being so overwhelmed with physical exhaustion due to working long hours and several days without days off for rest because some nurse coworkers got sick or quit their jobs for fear of contracting the virus. Also, they feared that not getting enough rest and sleep can risk their physical health.

As shared by one informant:

- *“I feel physically exhausted, drained...I work for how many hours a day and I cannot help but think of its effects like if I don’t get enough rest and sleep I might get ill also...” (Informant 10)*

Subtheme B: Emotional Challenges

Going to work during COVID-19 pandemic has placed healthcare workers under immense pressure. Exposure to excessive stress for prolonged periods have harmful consequences on the emotional well-being of frontline workers.

The nurses discussed the experience of long shift and quarantine conditions in the hospital such as the distance from family. They long for their families since they can’t go home to their families. This reflects sense of isolation, they were isolated from their families for fear of infecting them. This sense of isolation often made the participants feel alone in their journey considering that they do not have close families and friends to share their experiences since they thought that they won’t understand.

This claim is reflected in statement below:

- *“I feel alone...I have to be alone and isolated, I am afraid of infecting my families and friends if I get the virus” (Informant 7)*

Participants are also emotionally affected when they feel insulted and being discriminated as healthcare providers. They experienced receiving negative behaviors and statements from the society which made them feel stigmatized. Statements below supported this claim:

- *“if they know that I am a healthcare frontliner, I feel that people are avoiding...I even overheard people are saying that nurses are the source of virus they better not go home to avoid people contracting virus...” (Informant 8)*

Emotional roller coaster also described the different emotions experienced by the nurses amidst COVID-19. Emotions such as being scared and afraid of going to work when everybody is asked to stay at home. They are scared and afraid to contract the virus at work and bring the virus to their families or friends, as one of the participant stated:

- *“I am afraid I might have the virus and have other contracted the virus from me, as much as possible I want to protect my families and friends...” (Informant 3)*

Subtheme C: Psychological Challenge

Outbreaks such as the COVID-19 pandemic are anxiety-provoking situations. There are high psychological demands experienced by healthcare in COVID-19. These includes anxiety and stress. Anxiety is common among healthcare workers who are directly involved in managing affected patients

during pandemics. Further, due to their direct contact with COVID-19 patients, healthcare workers are more exposed to fear and traumatic events. Further, losing control over the situation and the decline in human interactions, especially in the health care centers, increased healthcare providers' anxiety.

Informants shared that their main source of anxiety is fear- fear of becoming infected or unknowingly infecting others. This was reflected in the following statement:

- *"I feel anxious with the situation right now...I am scared of risking my life and at the same time afraid also for my loved ones to get infected from me because I am more exposed to virus..." (Informant 10)*

Some of the participants' source of anxiety is their fear of being ill, and dying alone while separated from their families. The thought about their death in isolation due to COVID-19 also adds up to their anxious feelings. As shared by one of the informant:

- *"I often think of the risk if ever I got the virus, what will happen to my family?...The thought of dying alone scares me a lot..." (Informant 12)*

Subtheme D: Financial Challenges

Financial challenges have arisen as very prominent area of concern for health workers during the COVID-19 crisis. The informants reported the (1) lack of hazard pay, and (2) under compensation as common experiences and challenges for them as health workers at the onset of the COVID-19 pandemic.

- *"We don't have proper compensation and even hazard pay. We need our hazard pay." (Informant 7)*

Under compensation was also among the most mentioned response during the interviews with an informant stating,

- *"This depends on the agency, but we are seriously underpaid and overworked." (Informant 7)*

Subtheme E: Organizational Challenges

Alongside financial and emotional stress, health workers are also experiencing a number of organizational challenges during the coronavirus pandemic. Frontline physicians and nurses who had no infectious disease expertise had additional challenges when they adjusted to an entirely new working environment in this stressful situation (Qian Liu et al., 2020).

More difficult to provide healthcare due of rules and protocols, and fear of infection

Some informants remarked that providing healthcare since the pandemic started has become more difficult due to the many rules and protocols that shall be followed before coming in contact with the patients.

- *"It is really difficult because you can't directly or physically attend to their needs due to protocols and [I] also need to protect myself to be able to serve more patients." (Informant 1)*

The informant also added that it saddens him to see patients infected with the coronavirus disease suffer alone because unnecessary contact by anyone is strictly prohibited. Another informant also described today's setup of treating patients which is very different from the usual.

- *"The major difference before and during COVID-19 pandemic is the safety precautionary measures. Before, we can tend to patients right away without having to wear levels of PPEs. But now, it's like we have to treat everyone with equal safety measures with the assumption that everyone can [likely] get this virus for it doesn't choose specific hosts."* (Informant 5)

In addition, because health workers were weighed down by the PPE for long hours, this gives them more physical distress especially for nurses who had to stay in the isolation wards for entire shifts. This distress was expressed by an informant describing how challenging it is to be wearing full protective gears for an entire shift.

- *"We always have to wear Level 4 PPEs in which we are covered from head to toe for straight hours of duty without breaks in between sometimes. We have to eat meals and drink water that will last us an entire shift."* (Informant 2)

Furthermore, owing to strict infection prevention measures, health workers shall be very careful when entering isolation wards as they themselves also experience persistent fear of infection due to the contagious nature of the virus, unknown transmission modes, close contact with patients, and infection happening to their colleagues.

- *"Every day, I always ponder on thoughts such as, 'What if I get this virus?' 'What if I get infected and be asymptomatic and infect my family as well'."* (Informant 5)
- *"We can't easily get close to our patients without our PPEs because we will be reprimanded. We also have to think about our safety, our colleagues, and our families. This is also a heavy burden not just for us, but for the patients as well."* (Informant 6)

Less manpower

Frontliners' heavy workloads are also related to the insufficient number of health-care providers. Calls for more health-care providers have been consistently expressed by the health sector to relieve the physical challenges of the present health workers and ensure the quality of care.

One informant described the manpower becoming less and less due to health workers resigning.

- *"Many of our colleagues have already opted themselves out and resigned. We don't know how to encourage our co-frontliners to go with us."* (Informant 6)

Conflicts among colleagues

A health worker interviewed also expressed challenges experienced among colleagues and within healthcare units when referrals shall be made.

- *“There are some RHUs that are not cooperative when it comes to referrals. There are also some units who don’t easily accept endorsements. Sometimes conflicts arise but the situation is already too energy draining and there are so many things that need to be prioritized so we just choose to keep a cool head.” (Informant 3)*

Misconception of patients leading to difficulty in identifying COVID and non-COVID patients

A notable theme also arise as some informants reported that they also went through the consequences of patients’ misconceptions about the coronavirus disease.

- *“The patients are very worried because they think that the hospital won’t accept them. As a result, they lie about their travel history and symptoms. This is a big misconception because ever since, our hospitals here have never rejected any COVID-19 patients.” (Informant 6)*

Unorganized system and changing guidelines

An informant also experienced difficulty concerning the changing guidelines and local memorandum as to the protocols to be followed.

- *“There are too many changes in the local and national guidelines and protocols and this confuses the health sector the most.” (Informant 3)*

Lack of support from the government

Finally, majority of the informants reported the lack of support from the government as one the challenges encountered during the COVID-19 crisis. As several informants describe the lack of provision of PPEs, delays in the promised hazard pay, and under compensation as all forms of the government’s lack of support, a respondent hopes and calls for assistance and prioritization of the healthcare sector.

- *“We hope that the assistance for frontliners be improved. Please prioritize us. Please prioritize the healthcare system of the Philippines.” (Informant 7)*

Support given to health workers

The trend of responses obtained from the informants of this study showed that mainly, the support these health workers received came from various private entities. Several charitable organizations and local businesses provided them with protective gears and food.

“Some organizations and our employers provided us with PPEs. Kind families even deliver food for hospital workers.” (Informant 1)

Support they need

Asked about the support they need, the informants actively responded with the following themes: (1) obedience and cooperation of people; (2) provision of more PPEs; and (3) financial support from the government.

Obedience and cooperation of people

An informant gave emphasis on obedience and cooperation of Filipino citizens as one of the support the health sector needs at this time of crisis.

- *“The important support that the world can give us, healthcare workers, right now is obedience. We still urge everyone to stay at home with their families and let us continue doing our job. You staying at your homes gives us the peace we need knowing everyone is safe.” (Informant 5)*

Food and Provision of more Personal Protective Equipment

Furthermore, majority of the informants call for sufficient provision of PPEs. This call for support is summarized with an informant's statement saying,

- *“We need food and additional PPE.” (Informant 7)*

Financial support from the government

Finally, the frontliners put emphasis on the financial support they need from the government. As the Philippine health sector has come a long way of putting front the fight for a just compensation for healthcare sectors, this call for financial support also include the release of hazard pays and other special allowances for healthcare workers as reflected from the verbatim quotations above (see I. Financial Challenges).

Theme (2): Coping Strategies

Theme 2 explored the coping strategies of the informants. The arising subthemes extracted from the experiences of the informants are comprised of their strategies in coping with the situation so as not to run the risk of developing stress states.

Subtheme A: Strengthen Mental Health

Exploring on the participants' coping and self-care styles, their common responses revolve around strengthening mental health which includes positive re-evaluation and acceptance of their condition.

- *“We focus on the positive side of life and the benefits we give to our patients. Through time, we have learned to accept our situation that there's a possibility of contracting the virus. We keep this mindset to preserve a sane mind.” (Informant 2)*

Subtheme B: Strong Spiritual Health

Some informants affirmed that they leave it up to their faith whatsoever happens and specified that their way of coping is through prayer to calm them down.

- *“To maintain my well-being, I keep on trusting the Lord that whatever happens, I’m in His good hands. I just pray whenever I’m overwhelmed with fear and amazingly, I feel better afterwards.” (Informant 3)*

Another informant also said that the greatest motivation she has in serving the patients is her faith.

- *“I wouldn’t be here if it weren’t for God. I’m doing this for Him and that’s the reason why I am still here.” (Informant 5)*

.Subtheme C: Support System

While low level of support is linked to occupational stressors among healthcare workers (Khan and Byosiene, 1995:198), a strong social support system was found critical in coping with the pandemic and this was a significant data exposed from the statements of the informants. It turned out that the informants seek support from each other and from their family (Cassidy, 1999).

Support from each other

- *“I am so thankful because I have a good working relationship with my co-nurses. We can talk and listen to each other. It feels good because we understand each other since we’re on the same situation.” (Informant 8)*

Furthermore, some informants said that they showed support and helped each other for stress relief. They also depend on team support when needed.

- *“When I need to take a break, I swap with my team member and I am able to rest for a moment.” (Informant 8)*

Support from family

The role of family was one of the emerging themes under the health care workers’ coping styles. The family as a support system acts as the reference and control group and contribution to emotional stability (Payne, 1980).

- *“I get an unconditional support from my family so everything becomes bearable to me.” (Informant 7)*

Subtheme D: Physical Health

Maintaining good physical health among health care workers is one of the coping strategies that came out from the informants’ responses.

Healthcare workers, being amongst the high-risk group to acquire COVID-19, realized the growing demand of taking care of their bodies to somehow counter the odds brought by the pandemic.

- *“Of course, since we get face to face with positive COVID-19 patients, we have to be extra mindful of our physical health. We strictly follow the safety precautions not because we are told to do so, but because we also would like to protect ourselves and our families.” (Informant 3)*

Discussion

The result of the study showed the different challenges encountered by healthcare frontliners and its coping strategies. Results revealed the following challenges, physical challenges, emotional challenges, psychological challenges, financial challenges and organizational challenges. Physical challenges includes physical exhaustion due to working long hours and several days without days off for rest, and uncomfortable and tiring wearing of PPE. This was supported by the study of Adams and Walls (2012) which states that wearing PPE for long hours also led to physical distress, especially for nurses who had to stay in the isolation wards for entire shifts. Intensive work for long hours made health-care providers at risk of decreased immunity. When health-care workers became sick, there was concern regarding their ability to curb the outbreak and treat patients.

Emotional challenges includes experiencing emotional roller coaster. Emotion such as feeling of isolation, being scared and afraid of going to work when everybody is asked to stay at home, and feeling of being stigmatized. This study is supported by the claim of Sun et al (2020) who reported that nurses caring for COVID-19 patients in China experienced fear, anger, sense of isolation, exhaustion, and helplessness. Nurses are experienced more pronounced negative emotions when they began taking care of COVID-19 patients.

Moreover, anxiety is a common psychological challenge among healthcare workers who are directly involved in managing affected patients during pandemics. The main source of anxiety is fear-fear of being ill, contracting others and dying alone. Due to their direct contact with COVID-19 patients, healthcare workers are more exposed to traumatic events such as patients' suffering and death (Pappa et al., 2020), which could further amplify their fears and anxiety. Available data suggest that the prevalence of anxiety among HCWs ranged from 22.6% to 36.3% (Liu et al., 2020), which was significantly higher than that of the general population. Among HCWs, nurses were reported to experience the highest anxiety levels and the highest prevalence of anxiety, ranging from 15% to 92% (Alwani et al., 2020; Luo et al., 2020; Zhu et al., 2020). In several published studies, anxiety levels were found to be high, particularly among female nurses (Alwani et al., 2020; Kaveh et al., 2020).

Shanafelt et al. (2020) identified other sources of anxiety in nurses, including lack of personal protective equipment (PPE), fear of harbouring the novel coronavirus at work, lack of access to COVID-19 testing, fear of transmitting the virus at work, doubt that their institution would support them if they became infected, lack of access to childcare facilities during lockdown, fear of being deployed in an unfamiliar ward or unit and lack of accurate information regarding the disease.

Furthermore, they also experienced financial challenges such as lack of hazard pay, and under compensation. Lack or delays in the release of hazard pay is not only felt at the regional level of Samar, but also in a national level. As of November 2020, more than 16,000 medical frontliners who are at risk of catching the coronavirus due to their line of work have yet to receive the hazard pay appropriated for them under the Bayanihan to Heal as One Act, which expired in June of the same year (CNN, 2020). Several protest actions by health workers against the Department of Health have been staged since the start of the

pandemic concerning the delays on the release of the COVID-19 Active Hazard Duty Pay (manilastandard.net, 2020).

Even before the COVID-19 pandemic, the lack of compensation towards healthcare workers has been a pressing issue in the country's healthcare sector. According to the Philippine Department of Labor and Employment (DOLE), an entry-level registered nurse receives an average salary of P8,000 (\$158.54) to P13,500 (\$267.54) per month.

Furthermore, registered nurses hired by hospitals commonly receive an average salary of P9,757 (\$193.36) a month. In government, the average salary per month is around P13,500 (\$267.54) while in the private sector, the rate average is around P10,000 (\$198.18) per month.

Using the economic research institute-powered company Salary Expert, the i-Price Group revealed mid-level registered nurses in the Philippines earn P40,380 a month or P233 an hour — the lowest figure among the mentioned ASEAN countries. In October last year, the Supreme Court set a minimum monthly salary for nurses in public hospitals of \$600 per month but the decision has still to be implemented.

Considering this low compensation, DOH's data furthermore suggest that healthcare workers are the most susceptible of being infected by the coronavirus. Among all the healthcare workers, nurses tallied the highest number of COVID-19 cases. According to the Department of Health (DOH) report, as of September 2020, health care workers infected with COVID-19 in the Philippines has reached 7,006, of which 40 were fatal.

"Healthcare workers are exhausted and frustrated by the lack of support from the government in providing them even basic protective gear. If we do not put a stop to this harassment, nurses may resign," said Reigner Antiquera, president of Alliance of Young Nurse Leaders and Advocates.

In relation to these, the health workers affected by the deployment ban are not covered by the P10,000 cash aid from the government. Based on guidelines, this assistance only covers OFWs who experienced job displacement due to a lockdown in the receiving country, or those who were infected with the disease.

Alongside financial and emotional stress, health workers are also experiencing a number of organizational challenges during the coronavirus pandemic.

It is with no denial that the coronavirus pandemic has once again exposed the under-staffing and dire working conditions in the health sector, particularly for nurses. A study on the country's health system shows the Philippines has about 187,540 healthcare workers, almost half of them nurses. Nurse-to-patient ratios are at a low of 12.6 nurses per 10,000 people. In rural areas, the number goes down to 4.2 nurses.

As of today, there are still limited plantilla positions of health workers provided by the government, which inhibits hospitals to take in more permanent staff and instead, hire contractual workers.

In 2019, the Human Resource for Health Network (HRHN) has concerns about the shortage, as the World Health Organization set the standard of 44.5 health workers for every 10,000 people, under the Sustainable Development Goals. This meant that there should be 480,600 health workers for 108 million Filipinos.

Also, conflict among colleagues in an organization is supported by the study of Qian Liu et al (2020) when personnel from different specialties and hospitals work together, differences might exist in corporate cultures, procedures, and communication. Interprofessional and interorganizational collaboration should be a priority to ensure efficient and high-quality care.

A notable theme also arise as some informants reported that they also went through the consequences of patients' misconceptions about the coronavirus disease. In relation to this, on March 2020 in the Philippines, patients who did not fully disclose their state of health or COVID-19 symptoms exposed doctors to the disease and led to deaths of several Filipino medical doctors (CNN, 2020).

DOH Spokesperson Maria Rosario Vergeire admitted that among the reasons behind the death of nine medical doctors is lack of information, as some did not know they were treating a person with the novel coronavirus.

Yet, there were several charitable organizations and local businesses provided them with protective gears and food. Also, they needed support like obedience and cooperation of people; (2) provision of more PPEs; and (3) financial support from the government.

Despite the different challenges they encountered, they were able to face it considering the different coping strategies they have. One way to handle stress and anxiety is to hold a positive attitude regarding the risk of personal and family members getting illness. The findings of Giao et al. (2020) showed that the majority of healthcare workers had good knowledge and positive attitude toward COVID-19. A potential explanation of this is that good knowledge about the coronavirus among health care workers might lead to a positive attitude.

The reasoned action theory could also explain the HCWs' coping style. This theory states that a person's behavior is determined by their intention to perform the behavior and a specific behavior is a function of their attitude towards that behavior (Saqlain, 2020).

Furthermore, some appropriate interventions and support measures that could be provided to strengthen the HCWs' mental health are the establishment of shift systems, additional incentives, provision of a comfortable resting place, and arranging leisure activities (Chen et al., 2020).

In addition to strengthening mental health as the healthcare workers' coping strategy, strong spirituality has positive impacts on people through enhancing self-efficacy and cohesion. Spirituality was even recognized as a useful sedative for humankind in the status quo (Fardin, 2020).

Spirituality was found out to have a strong influence on people's behaviors and was recognized as a powerful coping mechanism for dealing with traumatic and life-changing occurrences. Studies have shown that it has significant effect on promoting recovery and resilience, preventing burnout towards the frontliners (Roman, 2020).

Support from colleagues is also their way of coping up. A helpful attitude between members in the workplace is an effective tool in solving stressful event. This happens when there's an open space to provide opportunities, express views, and to be involved in decision-making in the work-related affairs. When social support heightens, job-related struggles shrink (Nelson and Burke, 2000).

Also, their follow has been their source of strength. Studies have shown that the medical frontliners are increasingly receiving social and family support starting from the onset of the COVID-19. One possible reason could be that the pandemic created more opportunities and time among family members to support one another by sending regards through social media (Lau, 2006).

Healthcare workers, being amongst the high-risk group to acquire COVID-19, realized the growing demand of taking care of their bodies to somehow counter the odds brought by the pandemic.

Given that the dangerous conditions and physical strains in the work environment are major challenges, majority of the informants counter these by taking the initiative to drink vitamins, adjust sleep, and diet and exercise to adapt to environment changes (Shaukat et al. 2020).

4. Conclusion

Healthcare frontliners face a challenging situation in this time of pandemic. Challenges of the healthcare frontliners includes physical challenges, emotional challenges, psychological challenges, financial challenges and organizational challenges. Despite the overwhelming challenges they are facing, still they have ways to cope up with these challenges. Their coping strategies includes strengthening mental health, strong spiritual health, support system and strengthening physical health.

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