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QUALITY OF LIFE AMONG FRONTLINERS IN TALIBON MUNICIPAL HEALTH UNIT DURING COVID-19 PANDEMIC

Joventino Brix Q. Digal II, Jessa Mae D. Acedo, Rizaleo Apollo M. Cabagnot, Arianne June C. Cabalit, Jaymar G. Flores

College of Physical Therapy and Occupational Therapy, University of Bohol, Philippines

ABSTRACT: *The purpose of this study was to assess the quality of life among the frontliners in Talibon Municipal Health Unit. This study utilized a 26-item World Health Organization Quality of Life – Brief (WHOQOL-BREF) questionnaire. The data gathered were statistically treated using Chi-Square to test the correlation between the respondent's profile and their quality of life. The data gathered were also treated using Friedman Test for ANOVA to test for any significant degree of variance among the domains. Results show that based on the data gathered from 54 respondents and statistical analysis, the respondents' profiles, sex, and work position did affect their quality of life. It was concluded that despite having a good quality of life, the quality of life of the respondents is dependent on the frontliners' sex and work position which males, drivers, and LGU workers tend to have a higher quality of life in contrast to females and barangay health workers who tend to have a lower quality of life. Based on the ANOVA test, there was a significant degree of variance in the quality of life of the frontliners in the different domains. Overall, the respondents showed a good quality of life as to the items specified in the questionnaire.*

Keywords: *Friedman Test, Pearson Chi-Square, Physical Therapy, Quality of Life*

I.   INTRODUCTION:

The COVID-19 Pandemic has branded itself as the year's most essential and challenging issue for organizations and governments worldwide. Coronavirus disease 2019 (COVID-19) is a new infectious disease caused by SARS-CoV-2, with characteristics such as high morbidity, multiple infection processes, and widespread infection (Liu et al., 2020). In January 2020, the Philippines had its first reported COVID-19 case. Since then, there has been significant inflation of COVID-19 cases, with the Philippines having a history of ranking second in the Southeast Asia statistics of COVID-19 (Center for Strategic and International Studies [CSIS], 2020). The current status of the frontliners is also anchored on concepts such as the Health Grid Model created by Halbert Dunn, where a person's position on the health-illness continuum to environmental factors can predict the likelihood of a change in the quality of life (Wilkinson and Treas, 2013). Their status can also be 'anchored' on the theory of human fatigue, which entails that fatigue can interfere with the ability to work and take care of ourselves, leading to impaired mental state and physical health (Artherholt, 2013). Eventually, fatigue can be an essential reason for declining quality of life among the frontliners (Teng, 2020).

As physical therapy students, the researchers were eager to embody the holistic approach of physical therapy in determining the health status of the respondents; hence the researchers wanted to holistically investigate the current state of the timely heroes during this pandemic by assessing their quality of life. Municipal health centers handle the transmission of the virus through contact tracing of suspected cases and implementing strict policies and preventive measures within towns. Due to documented affectations of COVID-19 on the components of quality of life and a person's well-being, as reported in studies worldwide, the researchers are eager to investigate whether working as a frontliner could affect the quality of life.

The study aimed to assess the QOL of frontliners in Talibon Municipal Health Unit during the Covid-19 pandemic. In gathering such data, the study provided evidence that the government, policymakers can use, or the health officials in making laws and policies in such a way where the data gathered can sequentially assist in making the baseline for the formulation of recommendations to improve quality of life of frontliners during this and future pandemics.

OBJECTIVES OF THE STUDY:
1. To assess the Quality of life of frontliners in Talibon Municipal Health Unit during Covid-19 Pandemic.
2. To identify any significant relationship between the Quality of Life and Sex or Work Designation.

3. To determine if there is a significant degree of variance among the four quality of life domains.

II. REVIEW OF THE LITERATURE:

1. Quality of Life.

The World Health Organization (WHO) defines Quality of Life (QOL) as a broad definition that has a complex effect on the person's physical well-being, psychological status, personal values, social connections, and connection to the defining features of his or her environment. According to the World Health Organization, the pandemic has put unprecedented amounts of the physical and psychological burden on frontliners who are subjected to high-demand environments for long hours, living in persistent fear of virus exposure while isolated from their communities, and experiencing social stigmatization. Liu et al. (2020) indicated close contact with COVID-19 patients had been found to adversely impact the quality of life of frontliners. Quality of life is a subjective indicator that can express the well-being of an individual in a pandemic scenario. Quality of life reflects the well-being or absence of an individual (Chwaszcz et al., 2020). It has also been recorded that a moderate incidence of psychological trauma and lower HRQoL outcomes among frontline health care workers during the Vietnam outbreak of COVID-19 (Than et al., 2020).

A study also concluded that risk factors, including younger age, female gender, unemployment, and pre-existing disease, may further impair people's quality of life. (Epifanio et al., 2021). Researchers have argued that illness epidemics impact individuals at different levels, both physically and socially, leading to mental illnesses such as anxiety and fatigue, which are strong predictors of general health (Zahra et al., 2020). Furthermore, the study showed that male workers reported higher demands, burnout, and poor quality of life than women. The psychosocial risk factor is associated with poor quality of life, exhibiting a poor sense of community, poor social relations, and those with less education.Female nurse health care professionals who are married and have children have a higher risk of high health anxiety and severe depressive symptoms, associated with low quality of sleep and poor health-related quality of life (Stojanov et al., 2020).Occupational stress negatively affects nurses' physical and mental health, affecting their quality of life (Hamaideh et al., 2011).

2. Physical Health.

COVID-19 has been linked with a high risk of acute respiratory distress syndrome and intensive care treatment (Giannis et al., 2020). Medical presentation is atypical, but patients typically experience fever, cough, myalgia, or fatigue (Giannis et al., 2020). Frontliners also suffer from physical fatigue, leading to depression (Shreffler et al., 2020).

3. Psychological Health.

The way frontliners cope with the pandemic dictates their physical health and mental health (Stojanov et al., 2020). During pandemics, health care workers have experienced tremendous trauma, and pandemics have had substantial psychological effects on HCWs, demonstrating the need for adequate psychological assistance, therapies, and personnel support strategies (Shaukat et al., 2020). Exposure to COVID-19 patients increases anxiety and fear of virus infection (Bozda and Ergün, 2020). According to the World Health Organization, working as a frontliner will result in more frequent exposure to unnecessary stress, which over long periods may have multiple negative impacts on the physical and mental well-being of the frontliners.

4. Social Health.

A study from China by Liu et al. concluded that perceived social support negatively correlates with depression and anxiety among health practitioners (Liu et al., 2020). A positive correlation was also reported between bodily pain, Vitality, General health, and mental health with support from family, friends, and significant other support medical staff (Liu et al., 2020). Lack of social care and facilities and overworking lead to occupational stress, which is adversely associated with the quality of life of nurses (Hamaideh et al., 2011). The resilience of health staff in the COVID-19 unit should be strengthened by solid social care and adequate stress control (Nathiya et al., 2020).

5. Environmental Health.

During the COVID-19 pandemic, Stojanov et al. (2020) stated that hospitals now place frontliners in an uncommon situation and stressful environment that would entail frontliners taking risks by making tough decisions and operating under intense pressures. Women and people living in high-risk environments can have worse psychological health consequences. Furthermore, frontline employees are vulnerable to depression and adverse health effects (Shreffler et al., 2020). In the environmental domain, an increase in the years of study and workers' income was associated with a decrease in poor quality of life (Teles et al., 2014). The results in the study in Pakistan include common problems such as lack of personnel, lack of personal protective equipment (PPE), poor knowledge of standard infection control practices, protocols of isolation, lack of administrative assistance, travel, lodging, childcare facilities, etc. (Hamid, 2016).

III. METHODOLOGY

RESEARCH DESIGN:

A quantitative normative, descriptive type of research was used to evaluate the quality of life of the respondents, and the researchers utilized the World Health Organization Quality of Life Short Form, a self-report questionnaire, to gather the data that was needed.

SAMPLE:

A sample of 54 frontliners in Talibon Municipal Health Unit was collected. Based on the estimated data from Talibon Municipal Health Unit, there are currently 67 frontliners employed, but seven were excluded from the criteria. An online sample calculator was used at a 95% confidence level and a 5% margin error to determine respondents' target quantity.

TOOLS USED IN THE STUDY:

The instrument utilized in the study was the World Health Organization Quality of Life Short-Form assessment (WHOQOL-BREF) which is a condensed version of the WHOQOL-100.

STATISTICAL TECHNIQUE USED:

A simple percentage, ranking, weighted mean, and composite mean were used to interpret the obtained data from the respondent's profile and the four domains of their quality of life. The Chi-square was used to identify a significant relationship between the expected frequencies and the observed frequencies in one or more domains. Lastly, the Friedman Test for ANOVA statistics was used to identify a significant degree of variance among the four quality of life domains.

IV. RESULTS AND DISCUSSION

RESULTS:

The study was a quantitative research that used a descriptive normative design to assess the quality of life among the frontliners in the Talibon Municipal Health Unit during the COVID-19 Pandemic. The analyzed results of the respondent's overall responses to the given questionnaires are presented.

Table 1

Table showing the frequency, percentage, and ranking of the respondents' profile in age, sex, civil status, and work designation.

Table 1. Profile of Respondents

n = 54

Items	F	%	R
Age (years)			
21-30	14	25.93	3
31-40	21	38.89	1
41-50	18	33.33	2
51-59	2	3.7	4
Sex			
Male	7	12.96	2
Female	47	87.04	1
Civil Status			
Single	14	25.93	2
Married	39	72.22	1
Widowed	1	1.85	3

Items	F	%	R
Work Designation			
Nurse	18	33.3	1
Medical Technologist	2	3.7	7.5
Midwife	7	12.9	2
Driver	3	5.56	6
Janitor	1	1.85	12.5
Barangay Health Worker	5	9.26	3.5
Utility	5	9.26	3.5
IT	1	1.85	12.5
Clerk	4	7.41	5
Sanitary Aid	1	1.85	12.5
Lab Tech	1	1.85	12.5
Lab Aid	1	1.85	12.5
Staff	1	1.85	12.5
Birthing Aid	1	1.85	12.5
LGU	1	1.85	12.5
COVID Swabbing Personnel	2	3.7	7.5

Table no. 1 displays the profile of the respondents. As for the respondents of the study, the frontliners from the age group or range 31-40 (38.89%) gathered the highest, followed by the age group 41-50 (33.33%), then the ages from 21-30 (25.93%). The frontliners from the age group or range of 51-59 (3.7%) gathered the lowest. Based on gender, females (87.04%) had a greater population than males (12.96%). As for the work designation, most of the respondents were the nurses (33.3%), followed by midwives (12.9%), barangay health workers

(9.26%), utility (9.26%), and clerks (7.41%) respectively then followed by drivers (5.56%), medical technologists (3.7%) and covid swabbing personnel (3.7%). Lastly were the janitors (1.85%), IT (1.85%), sanitary aid (1.85%), lab tech (1.85%), lab aid (1.85%), staff (1.85%), birthing aid (1.85%), and LGU officer (1.85%). As for the civil status, frontliners who were married (72.22%) gathered the highest, followed by frontliners who were single (25.93%) and lastly, frontliners who were widowed (1.85%).

Table 2 Quality of Life of the Frontliners Per Domain
Table 2 shows the respondents' quality of life in the different domains with their respective weighted mean and descriptive values.

QUESTIONS	Very good, Very satisfied, An extreme amount, Completely, Very good, Always		Good, Satisfied, Very much, Mostly, Very often		Neither poor nor good, Neither satisfied nor dissatisfied, A moderate amount, Neither poor nor good, Quite often		Poor, Dissatisfied, A little, Dissatisfied, Seldom		Very poor, Not at all, Very poor, Very Dissatisfied, Never		WM	DV
	5		4		3		2		1			
	f	%	f	%	f	%	f	%	f	%		
A. Physical Domain												
To what extent do you feel that physical pain prevents you from doing what you need to do?	5	9.26	20	37.04	24	44.44	5	9.26	0	0	3.46	Good
How much do you need any medical treatment to function in your daily life?	13	24.07	26	48.15	12	22.22	1	1.85	2	3.70	3.87	Good
Do you have enough energy for everyday life?	8	14.81	36	66.67	10	18.52	0	0	0	0	3.96	Good
How well are you able to get around?	1	1.85	31	57.41	20	37.04	2	3.70	0	0	3.57	Good
How satisfied are you with your sleep?	1	1.85	31	57.41	20	37.04	2	3.70	0	0	3.57	Good
How satisfied are you with your ability to perform your daily living activities?	3	5.56	33	61.11	18	33.33	0	0	0	0	3.72	Good
How satisfied are you with	5	9.26	32	59.26	17	31.48	0	0	0	0	3.78	Good

your capacity for work?											
COMPOSITE MEAN										3.71	Good
B. Psychological Domain											
How much do you enjoy life?	6	11.11	29	53.70	19	35.19	0	0	0	0	3.76	Good
To what extent do you feel your life to be meaningful?	8	14.81	24	44.44	21	38.89	1	1.85	0	0	3.72	Good
How well are you able to concentrate?	4	7.41	29	53.70	19	35.19	2	3.70	0	0	3.65	Good
Are you able to accept your bodily appearance?	10	18.52	26	48.15	16	29.63	2	3.70	0	0	3.81	Good
How satisfied are you with yourself?	10	18.52	34	62.96	10	18.52	0	0	0	0	4.00	Good
How often do you have negative feelings such as blue mood, despair, anxiety, and depression?	6	11.11	31	57.41	12	22.22	4	7.41	1	1.85	3.69	Good
COMPOSITE MEAN										3.77	Good
C. Social Domain											
How satisfied are you with your personal relationship?	14	25.93	31	57.41	9	16.67	0	0	0	0	4.09	Good
How satisfied are you with your sex life?	2	3.70	28	51.85	19	35.19	3	5.56	2	3.70	3.46	Good
How satisfied are you with the support you get from your friends?	11	20.37	22	40.74	11	20.37	0	0	0	0	4.00	Good
COMPOSITE MEAN										3.85	Good
D. Environmental Domain											
How safe do you feel in your daily life?	6	11.11	21	38.89	24	44.44	3	5.56	0	0	3.56	Good
How healthy is your physical environment?	3	5.56	24	44.44	27	50	0	0	0	0	3.56	Good
Have you enough money to meet your	2	3.70	28	51.85	21	38.89	2	3.70	1	1.85	3.52	Good

needs?											
How available to you is the information that you need in your day-to-day life?	4	7.41	33	61.11	14	25.93	3	5.56	0	0	3.70	Good
To what extent do you have the opportunity for leisure activities?	1	1.85	7	12.96	34	62.96	11	20.37	1	1.85	2.93	Neither
How satisfied are you with the conditions of your living place?	6	11.11	34	62.96	14	25.93	0	0	0	0	3.85	Good
How satisfied are you with your access to health services?	13	24.07	30	55.56	11	20.37	0	0	0	0	4.04	Good
How satisfied are you with your transport?	11	20.37	23	42.59	18	33.33	2	3.70	0	0	3.80	Good
COMPOSITE MEAN											3.62	Good

Likert Scale Score	Likert Scale Description	Level of Quality of Life	Interpretation
4.2 – 5.0	Very Good, Very Satisfied, an extreme amount, Completely, Always	Very Good	Those who reported having a very good quality of life and were very satisfied with their health
3.4 – 4.19	Good, Satisfied, very much, Mostly, Very Often	Good	Those who reported having a good or very good quality of life and were satisfied with their health
2.6 – 3.39	Neither poor nor good, neither satisfied, not dissatisfied, a moderate amount	Neither	Those who reported neither having good nor poor quality of life
1.8 – 2.59	Poor, Dissatisfied, a little, Seldom Poor	Poor	Those who reported poor quality of life and were dissatisfied with their health.
1.0 – 1.79	Very Poor, Not at all, Very Dissatisfied	Very Poor	Those who reported very poor quality of life and who were very dissatisfied with their health

Table 2revealed that respondents have a good quality of life in the four domains, which are the physical domain with a composite mean of 3.71, the psychological domain with a composite mean of 3.77, the social domain with acomposite mean of 3.85, and the environment domain with a composite mean of 3.62. This means that respondents are satisfied with their health considering their work and the risks.

Based on the following data, the composite mean was 3.71, which means the frontliners from the Talibon Municipal Health Unit have a good quality of life under the physical domain. It was found out that the lowest scores described that the majority of the respondents tend to feel a moderate amount of physical pain that prevents them from doing what they need to do as recorded by the inverse question and that they scored good as

to being well enough to get around and satisfied with their sleep. The respondents are also satisfied with their capacity to work and ability to perform their daily living activities, with the majority of the respondents answering satisfied. The respondents also need a little medical treatment to function daily, as recorded on the inverse question, which contributes to the respondents having a a good quality of life in the physical domain. Lastly, the highest scores recorded that the respondents mostly have enough energy for their daily lives.

In conjunction with the mentioned related studies, Asante et al. (2019) reported that individuals having a lesser incidence of pain consequently improve the quality of life in the physical domain. Still, most of the respondents reported having a moderate amount of pain. This decreased the quality of life in the physical domain, but they could still attain a good quality of life in the said domain. It was also reported that having enough energy coincides and agrees with the findings in the same study by Asante et al. (2019) that reports having an abundance of energy indicates healthcare workers have adequate physical health, thereby improving their quality of life in the physical domain which is apparent in the calculated data. Furthermore, the findings from the physical domain agree with the conclusion reported in the study by Kormaz et al. (2020) that having an adequate sleep positively influences the quality of life of frontliners to which the respondents in this study reported being satisfied with their sleep, therefore, improving quality of life.

Based on the following data, the composite mean was 3.77, which means the frontliners from the Talibon Municipal Health Unit have a good quality of life in the psychological domain. The lowest scores showed that the majority of the respondents often have negative feelings such as blue mood, despair, anxiety, or depression as recorded by the inverse question. They are very much able to concentrate well. The respondents also reported having a good feeling about life to be meaningful. The respondents are satisfied with how much they enjoy life. Lastly, the highest scores recorded that the respondents are satisfied with themselves and their bodily appearance.

As discussed in the related literatures supporting the study, the findings of this study, wherein the respondents only often feel negative feelings such as blue mood, despair, anxiety, or depression, agree with the conclusion Vafaei et al. (2020) derived in their study that states that the occurrence of depression among healthcare workers tend to decrease quality of life but as the respondents only often feel depression, their quality of life in the mental domain did not lessen. On the contrary, the findings of this study contradict the reports in the study by Kormaz et al. (2020) that stated working as a frontliner will most likely lead to mental problems such as depression, to which the respondents only often feel those feelings. The study findings are also supported by the findings of Celemece and Menekay (2020). They state that states with increased incidence of anxiety, quality of life will be adversely affected. Well-being will be impaired, but as this study reported lesser incidence of stress, the quality of life in the psychological domain is not adversely influenced.

Based on the following data, the composite mean was 3..85, which means the frontliners from the Talibon Municipal Health Unit have a good quality of life under the social domain. The lowest scores showed that most of the respondents were satisfied with their sex life. The respondents are satisfied with the support they get from their friends, with the majority of the respondents answering satisfied. Lastly, the highest scores recorded that the respondents satisfied their personal relationships.

A study by Hamaideh et al. (2011) indirectly supports this study, stating that a lack of social care and facilities and overworking leads to occupational stress, which is adversely associated with the quality of life of frontline workers. Concerning this, results support the study in Pakistan by Dawn (2020) that problems such as lack of personnel, lack of personal protective equipment (PPE), poor knowledge of standard infection control practices, protocols of isolation, lack of administrative assistance, travel, lodging, childcare facilities, etc. significantly associated with the poor quality of life of healthcare providers. Healthcare providers feel less secure or safe in their environment. Similarly, a study by Liu et al. (2020) states that increased social support from family, friends, and significant others is significantly associated with good mental health, and good mental health is significantly associated with a good quality of life. A similar study by Vafaei et al. (2020) also supports the result that depression and perceived social support can greatly impact one's quality of life among health care professionals. Both factors were negatively and positively associated with quality of life, respectively.

Based on the following data, the composite mean was 3.62, which means the frontliners from the Talibon Municipal Health Unit have a good quality of life in the environmental domain. The lowest scores in the environment domain describe that most of the respondents are neither satisfied nor dissatisfied with the opportunity they have for leisure activities. The respondents are satisfied with having enough money to meet their needs. The respondents also quite often feel safe in their daily lives and feel a moderate amount of safety in their environment. Most of the respondents are satisfied with the availability of the information they need in their day-to-day life and transportation. The respondents are satisfied with the conditions of their living place, with the majority of the respondents answering satisfied. Lastly, the highest scores recorded that the respondents are satisfied with their access to health services.

Concerning the results aforementioned and to the environment domain, the Health Grid Model created by Halbert Dunn stated that the more positive the setting is, the more it protects clients from harm and provides

a good quality of life. With frontliners being placed in a dire environment, Treas and Wilkinson (2013) believed that this would negatively dictate the frontliners' quality of life. In addition, a study by Asante et al. (2019) noted that in the environmental domain, lower salaries negatively affect health care workers' quality of life. Moreover, Teles et al. (2014) study reveals that an increase in the years of study and workers' income was associated with a decrease in poor quality of life.

Table 3
Table showing the results from the Chi-Square Statistics to find a significant relationship between sex and quality of life

Chi-Square Tests			
	Value	Df	Asymp Sig. (2-sided)
Pearson Chi-Square	7.186[a]	2	.028
Likelihood Ratio	6.745	2	.034
Linear-by-Linear Association	5.935	1	0.15
N of Valid Cases	54		
Result: SIGNIFICANT Decision: Ho Rejected			
Sex	Total QoL Average	Interpretation	Ranking
Male	76.64	Good	1st
Female	67.69	Good	2nd

Table 3 shows that the sex of the frontliners does affect the quality of life with a computed P-value of 0.028 (Asymp. 2-sided) as computed using the Chi-Square Statistics, thus rejecting the null hypothesis. It was found that despite having a good quality of life in both sexes, men tend to have a higher quality of life than women.

The study of Stojanov et al. (2020) reveals that females working as healthcare providers in this pandemic are more susceptible to high health anxiety and severe depressive symptoms, associated with poor health-related quality of life. A similar study by Epifanio et al. (2021), Teles et al. (2014), Nathiya et al. (2020), and Teng et al. (2020) also reveals that women have poorer quality of life mostly associated with mental health problems than men. Contrary to the results mentioned above of certain studies, a study by Asante et al. (2019) reveals that male workers reported higher demands at work, burnout, and a poor quality of life than women. However, the result of this study implies that the sex of the respondents affects their quality of life. This result agrees with the study of Stojanov et al. (2020), Epifanio et al. (2021), Teles et al. (2014), Nathiya et al. (2020), and Teng et al. (2020) that women working as a healthcare providers during the pandemic have a poorer quality of life than men.

Table 4
Table showing the results from the Chi-Square Statistics to find a significant relationship between work designation and quality of life

Chi-Square Tests			
	Value	Df	Asymp Sig. (2-sided)
Pearson Chi-Square	50.316	30	.011
Likelihood Ratio	41.085	30	.086
Linear-by-Linear Association	1.663	1	.197
N of Valid Cases	54		
Result: SIGNIFICANT Decision: Ho Rejected			
Work Designation	**Total QoL Average**	Interpretation	Ranking
Nurse	67.61	Good	10th
Medical Technologist	71.25	Good	7th
Midwife	66.79	Good	11th
Driver	84.42	Very Good	2nd
Janitor	75	Good	4.5
Barangay Health Worker	53.3	Neither	14th
Utility	69.85	Good	8th
IT	75	Good	4.5
Clerk	64.63	Good	13th
Sanitary Aid	68.75	Good	9th
Lab Tech	79.75	Good	3.5
Laboratory Aid	65.75	Good	12th

Staff	73.5	Good	5th
Birthing Aid	72	Good	6th
LGU	84.5	Very Good	1st
COVID Swabbing Personnel	79.75	Good	3.5

Table 4 shows that the work designation of the frontliners does affect the quality of life with a computed P-value of 0.011 (Asymp. 2-sided) using the Chi-Square Statistics, thus rejecting the null hypothesis. It was found out that quality of life is dependent on the work position of the frontliners.

Results showed that working as an LGU officer or driver tends to lead to a higher quality of life than working as a barangay health worker, which leads to neither good nor poor quality of life. Although they were no mentioned studies that could supplement the findings wherein LGU officers and drivers have a higher quality of life or barangay health workers have a lower quality of life, the findings of the study agree with the results as mentioned above of the study by Tian et al. (2020) that revealed working as a nurse directly handling COVID-19 patients tends to increase the prevalence of depression, stress, and anxiety thus negatively influencing their quality of life to which the respondents of this study reported having lesser incidence of depression and anxiety thus not negatively affecting their quality of life. The findings of this study agree with the study of Liu et al. (2020) and An et al. (2020) that revealed working as a healthcare worker, specifically as a nurse, during the COVID-19 pandemic could have a negative influence and correlation to their well-being, especially their physical and mental health, consequently affecting their quality of life.

Table 5
Table showing the normality test result and degree of variance between the four main domains of quality of life

	Kolmogorov-Smirnova			Shapiro-Wilk			Result
	Statistic	df	Sig.	Statistic	df	Sig	
Quality of Life	.354	54	6.45114E-19	.735	54	.000	Skewed

a. Lilliefors. Significance Correction

	N	Mean	Std. Deviation	Minimum	Maximum
Physical Health	54	68.0926	9.36325	50.00	88.00
Psychological Health	54	69.4630	11.35152	38.00	88.00
Social Health	54	71.9444	13.84471	44.00	94.00
Environment	54	66.9815	10.74313	38.00	81.00

N	54
Chi-Square	11.661
df	3
Asymp. Sig.	.009
Result: SIGNIFICANT Decision: Ho Rejected	

Table 5 revealed the data gathered underwent a normality test using Lilliefors significance correction and was able to derive that the data was skewed or not normally distributed; hence, a nonparametric test, the Friedman test for ANOVA, was used. Based on the study results, the researchers were able to conclude that there was a significant degree of variance between the four domains of quality of life of the frontliners with a computed asymp. sig. of 0.009 (Asymp. 2-sided) using the Friedman Test. The results imply that the quality of life of the frontliners per domain does vary, thus rejecting the null hypothesis that there is no significant degree of variance among the four main domains of quality of life. Results showed a significant variance in the different domains of quality of life, with social health garnering the highest mean and environmental health garnering the lowest. Therefore, domains in the quality of life that significantly affect the quality of life of frontliners include social and environmental health.

III. CONCLUSION:

The results showed that the frontliners of the Talibon Municipal Health Unit have a good quality of life, with the respondents attaining a good quality of life in the physical, social, psychological, and environmental domains, thereby leading to the respondents having a good total quality of life.

The social domain garnered the highest score among the different domains. This can be attributed to the frontliners being satisfied and having good personal relationships and social support from friends. Other factors leading to the respondents' good quality of life in the different domains include mostly having enough energy for everyday life, being satisfied with themselves physically and mentally, having access to health information, services, and resources, being satisfied with the conditions of their living space, having lesser incidence of physical pain, stress, anxiety and depression and the respondents feeling safe in the work environment.

With regards to the profile of the respondents, the majority were from the age bracket 31-40, female, married, and were nurses. As to the relationship between profile and the respondents' quality of life, there was a significant degree of relationship between sex to the quality of life of the frontliners and work position and quality of life, with a p-value of 0.28 0.11, respectively. These findings were consistent and agreed with the conclusions from the aforementioned related studies and literature, which showed a significant relationship between quality of life and sex or work position. Thus, the study was able to determine that despite having a good quality of life, quality of life is dependent on the frontliners' sex and work position, with males, drivers, and LGU workers having a higher quality of life in contrast to females and barangay health workers which tend to have a lower quality of life. Lastly, the researchers were able to determine that there was a significant degree of variance among the four main domains of quality of life indicating that the quality of life of the respondents varies in the different domains. The results from the ANOVA using the Friedman Test indicated a computed asymp. sig. of 0.009, which denotes a significant degree of variance between the four domains of quality of life of the frontliners. All of the null hypotheses created in this study were rejected as to the results from the computed values.

During the research implementation, the researchers were able to notice that, despite conducting the study in a virtual setting, there are limitations that could have hampered and influenced the study's results, such as how there were limited options for contacting the respondents and how several respondents were difficult to contact, with some of them not having any internet access. Despite the limitations, the study easily identified the respondents' quality of life by using internet-accessible applications to share the questionnaire. With the data collected and analyzed, the study was able to draw conclusions that could be useful to government health officials in integrating a strategic intervention in addressing the improvement or maintenance of frontliners' quality during this pandemic and future pandemics to sustain their well-being in the event of another pandemic. This study has paved the way for greater awareness of quality of life in the Philippines. It also sheds light on the current health status of frontliners, which may prompt the development of methods to improve or maintain quality of life.

IV. RECOMMENDATIONS:

After a thorough analysis of the data, the following recommendations are at this moment made:

1. To the Talibon Municipal Health Unit:

The MHU should introduce a weekly exercise within the workplace during the frontliners' free time to conduct therapeutic exercises recommended by the researchers to reduce pain, improve physical flexibility in the workplace, and possibly boost their mood. To monitor and prevent the frontliners from feeling physical pain, the municipal health unit should conduct a workplace assessment and screen the frontliners' physical well-being to address pain factors. To maintain or improve psychological health, the researchers recommend creating support groups managed by counselors in the MHU, if there are any, or by the HR in the LGU to tackle stress, anxiety, and depression felt by the frontliners. Conduct green care program where the frontliners will engage in therapeutic activities in the environment such as coastal clean-ups or tree planting activities to improve their wellness by allowing them to participate in fulfilling activities outside work. The MHU shall also conduct regular screening and consultations on the frontliners', particularly the barangay health workers', well-being, particularly in the four domains of quality of life.

2. To the UB PT Department:

The students from the CPTOT can continue to conduct a research study regarding the quality of life that will assess the university staff as well as frontliners from Tagbilaran City and other neighboring towns, which may be used for further research and comparison and to expand the study of quality of life in the country.

3. To the Researchers:

As a way of giving back and carrying out the mantra of adding life to years, the researchers of this study shall visit one of the monthly general assemblies in Talibon Municipal Health Unit and discuss the gathered results. The researchers shall also introduce therapeutic exercises such as but not limited to chair dance, which will

serve as the base exercises to be followed and performed during the weekly exercise program to reduce pain, improve physical flexibility and possibly boost mood.

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