An Analysis of the Satisfaction of Healthcare Workers on the Hazard Compensation in Both Private and Public Healthcare Institutions During the COVID-19 Pandemic in Metro Manila, Philippines

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Abstract: As the COVID-19 pandemic persists, the occupational safety of Philippine healthcare workers continues to be significantly compromised. While it is undeniable that no monetary compensation can justify their contributions, the hazard pay accompanied by the COVID-19 special risk allowance was an effort by the Philippine government to repay the services provided by our frontline healthcare workers. This study aims to measure the level of satisfaction of public and private healthcare workers; the knowledge on hazard compensation of public and private healthcare workers; and the sentiments of public and private healthcare workers regarding RA 11469 and RA 7305. A total of 224 respondents participated in the study through purposive, non-probability sampling specifically, online questionnaire. Applying the Mann-Whitney Test, significant differences were seen in the variables (p<0.001) affecting private and public institutions such as hazard compensation and the amount given, overall satisfaction, knowledge of HCWs in private and public institutions on the guidelines regarding hazard compensation set by the Philippine government. Furthermore, there is also a significant difference in the comparison between the different sentiments of HCWs (p=0.34) belonging to public and private institutions in response to RA 11469 and RA 7305. Given the current state of the Philippine Healthcare workforce, the government must take the initiative to protect our healthcare workers better and give them the proper compensation and work environment they deserve. In addition, healthcare institutions, whether private or public, must re-evaluate their strategies, working conditions, and compensation policies to further increase the level of satisfaction of HCWs.

Keywords: COVID-19, hazard pay, healthcare workers, special risk allowance

I. INTRODUCTION

Medical professionals naturally take part in a high-risk occupation, but with the current pandemic, the risk is even greater (Nguyen et al., 2020). The heightened risk was part of the everyday reality of medical professionals during the COVID-19 pandemic. While it was undeniable that no monetary compensation can justify their contributions, the hazard pay accompanied by the COVID-19 special risk allowance was an effort by the Philippine government under RA 11469 and RA 7305 to incentivize the service provided by our frontliners. The said compensations were provided to "ensure that the healthcare workers are protected" (Republic Act No. 11469, 2020). The question was, are the frontliners justly compensated? Have their sacrifices been taken advantage of?

In the early 1970s, hazard pay was common in blue-collar occupations prior to and in the early years of the Occupational Safety and Health Administration in both explicit and implicit ways (Hecker, 2020). The compensation for dangerous jobs was usually associated with blue-collar occupations such as firefighting and law enforcement. As the years passed, the hazard pays became a demand from the workers,

especially when the United Nations introduced the hazard pay for staff at duty stations where hazardous conditions happen like war or active hostilities (International Civil Service Commission, 2010). Fast forward to the COVID-19 pandemic, healthcare workers (HCWs) were not only fighting the virus but also the inclusion of a just hazard pay according to the occupational risk.

As the COVID-19 pandemic persists, the occupational safety of Philippine HCWs was significantly compromised. The reason behind the said compromise was the fact that HCWs were the first lines of defense against the unseen and deadly virus. Hence, universal fear among frontliners was widespread, and this fear influences their psychological distress, organizational, and professional turnover intentions (De Los Santos, J., & Labrague, L., 2020).

Healthcare systems worldwide, both in developed and developing nations, were put to the ultimate test (Nagesh et al., 2020). The Philippines was one of the said nations as it had a limited healthcare capacity (WHO, 2018). The COVID-19 risk in the Philippines was high, and travelers must avoid all non-essential travel to the country (CDC, 2020). According to a study done by Dy & Rabajante (2020), numerous HCWs were exposed to high levels of risk. Contributing to such risk was the increase in the rate of patient encounters per frontliner or crowd density factor, wherein high amounts may render proper protective measures inadequate. The high level of risk faced by HCWs during the COVID-19 public health event had also been recognized through Administrative Orders No. 26 and 28.

The President of the Philippines signed Administrative Order No. 26 (2020) last March 23, 2020, granting the hazard pay of 500 PHP per person per day to government personnel who physically report for work during the quarantine period. The computation for their hazard pay is:

COVID-19 Hazard Pay = (PHP 500) x (Total number of days physically reporting for work during quarantine period)

In correlation with the mandated law on the hazard pay of public HCWs, another Administrative Order No. 28 was signed on April 6, 2020. This gave rise to the COVID-19 Special Risk allowance (SRA), granting a maximum 25% salary increase to Public Health Workers (PHW).

The focus of this study was to measure the satisfaction of HCWs with their hazard compensation using predetermined dimensions. The researchers had developed a conceptual model that will show the relationship between hazard compensation and the level of compensation satisfaction of HCWs. With the use of Smith and Rosen's Compensating Wage Differential Theory, the results were evaluated and interpreted, and it may prove useful for future research as well as for decision and policymaking with regards to the HCWs hazard pay.

Research Problem

The sudden emergence and threat of the COVID-19 pandemic had opened a world of issues. Included in the list was the general treatment of HCWs in the hospital setting, along with their compensations. Their occupations already carried a plethora of risks, but the probability of contracting COVID-19 above other diseases had intensified the danger. There was no doubt that the HCWs shoulder the brunt of the pandemic. Increased risk factors such as a shortage of personal protective equipment had only elevated the likelihood of disease contraction (WHO, 2020). Their stress levels were also at an all-time high with the physical and mental fatigue, triage decisions, & loss of patients and colleagues (Lancet, 2020). With all these considerations, there must be just and humane compensation. In fact, it was essential as there had been a steep rise in mortality among HCWs (Ehrlich et al., 2020).

A quantitative approach was employed in gathering the data. The study was designed following the Theory of Compensating Wage Differentials of Rosen and Smith drafted by Williams, H (2015). This theory states that a compensation wage would be given to workers who put risks to their lives and health. A higher risk such as the COVID-19 pandemic demands that HCWs get hazard compensation. Through the help of this theory, this study was able to determine the satisfaction level and the analysis of the sentiments of HCWs with their hazard compensation.

II. METHODOLOGY

Research Design

The study employed a quantitative cross-sectional research design using self-administered questionnaires, with participants selected based on the inclusion and exclusion criteria set for the study. The self-administered questionnaire consists of a structured series of closed-ended questions. A self-administered questionnaire refers to a data collection tool designed specifically to be completed by a respondent without the intervention of the researchers (e.g., an interviewer) collecting the data. Quantitative methods for data collection and data analysis were used throughout, with structured questions as the main method of data collection and quantitative content analysis as the main method of data analysis.

A cross-sectional study is known as descriptive research because it is non-experimental and observational in nature. It involves data from a population at one specific point in time or within a short period (Shanahan, 2010; Salkind, 2010), which is best suited for studies that aim at identifying the prevalence of a phenomenon, situation, problem, attitude, or issue, by taking a cross-section of the population (Setia, 2016). The main aspect of this research design is that it takes a representative sample (cross-section) from the population to generalize the findings for the study population.

The design was comparatively inexpensive to undertake and easy to analyze since all data gathered for this cross-sectional study were collected only at once. The research design enabled the researchers to efficiently gather data using self-administered questionnaires conducted on an online platform, which was a cost-efficient way to quickly gather large amounts of information from a large pool of participants in a relatively short period of time.

Moreover, the researchers obtained the data from one independent variable as the focus of the cross-sectional study and simultaneously, from one or more dependent variables. The research design let the researchers collect data from different variables to see how the differences in the type of hospital in terms of ownership and different healthcare professions might correlate with the participants' satisfaction regarding their hazard compensation amidst the pandemic.

Subjects and Study Site

Due to the COVID-19 pandemic, specific physical study sites and subjects were not fully accessible to the researchers. The study utilized the purposive sampling method to collect the needed data. Purposive sampling relies on the researcher's judgment when selecting members of the population to participate in the study (Wang et al., 2020), specifically based on inclusion and exclusion criteria.

With the assistance of a licensed statistician, the sample size was computed using Slovin's formula. The variables used for this formula were 10 doctors per 10,000 population (Statista, April 2020) and the six

hospital beds per 10,000 population (WHO, 2015) estimated a 110,000 total population of Metro Manila frontliners. By Slovin's formula, approximately 399 respondents were the ideal sample size of this study.

The population of respondents came from Metro Manila, Philippines only. The participants or respondents were greatly selected following the inclusion criteria: (1) A healthcare worker who was working during the COVID-19 pandemic; (2) Aged 20-59 years old; (3) A healthcare worker who was working in a healthcare institution located in Metro Manila only.

An exclusion criterion was followed as a term for rejection in this study protocol: (1) Healthcare workers who are not working during the COVID-19 pandemic, (2) Healthcare workers working abroad or outside of Metro Manila; (3) Aged 19 and below and 60 years old and above; (4) A respondent who refuses to submit or agree with the informed consent. This exclusion criteria, together with the inclusion criteria, shall be the basis to find potential respondents including terms for rejection.

The study used human respondents, specifically healthcare professionals which emerged as a vulnerable population since the pandemic started (Smith, 2020). Hence, the researchers were permitted to ask the respondents first if they were willing to participate in the said study. Additionally, some healthcare professionals are senior citizens; thus, they were all rejected for the study as per analyzed by the Faculty of Pharmacy Research Ethics Committee of this study. In addition to ethical reasons considered, new respondents should not be identified by initial respondents who participated in the study. Hence, new participants must voluntarily participate in the study (Faugier, J., & Sargeant, M., 1997).

Data Measure/Instrumentation

The questionnaire used in this study is composed of three parts: I. Demographic profile of the respondents, II. Pay level, and III. Satisfaction analysis under which there were various sub-topics including hazard pay and allowance; work environment; awareness of the laws regarding hazard compensation; and COVID-19 related. The model was adapted from the study of Williams et al. (2008) entitled "*A comprehensive model and measure of compensation satisfaction.*" In the aforementioned study, the response format used to evaluate satisfaction was very dissatisfied to a very satisfied scale represented by numbers 1 to 5. Adapting the model, the same scale was applied in the questionnaire of this study.

Furthermore, the questions were adjusted to the topic and respondents of this research. From the original 36 items, nine related items were adapted (two satisfaction items were replaced with similar items found in benefits administration and three items from benefit level). There were also four new items added based on benefit determination in relation to the awareness of specific laws concerning hazard compensation in the Philippines. On top of the nine items, eleven more items related to the work environment and individual sentiments were added and adapted from questions in the 2009 Employee Satisfaction Survey (SSO, 2009). Three of the eleven items were based on the workload section, while two were based on premises and technical working conditions. The remaining items were adaptations in relation to the COVID-19 pandemic issues within the healthcare system.

A Cronbach's alpha reliability test was run on a sample size of 30 people for the pilot study. The results show that the survey questionnaire has excellent reliability because the alpha is greater than .9. It must be noted that the participants of the pilot study were not included in the actual study size.

The survey was conducted through Google Forms, in accordance with COVID guidelines in the Philippines. This was taken with an electronic device (such as personal computers and mobile phones) that can connect to the internet. A consent form was completed before answering the questionnaire to ensure their permission to use the data that they will provide.

The demographic profile of the respondents consists of their name, which remained optional; their age; and professional work. Under the pay level, they were asked to tick boxes corresponding to their basic salary, hazard pay, special risk allowance, and overall salary with benefits. In the satisfaction analysis, the participants were also asked to answer their satisfaction level according to the questions provided. Here, the Likert scale was utilized as the basis for the responses. Typically, it is a 5-point, or 7-point ordinal scale used to rate the degree of agreement or disagreement with a statement (Sullivan & Artino, 2013). The response format to be used is from 1 to 5 (1 = Highly Dissatisfied or Strongly Disagree; 2 = Dissatisfied or Disagree; 3 = Neutral; 4 = Satisfied or Agree; and 5 = Highly Satisfied or Strongly Agree).

Data Gathering Procedure

The researchers chose the setting and subjects in data collection, specifically, HCWs and staff in Metro Manila, Philippines. This study was approved by the Ethics Review Board and Committee of the Faculty of Pharmacy, University of Santo Tomas, Manila Philippines. Pilot testing of the instrument was done to assure the accuracy and reliability of the tools. Results from this pilot study was also subjected to reliability testing through a licensed statistician.

Participants were chosen through purposive sampling, wherein screening of a participant is dependent on the specific qualities that they possess (Etikan, 2016). Researchers adapted an informed consent which was given before the survey was conducted. This informed consent ensures the agreement of the participant to join the study. A copy of the curriculum vitae of the statistician was also secured to assure their credibility to assess the research study. A Cronbach's alpha reliability test was used for the pilot study to determine the reliability of the actual study. In this pilot testing, a sample size of 30 people took the survey but were excluded from the actual sample size of the research study. As per the COVID guidelines in the Philippines, an actual survey setting, or site was not possible. Thus, the survey was conducted through Google Forms. In this platform, informed consent was included at the beginning of the Google Forms, preceded by the actual satisfaction survey.

Specimen handling were observed in terms of the respondents' personal information as private storage and documentation were implemented for this study. The researchers and investigators ensure that the respondents' information will be kept confidential and safe from hacking or disclosure through a private and locked Excel, Document, and SPSS. To ensure the anonymity of the respondents, all names of HCWs were deleted from the Excel file before giving the raw data to the licensed statistician. Hence, only the researchers of this study had access to the names of the participants. Results were recorded, tallied, and collated for assessment and analysis. These results were subjected to statistical treatment through the software, Statistical Package for the Social Sciences (SPSS). The researchers ensure that no one else would be able to see the confidential raw data in the future by deleting these files in storage, as well from the recycle bin or trash.

Data Analysis

This was used to describe the characteristics of the participants from which the data will be collected and to report the data based on the measurement of research variables. Based on the satisfaction level assessment, seven scale scores were created according to the mean of the ratings on the items. The determination of mean was used to measure the central tendency of the data. This was done by adding the scores of the respondents divided by the number of the scores summed. The standard deviation was also computed by subtracting the mean for each respondent's score. This was done to provide a measure of the

average distance from the mean, describing whether the scores are clustered closely around the mean or are scattered (Lumen, n.d.).

The data collected from the participants of the study were encoded into the Statistical Package for Social Science or SPSS to summarize and evaluate the respondents' degree of satisfaction on the hazard compensation during the COVID-19 pandemic. Through the SPSS software, it was easier to eliminate unnecessary information and mistyped data.

The result of the p-value was used determine the acceptability of the null hypotheses. Otherwise, they are rejected. Values less than 0.05 indicate that the null hypotheses must be rejected.

The Mann-Whitney U Test was also employed in data analysis; it is an example of non-parametric statistical methods to analyze the differences between the medians of two data sets. It can be used in cases wherein the values within the sample do not follow normal distribution or t-distribution (Milenovic, 2011). The Mann-Whitney U test was used for comparison of satisfaction and sentiment between HCWs in private and public institutions. In this test, a column for "Mean Ranks" will be seen in the Results and Discussion as this evaluates the categorical variable being analyzed as it is being compared between public and private healthcare institutions. Another column which is the Z-score, determines how far the number of standard deviations of a data point is away from the mean. Interpreting this z-score, less than or greater than -1.96, shows that the data being analyzed as significant.

III. RESULTS AND DISCUSSION

The satisfaction of HCWs with their hazard compensation had been analyzed based on different aspects such as the awareness of the laws during the COVID-19 pandemic and the different sentiments in comparison with both the public and private institutions in Metro Manila Philippines. Hence, a discussion was provided in the following sections.

Sociodemographic Profile of the Respondents

Among the 224 respondents, 74.55% were in the age range of 20-35 years old, while 25.44% of the total respondents comprises the age group of 36-59 years old. HCWs aged 60 and above were excluded from the study as they are part of the vulnerable population and are less likely to be present in risk areas. The demographic based on the respondents' age is evaluated for the fulfillment of the inclusion criteria. Majority of the respondents, with a percentage of 57.52%, work in public institutions, while 42.86 % work in private institutions. Nurses, medical technologists, and physicians comprises the majority with 71.44% among the 224 respondents of this study. The other 28.56% comprises the other healthcare professions such as swabber, pharmacists, etc.

Pay Level

With a total of 224 respondents, 66.52% receive a basic salary of Php 50 000 and below, while 33.48% receive a Php 51 000 and above basic salary every month. As for the hazard pay of HCWs, the majority receives less than Php 699, comprising 89.73% of the study. The majority (200 of 224) of the HCWs receive a Special Risk Allowance of less than Php 4 999, comprising 89.29% of the study. For the Overall Salary of HCWs, with a total of 224 participants, the majority (194) of HCWs receive an Overall salary of less than Php 45 000, comprising 86.61% of the study.

Satisfaction Analysis

The respondents' responses regarding the implementation of hazard pay during the pandemic were mostly dissatisfied. However, a fair number of the respondents were neutral regarding the implementation of hazard pay which can be assumed that they have yet to receive their hazard pay from their respective workplaces. According to Deiparine (2020), 16, 764 HCWs have yet to receive hazard pay as the government has no more funding for the Bayanihan in the Philippines. As this situation occurred, the "Neutral" results would really happen, especially when the respondents don't know whether he or she should choose "Satisfied" or "Dissatisfied," especially when not even receiving a single cent of hazard pay.

The majority of the HCWs sentiments range from Highly Dissatisfied to Neutral for the Standard hazard pay and Special risk allowance with amounting to 73.21% of the total response. The results were in line with those discussed in the study conducted by Deriba et al. (2017), which stated that monetary compensation is the main factor that affects the job satisfaction of HCWs. Compensation played an important role in the determination of an employee's job satisfaction (Dlamini and Mabaso, 2017). It can be speculated that HCWs were dissatisfied with the standard hazard pay and special risk allowance because the standard monetary compensation set by the national government is felt to be insufficient with the amount of psychological pressure and post-traumatic stress brought by the COVID-19 pandemic due to clinical factors, personal factors, and social factors (Kisely et al., 2020). As the majority were dissatisfied with their hazard compensation, 26.34% of the respondents still chose the "Neutral,". Cayetano (2020) insisted that there are 60, 682 HCWs who received their special risk allowance, yet many HCWs remain unpaid. Most of the respondents were not satisfied with their awareness of the minimum amount of hazard pay and special risk allowance. However, a fair number of the respondents were neutral regarding this awareness, which can be assumed that they were familiar but were not highly knowledgeable of the details regarding the monetary compensations.

The majority were Satisfied to Highly Satisfied with the HCWs ability to do better at work due to hazard pay and special risk allowance comprising 45.54% of the total respondents. It was possible that most of the respondents picked "Neutral" due to inadequate compensation packages. In a study by Kossek et al. (2006), there was a positive influence of pay satisfaction on job satisfaction with a spill-over effect on employees' attitudes toward their jobs. This, in turn, proved the idea that pay satisfaction and employee performance were directly correlated. With a total of 224 respondents, overall compensation package variable shows that the majority were Highly Dissatisfied to Dissatisfied comprising 38.39% of the total respondents. In a study by Adil et al. in 2020, compensation packages had a significant positive relationship to the satisfaction of employees. A possible reason as to why most of the respondents picked "Neutral" was due to fewer benefits received from compensation packages; moreover, it should be that compensation packages must be updated to the current labor market to motivate, attract, and retain qualified employees.

Work Environment during the COVID-19 pandemic

"Satisfied" was the top response selected when it comes to their contribution to the hospital they were working. Satisfaction can come from the compensation of the government for their contributions, as read in AO 26 and AO 28. Compensations have been increasing, and this can make HCWs feel that their contributions were very valuable. As Ghazanfar in 2011 stated, satisfaction and compensation had a positive relationship, so it was a significant factor in this response. Although most of the compensation had been targeted towards public HCWs, other Administrative Orders like AO no. 36 encouraged compensation for private HCWs as well. In work-life balance, most respondents were "Satisfied" as well. A possible reason

behind this was that most respondents still live with their families. Staying in dormitories or staff houses was recommended for the safety of their families. But since several respondents stay in the same home rather than alternative housing means that more time was spent with each other, and communication was not as restricted. In a sense, living in the same home entails the separation of work and home, which was a conflict that non HCWs experience as they were instructed to work from home. Living in a different home was comparable to work immigration, and this had shown to possibly cause dysfunctional relationships that can cause an imbalance (Santos et al., 1998). However, since most of the respondents distinguished where work ends, they could focus on their other roles in society after hours which kept the balance in check. Technology substantially improved the productivity of healthcare (Atasoy et al., 2019) which made it a necessity for healthcare workers to be provided with the proper tools and technology to make their jobs easier. The top response being "satisfied" was a positive response as high satisfaction can positively impact performance (Evans et al., 2003), and healthcare workers can bring quality healthcare and do their jobs more efficiently. In the study of Budd et al. (2020), the healthcare system should be aligned with the international strategies for the regulation and use of technology as part of the management and preparedness for COVID-19 and other infectious diseases.

Job security was an indispensable crucial, and important factor in employees' preferences (Schappel, 2012; KPMG, 2010). Most responses were "Neutral" to "Highly Satisfied" indicating that healthcare workers in Metro Manila during the COVID-19 pandemic had assurance in their job continuity due to the general economic conditions in the country. Even if 60.27% of the respondents were "Satisfied" and "Highly Satisfied" with their jobs, 27.68% still felt "Neutral" towards job security. The demand for HCWs during the pandemic was high; however, its impact on job security, including the economy, greatly affected the frontline in providing essential services (International Labour Organization, 2020). Without assurance as to when the pandemic is going to end, the jobs of HCWs were still questionable.

Awareness of the laws concerning the hazard pay during the COVID-19 pandemic

In this section, the satisfaction of HCWs on their awareness of the guidelines on hazard compensation set by the Philippine Government is analyzed.

Majority of the respondents were aware of RA 11469: Bayanihan to Heal as One Act, with the results showing that they were Satisfied to Highly Satisfied making up 61.65% of total responses. A possible reason why most respondents answered "Satisfied" was due to RA 11469 appearing in media outlets; according to Blumler (1979), there was a link between media use motivations and information gained from media use. A possible outcome of media use can be for the information gained, which was a cognitive outcome that emphasizes the learning function associated with media use. Awareness of RA 11469 of HCWs shows 26.34% of "Neutral," which can be assumed to be familiar but were not highly knowledgeable of the details regarding the Bayanihan to Heal as One Act.

Data gathered and analyzed for this section show that the majority of the respondents were aware of RA 7305: Magna Carta of Public Health Workers, with responses of satisfied to highly satisfied making up 55.36% of the result. A possible reason why most of the respondents answered "Satisfied" was due to the respondents being a recipient of the payment of additional cash incentives and allowances to health workers. A possible reason why the other respondents may not be knowledgeable about the Magna Carta of Public Health Workers was inadequate implementation of RA 7305 for public health workers in their respective municipalities and cities. Awareness of RA 7305 of HCWs shows 28.57% of "Neutral," which can be

assumed that they were familiar but were not highly knowledgeable of the details regarding the Magna Carta of Public Health Workers.

Most of the respondents (110) were aware of Administrative Order No. 26: The Grant of Hazard Pay to the Government, with the responses of satisfied to highly satisfied making up 49.11% of total responses. A possible reason why "Neutral" garnered the top responses was that, according to Bishop (1987), respondents may choose the neutral option in order to avoid negative feelings related to the item questioned (Nowlis et al., 2002). Furthermore, the neutral option allows respondents to avoid having to exert cognitive effort to choose between the positive and negative options; subsequently, this was understandable in HCWs that work long hours and were likely mentally exhausted. As for most of the results, 49.11% answered "Satisfied" and "Highly Satisfied" in reference to AO 26 with the possible reason that HCWs read the policy of hazard pay computation to see whether the healthcare institutions were giving the right value for their compensation.

Among the 224 respondents, the majority were aware of Administrative Order No. 28: Special Risk Allowance to Frontline Public Health Workers, with responses of Satisfied to Highly Satisfied making up 49.55% of the total. In addition to reasoning, another study suggested that the said option allowed indifferent respondents to select their true beliefs about the item instead of forcing themselves to be positive or negative about the item (Johns, 2005 Krosnick et al., 2002). It can be assumed that most of the respondents that answered satisfied options belong to the public sector because they were the recipients of the SRA mentioned in the item. Hence, a fair number of respondents that selected the neutral response may come from the private sector. The respondents of the private sector can become indifferent because they may had heard of the administrative order, but they have not read any further regarding its guidelines because they were not affected by this sudden change of policy in the Philippines.

Sentiment Analysis

Compared to other third-world countries like India, there was a disproportionate doctor to patient ratio limiting the time spent during the consultation, which negatively affected patient satisfaction (Paul & Bhatia, 2015). In different studies, the patient-healthcare worker ratio was found to be associated with healthcare workers' increased workload and burnout, negatively affecting job satisfaction. It also affected their intention to leave the profession. Studies show that hospitals with better nurse staffing can alleviate nurses' workload (Aikan et al., 2010). A high percentage of "Neutral" would be possibly due to the reason of HCWs not minding the ratio of employees to patients as their main goal was to provide absolute care for the patients as the COVID cases were increasing. Among the 224 respondents, the majority "Agree" and "Strongly Agree" with the sentiment "I feel sad when I think about my family when I'm working", comprising 62.50% of the total response. As McTaggart in 2007 stated, the state of one's emotion can influence their work; hence, negative emotion such as sadness can negatively affect their performance, for which it is important. Healthcare workers during the COVID-19 pandemic have aggravated or intensified work conditions during this time (International Labour Organization, 2020) which can be very emotionally demanding, affecting their private lives, including family relationships.

In comparison to work immigration statuses seen in Mexico, structural equation modeling suggested that separation due to work can lead to dysfunctional relationships and can bring about a lack of satisfaction (Santos et al., 1998) which was not directly observable in the results since the majority of the respondents strongly disagree with the sentiment of staff house provision.

Health authorities should do something by making appropriate policies in helping HCWs, including their families, from COVID-19 infection (Kumar et al., 2020). Most of the respondents (42.41%) without a staff house or dormitory live with their families, while 29.46% of the respondents answered: "neither agree nor disagree." According to the Health Service Executive (2020), temporary accommodation was provided with policies such as short-term weekly or bi-weekly cycles, and bookings of more than 30 days were not possible. To be eligible, a hospital manager must screen the HCW's condition to be considered for this temporary accommodation, such as an immediate family who is doing self-isolation. With the ongoing COVID-19 pandemic, not all HCWs have the same situation if they will be screened for this temporary accommodation eligibility; hence, possible asymmetrical results might happen.

With a 29.46% result, it shows that some of the respondents may had some problems with the staff house provision as they neither agree nor disagree with this sentiment. In addition to house provision, crises in the healthcare system such as staff shortage and overtime of HCWs might be the possible cause for this result. 17,000 HCWs globally have reportedly died from the COVID-19 virus (Braimoh et al., 2021), which inflated the staff shortage crisis of healthcare institutions. As one healthcare facility is understaffed, possible overtime for HCWs or longer shifts might be inevitable (Stimpfel et al., 2012); thus, going home or in dormitories would not take place, especially when there is a high-rise of COVID-19 cases in the city.

A study reported that most US frontline health care workers during the COVID-19 pandemic also reported poor sleep, insomnia, and burnout. The use of devices and nightmares also caused sleep disruptions for US health care workers (Stewart et al., 2021). 49.55% of the respondents answered "Agree" or "Strongly Agree" in the statement of the sleeping schedule being ruined; hence, most of them lacked sleep and rest during the COVID-19 pandemic. The prevalence of sleeping disturbance among physicians and nurses increased due to stress and anxiety from being exposed to the COVID-19 virus (Salari et al., 2020). Insomnia, a sleeping disorder, was reported to be one of the sentiments of HCWs as they experience it during the COVID-19 pandemic accompanied by depression and anxiety (Ferini-Strambi et al., 2020).

During the COVID-19 pandemic, sleep was very important in everyone's lives. However, it resulted in many disruptions in both work and home, subsequently affecting the sleeping pattern of most populations (Jackson, C., 2020). It shows that 29.46% of the respondents answered "Neither Agree nor Disagree" for this sentiment. Coronasomnia, a new term developed during the COVID-19 pandemic, refers to a sleeping problem associated with pandemic (Rehman, A., 2021). Hence, respondents for this sentiment might correlate to this new term called coronasomnia which was experienced during the COVID-19 pandemic but not limited to the work-related matters of HCWs.

Comparing this to the case of HCWs in Tunisia, 95.3% of the respondents in the study of Slama et al. (2021) agreed about working long hours or overtime. Of the 224 respondents of this study, 54.02% agreed that they worked overtime or past regular working hours. According to Carriere et al. (2020), nurses working overtime increased in percentage during 2020 than 2019 statistics. These statistics reflected the results of HCWs' demand for work compared to other professions during the COVID-19 pandemic.

In the case of Washington State Department of Labor and Industries Law on Overtime (2020), several employees from healthcare facilities were not required to work overtime and have the privilege to have at least eight hours of time-off if they underwent more than 12 hours of duty. 28.13% of the respondents answered "Neither Agree nor Disagree" due to the different working hours applied to the HCWs during the COVID-19 pandemic. A study by Hoedl et al. (2020) proved that three-quarters of the study's respondents had different working hours during the pandemic. In addition to the working hours situation, stress was developed as well by the nurses who were having more hours of service than their regular duty schedule. Another study from Zhang et al. (2021) found a gap between the actual hours and preferred hours of nurses'

schedule of duty simultaneously; factors like PPEs, physical & emotional needs, and work intensity affect their perception of work hours.

Most of the respondents, with 60.72%, agreed with the sentiment about the fear of the COVID-19 virus. In the study of Cawcutt et al. (2020), fear was referred to as a powerful negative emotion that can influence a healthcare industry and must not be underestimated. The fear was not only due to the possibility of acquiring the COVID infection but as well as different thoughts about adequate care for patients, hospital resources, bringing the infection to their immediate families, and stigmatization. A recent study made by Malik et al. (2021) shows a correlation between the fear of the COVID-19 virus and workplace phobia among physicians. As these physicians were greatly demanded to carry out their duties in different healthcare institutions, severe levels of fear and anxiety can greatly affect their performance.

Of the 224 respondents, 63 answered "Neither Agree nor Disagree" mainly due to the experiences they faced during the pandemic. According to UNICEF Philippines (2020), HCWs might fear the COVID-19 virus as they were exposed a lot of times on their duty; however, eviction and harassment were the real issue more than the virus itself. UNICEF Philippines confirmed that HCWs' lives were at risk due to stigmatization as heavy as a load of being exposed to the COVID-19 virus. From the study of Taylor et al. (2020),

the fear of stigmatization developed by HCWs was correlated with the COVID Stress Syndrome as this fear and avoidance of being in the same environment as frontliners became a widespread yet under-recognized problem during the pandemic.

In comparison to a study in the US, the dependence on imported PPE depleted the inventories as attributed to a large demand shock caused by the acute need in healthcare and panicked marketplace behavior. Severe disruptions in supply chains, whether domestic or international, served to amplify the problem. (Cohen et al., 2020). The lack of PPE has affected the morale of HCWs in India as they were more vulnerable to COVID-19 and with the increasing demand and low supply, procuring the availability of PPEs became a logistical nightmare. (Sharma et al., 2020). At least 42.41% of the respondents had insufficient PPEs, while 29.46% answered "neither agree nor disagree" with this sentiment. A factor contributing to the insufficient PPEs are certain discriminatory practices in the distribution of PPEs, such as the level of one's seniority in the hospital, whether the HCW was assigned to the COVID-19 ward, or by race and gender (Ahmed et al., 2020).

The 28.13% of the respondents who answered "disagree and strongly disagree" on the PPE shortage may have had stretched or optimized their use. As per the current guidelines of CDC, that recommended conserving resources by selectively canceling certain procedures and outpatient appointments and using PPE beyond manufacturer designated shelf-life during patient care (Livingston et al., 2020). Resources were reallocated to meet the demand of the pandemic (Roadevin et al., 2021) with certain discrimination in the distribution of the PPE (Ahmed et al., 2020), prompting an unequal allocation giving priority to those in COVID-19 wards.

Comparison of variables to public and private institutions

In this section, private and public institutions are compared based on different variables. The data presented here are analyzed using SPSS and further interpreted.

Table 4.1. *Comparison between the amount of hazard compensation of HCWs from public and private institutions*

Hazard compensation of HCWs from public and private institutions	Mean Rank	Mann-Whitney U	Z	p-value
Private	83.73			
Public	134.07	3500.000	-5.729	<0.001

Note. There is a significant difference between the two populations if the p-value is less than 0.05

The data of 224 respondents had been analyzed to compare the amount of hazard compensation of HCWs from public and private institutions. It has been found that there was a significant difference between the amount of hazard compensation of HCWs in the two sectors.

To analyze the raw data, the Mann-Whitney test was used since the distribution was not symmetrical. To further determine the validity of its distribution, the mean rank of both the public and private institutions were presented. The mean rank of the public is larger than the private; thus, it has a larger score. The Z-score shows how far the standard deviations of a data point are away from the mean. A negative Z-score less than -1.96 is considered significant; thus, a Z-score of -5.729 indicates that the values are less than the mean, and the observed data is not a result of a random chance. To interpret the data, the p-value result was analyzed in relation to the Z-score. A p-value less than 0.05 is considered significant; therefore, the resulting p-value of <.001 in Table 4.1 indicates a significant difference in the two populations, namely the hazard compensation of private and public institutions. As such, the null hypothesis is rejected. One factor contributing to this phenomenon is Administrative Order No. 26, which grants COVID-19 hazard pay in government-controlled institutions for personnel who physically report for work during ECQ. On the other hand, private hospitals and other health facilities were only "strongly encouraged" to grant hazard benefits to their employees. This may cause a significant difference in their respective compensations as the government provided a standardized hazard pay amounting to and not exceeding five hundred pesos (Php 500.00) a day, while the private sector may or may not be providing hazard compensation.

Under Administrative Order No. 28, PHWs are eligible to receive SRA. In the document, PHW is defined as medical, allied medical, and other necessary personnel in healthcare institutions that directly cater to COVID-19 patients, persons under investigation, or persons under monitoring. From the data gathered, it was not possible to identify the participants who directly deal with confirmed and unconfirmed cases of COVID-19. However, there was considerable variability in the data gathered as some have received and some have not received their SRA from public and private facilities.

Table 4.2. *Comparison between the levels of overall satisfaction of healthcare professionals in both private and public institutions*

It has been analyzed that there is a significant difference between the overall satisfaction levels of healthcare professionals in private and public institutions.

Levels of satisfaction of healthcare professionals in both private and public institutions	Mean Rank	Mann-Whitney U	Z	p-value

Private	94.16			
		4431.500	-3.731	<0.001
Public	126.25			

Note. There is a significant difference between the two populations if the p-value is less than 0.05

The data presented in Table 4.2 exhibited the comparison between overall satisfaction levels, based on all the satisfaction analysis variables, between healthcare professionals in both private and public institutions by using the Mann-Whitney U Test. To further determine the validity of the distribution, the mean rank of both the public and private institutions were presented. The mean rank of the public is larger than the private, with obtained values at 126.25 and 94.16, respectively. The larger values of the mean rank indicate a larger score for the public population. The Z-score determines how far the standard deviations of a data point are away from the mean. The obtained Z-score is -3.731; a Z-score that is significantly less than -1.96 is considered significant and indicates that the data is not a result of a random chance. The obtained p-value of <.001 is less than the level significance of 0.05; therefore, the null hypothesis is rejected. This indicates a significant difference in the level of overall satisfaction between healthcare professionals in private and public institutions. Given that there is a significant difference in the amount of hazard compensation, as shown in Table 4.2, it can be expected that a significant difference is also present in terms of satisfaction levels. The significant difference can be explained as compensation and satisfaction suggested a positive relationship (Ghazanfar, 2011).

Job security contributed in increased satisfaction (Artz and Kaya, 2010). Under Republic Act No. 7305 "The Magna Carta of Public Health Workers" section 8, PHWs were entitled to job security as provided by the law. The HCWs under private institutions were also entitled to job security as provided by law, under Department Order No. 182 section 14. However, without state relief, the financial burden would increase on private institutions causing healthcare organizations to file for bankruptcy (Anoushiravani et al., 2020) thus, leading to job loss among private healthcare workers.

Table 4.3. *Comparison between the knowledge of HCWs in private and public institutions on the guidelines regarding hazard compensation set by the Philippine government*

Among a total of 224 respondents from both private and public institutions, it had been found that there is a significant difference between the knowledge of HCWs in private and public institutions on the guidelines regarding hazard compensation set by the Philippine government.

Comparison between the knowledge of HCWs in private and public institutions on the guidelines regarding hazard compensation set by the Philippine government	**Mean Rank**	**Mann-Whitney U**	**Z**	**p-value**
Private	91.36			
		4175.000	-4.259	<0.001
Public	128.36			

Note. There is a significant difference between the two populations if the p-value is less than 0.05

The comparison between the knowledge of HCWs in private and public institutions regarding the guidelines on hazard compensation set by the Philippine government was demonstrated in Table 4.3 using the Mann-Whitney test. According to the mean ranks computed, public healthcare employees were more knowledgeable on the guidelines regarding hazard compensation during the COVID-19 pandemic as their mean rank result is 128.36 as compared to the 91.36 mean rank of private healthcare employees. The obtained Z-score of -4.259 indicates that the data is not a result of a random chance. The obtained p-value of <.001 is less than the level significance of 0.05. Therefore, the null hypothesis is rejected. This indicates a significant difference in the knowledge of HCWs from public and private institutions regarding the guidelines on hazard compensation (p<0.001). The difference in the knowledge and awareness between the two populations may be because the Philippine government has encouraged distribution of the hazard pay for employees in state-owned healthcare facilities based on AO No. 36.

Conversely, the hazard pays for private institutions remained under the discretion of their ruling board. Benefits had become increasingly significant in the total compensation of public employees. It had been found that public employees are given more expensive and more valuable benefits than private employees (Reilly, 2013).

Table 4.4. *Comparison between the different sentiments of HCWs belonging to public and private institutions in response to RA 11469 and RA 7305*

In this section, with a total of 224 respondents, comparison found that there is a significant difference between the varying sentiments of HCWs belonging to public and private institutions in response to RA 11469 and RA 7305.

Comparison between the different sentiments of HCWs belonging to public and private institutions in response to RA 11469 and RA 7305	Mean Rank	Mann-Whitney U	Z	p-value
Private	101.83			
		5213.000	-2.117	.034
Public	120.50			

Note. There is a significant difference between the two populations if the p-value is less than 0.05

The results for the comparison between the different sentiments of HCWs belonging to public and private institutions in response to RA 11469 and RA 7305 were demonstrated in Table 4.4. The yielded results following the computation of the mean ranks suggested that public healthcare employees were more agreeable to the sentiments stated in the questionnaire, with the value of 120.50 compared to the result of 101.83 from private healthcare employees. The Z-score of -2.117 indicates that the data is not a result of a random chance. The obtained p-value of .034 is less than the level significance of 0.05; therefore, the null

hypothesis is rejected. This indicates a significant difference in the different sentiments of HCWs from private and public institutions. This may be due to specific benefits or disadvantages in working for either institution. A study by Manyisa and Aswegen (2015) found that increased patient loads, extended work hours, physical infrastructure, inadequate resources, as well as shortage of staff are some contributing factors affected the working conditions in public hospitals. According to Gimenez-Espert et al. (2020), resilient frontliners were able to manage their vulnerability as these HCWs were more concerned about the patients than their difficult working conditions. Improvement of working conditions was essential for overall job satisfaction (Bakotić and Babić, 2013).

IV. CONCLUSION AND RECOMMENDATIONS

Given the current state of the Philippine Healthcare workforce during the pandemic, the government must take the initiative to protect our HCWs more and give them the proper compensation they deserve as both private and public institutions give differing amounts of compensation. The Philippine government must allocate a bigger budget for hazard compensation and special risk allowance to their municipalities and cities. In addition, healthcare institutions, whether private or public, must re-evaluate their strategies, working conditions, and compensation policies to further increase the level of satisfaction of HCWs.

This study had contributed to the analysis of satisfaction of Philippine HCWs with their compensation pay in Metro Manila, Philippines. As the study progressed, a few areas emerged as suggested areas for future studies. This study was conducted during the COVID-19 pandemic in the Philippines. It was recommended to conduct a similar study in comparison with the compensation package given to the health care workers during a pandemic and non-pandemic period. In this study, purposive sampling, a non-probability sampling, was used with the objective of accepting or rejecting respondents based on the inclusion and exclusion criteria, respectively. Further studies should use probability sampling in creating more accurate results and reducing sampling bias. A contact from the HR Department of hospitals was also recommended for ethical and sampling reasons as electronic surveys can be held by a lot of people, which causes delays due to the rejection of respondents. Direct contact from the HR Department would also help the future researchers to avoid having a limit of respondents as not all Philippine HCWs have access to social media. Also, through the HR Department of hospitals, the possibility of acquiring data from all departments within the hospital would be possible. Laws are usually amended to address current situations or problems. For future researchers, looking into the present and previous laws was greatly recommended since this study was solely based on the COVID-19 pandemic laws of the Philippines. A maximum of 1.5 months was utilized for the data gathering. It was recommended that future studies have a 3-month window for data gathering as HCWs were extremely occupied with their jobs, especially during a pandemic in both public and private hospitals. The questionnaire used for this study was made for healthcare workers in Metro Manila. As for future studies, a well-written questionnaire must be used to avoid misconceptions that might lead to inaccurate results.

V. LITERATURE CITED

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