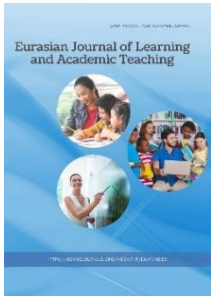

Impact Of Covid–19 To Faculty Members of Higher Education Institutions (Hei's) In Palawan

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ABSTRACT

The study focused on the impact of covid-19 to faculty members of Higher Education Institutions (HEI's) in Palawan.

The study employed descriptive forms of statistical tools such as frequency counts, percentages and weighted means.

Results showed that the faculty members are middle age, female, married, baccalaureate degree holders, worked for less than ten years with permanent/regular status of appointment, and received a monthly salary between 10,000 t0 49,999.

The study revealed that the respondents have high level of awareness when it comes to their cognitive, affective and behavioral about covid-19 pandemic. Respondents assessed themselves mentally, emotionally and behaviorally as in a good state of psychological well – being despite of covid – 19 pandemic.

Keywords: Covid 19, Awareness, Challenges, Coping Mechanisms

Introduction

Background of the study

Due to the rapid worldwide spread of the coronavirus (COVID-19), work organizations have had to adapt to public health measures regarding social distancing to reduce viral dissemination, forcing a massive shift towards teleworking. Guyot, K.; Sawhill, I. (2020). In this context, teleworking is a factor that has been a major challenge for some professionals, with a lack of control over working hours and increased psychosocial risks associated with stress and work overload

According to the World Health Organization, "In December 2019, a novel coronavirus was first detected in the city of Wuhan, China. Within five weeks, the virus, now named COVID-19, began to dominate global headlines. By mid-May 2020, COVID-19 had resulted in the deaths of more than 300,000 people worldwide, with nearly 4.5 million cases." Filipinos first heard the COVID-19 pandemic or the coronavirus in December 2019, which hadn't caused much alarm to the community tagging the disease as just another flu virus. Still, when the first case of the disease hit the Philippines, a 38-year old Chinese woman was the first confirmed to die with the virus, the government had taken early measures to prevent the virus from spreading; and then come early weeks of March when it was declared by the World Health Organization as a global pandemic, while new cases sprouted like bubbles within the local communities; it was then that the country had realized the stigmatic and dreadful threat of the virus. With the information, they released on October 20, 2020, and the tally of 360,775 confirmed cases reported in the Philippines, At the national level, the country remains in Stage 2, localized

community transmission with some geographic areas showing higher transmission intensity and indications of widespread community transmission.

The Department of Health (DOH) update as of February 9, 2021: 1,235 people newly confirmed positive with COVID-19 in the Philippines. Bringing the total confirmed cases to 540 227. Of the confirmed cases, 29,167 are active. Fifty-three additional people with COVID-19 have recovered, and the total recoveries are now at 499,764. Sixty-five people with COVID-19 have died, and the total related deaths are now 11,296.

Palawan being in an isolated topography, could not escape the inevitable; it has reported cases of the disease. According to (inquirer.net 2020), "there are 58 positive cases as of October while its capital city Puerto Princesa recorded 32 cases including one death and 28 recoveries." Sudden changes and strict rules paved the way to creating an Inter-agency task force to manage emerging infectious diseases in May. The MIMAROPA region was included under the Enhanced Community Quarantine (ECQ) imposed on Luzon.

The disruptions of the normal schedules and imposing limitations which had hampered people going out of the public places had been abruptly implemented with enhanced military and police visibilities, checkpoints and curfews, and the shortage of hygienic and personal protective wearable gears and equipment, which was then coined as the new normal. These problems, drastic safety measures, and the global news of hysteria and health-related fears distressed and shocked people worldwide. The effects of the virus had no doubt severely crippled the health and economic status of the country; the domino effect sends thousands of Filipinos trapped without a job, food resources, and adequate protective necessities against the virus, these reasons, therefore, brought fear, uncertainty, and scarcity of supplies and food.

The Commission on Higher Education (CHED) was not exempted from the unprecedented turmoil brought by the pandemic; Ginbert (2020) documented that "As of April 15, 2020, the Commission has released six (6) Advisories for the prevention, control, and mitigation of the spread of COVID-19 in Higher Education Institutions (HEI's) in the country. These Advisories were actively disseminated in the agency's official social media." These advisories were proactive measures to prevent, inform, direct, and aid the people of the tertiary department" (published April 30, 2020, by Erwin Colcol, GMA News).

The sudden alteration of schedules, programs, and activities, and the need to adapt to shift from the traditional classroom teachers' settings into being technologically equipped individuals, not including the budget that has to be allotted to the gadget specifications that have to be achieved to be able to utilize the online software to conduct classes.

The fact that people had been traumatized by fear and hysteria of seeing panic and death tolls delivered by the media, and to undergone community quarantine to prevent contracting the virus while being bombarded with much-needed training and webinars to digest in such a limited timeframe because this extraordinary time needs extraordinary measures has got to create a tolling impact to the psychological status of people inside CHED's institutions.

This severity to evolve amidst the uncertainty to deliver the services as public servants while above all, must be precautious about a deadly spreading virus will always have its ways to affect an individual's mental capacity. This study determined the Psychological Impact of the COVID – 19 on Higher Education Institutions (HEI's) in Palawan.

Mainly the researchers wanted to discover if the faculty or teaching personnel of

the Higher Education Institutions of the University in Palawan have been distressed, Stressed, developed anxiety, obsession, and fear from the stigma of the Covid-19 pandemic.

Objectives of the Study

This study generally determined the "Impact of COVID – 19 to Higher Education Institutions (HEI's) Faculty Members in Palawan" Specifically; it pursued to determine the following:

1.) Identify the profile of the respondents, in terms of:
   a. Age;
   b. Gender;
   c. Civil status;
   d. Educational Attainment;
   e. Name of Institution;
   f. Designation;
   g. Number of years working;
   h. Status of Employment;
   i. Salary.

2.) Assess the level of awareness of the respondents in terms of:
   a. Cognitive;
   b. Affective; and
   c. Behavioral.

3. Determine the challenges encountered by the respondents amidst pandemic in terms of the following psychological issues:
   a. Distress;
   b. Stress;
   c. Fear;
   d. Anxiety; and
   e. Obsession;
4. Determine the coping mechanisms in terms of the following psychological issues;
   a. Distress;
   b. Stress;
   c. Fear;and
   d. Anxiety

Methodology

Locale of the Study

The study was administered to all Faculty Members of Higher Education Institutions (HEI's) in Puerto Princesa City and Palawan.

There are 118 respondents from Palawan State University (PSU), 48 from Western Phillipines University (WPU), 26 from FullBright College (FBC), 16 came from San Francisco Javier College (SFJC), 2 from Holy Trinity University (HTU) and 1 from STI College.

Research Design

This study used a quantitative research approach and utilized descriptive methods. A survey questionnaire was administered through google forms.

Respondents of the Study

The respondents of the study are the faculty of Higher education institutions in Puerto Princesa City and Palawan at the time of COVID 19 Pandemic. It was composed of two hundred eleven (211) faculty members from Palawan State University (PSU), Western Philippines University (WPU), Holy Trinity University (HTU), Palawan Technological College Inc. (PTCI), Fulbright College, Seminario de San Jose, Palawan Polytechnic College Inc.(PPCI), and STI College.

Sampling Procedure

The researchers used a convenient sampling in data gathering administered through google forms. Convenient sampling defined as a non-probability sampling technique. The researchers got 20% of the total number of respondents from Higher Education Institutions (HEI's) in Palawan.

Instrumentation

The questionnaire was modified and adapted from the research instrument of different authors found in published journals. The researchers modified and made some improvements to fit in the study.

Data Collection Procedure

The survey questionnaire used the *google forms* to gathered the needed data. The

researchers personally collected the respondents' email address and messenger account through their university's ICT Department and social media account such as Facebook.

Data Analysis

The study used different descriptive forms of statistical tools such as frequency counts, percentages and weighted mean. Questionnaire prepared in the instrument in the Likert scale were analyzed and interpreted using weighted mean.

Results Of The Study

Profile of Higher Education Institution's Faculty Members

Table 1 presents the profile of the respondents in terms of age. The result shows that most of the respondents belong to the age bracket of 21 to 31, with a frequency of 101 (47.87%). The least number of faculty members belong to ages 54 to 64 (9.48%), with the mean age of 35.36. This implies that the age of the respondents are considered as youg generation which belongs to Millennials.

In terms of sex, most of the respondents are female, with a frequency of 141 (66.82%).

In terms of the civil status of faculty members mostly are married with a frequency of 106 (50.24%). The rest are single with a frequency of 100 (47.39%), and the most diminutive status are widows with a frequency of 5 (2.37%). Which means that most of the respondents are family oriented and could be more responsible.

The majority of the respondents are Baccalaureate degree holders with 110 frequency (52.13%). Some of them have Master's degree with a frequency of 84 (39.81%). And only 17 (8.06%) are doctorate holders.

Most of the responses are from Palawan State University, with a frequency of 118 (55.92%). 48 (22.75%) are from Western Philippines University. Respondents from Fulbright College are 26 (12.32%). Sixteen respondents from San Francisco Javier College (7.58%). 2 (0.95%) from Holy Trinity University, and 1 (0.47%) responded from STI College.

Regarding their years of working experience, 142 respondents are working less than ten years (67.30%). Thirty-nine of them are employed for 11 to 20 years (18.48%). Seventeen respondents are employed from 21 to 30 years (8.06%), and 13 respondents are employed greater than 31 (6.16%). The mean years in service are 9.25 (100%).

As to the employment status of the respondents, 105 (49.76%) are permanent, 16 (7.58%) are temporary, 75 (35.55%) are contractual/probationary, 7 (3.32%) are Full – time and 8 (3.79%) of them are Part-time/job order. The result suggests that most of the respondents have a security of tenure.

As to their salary, 17 (8.06%) was paid less than 10,000.00, 187 (88.63%) receives their salary from 10,000 – 49,999, 4 (1.90%) of them earned from 50,000 – 99,999 and 3 (1.42%) of them receives a salary greater than 100,000.00. The mean salary of the respondent is 24,591.02 (100%).

Table 1. Frequency Distribution on the Profile of the Respondents (N = 211)

Profile	Frequency	Percentage
Age		
54 – 64	20	9.48
43 – 53	27	12.80
32 – 42	63	29.86

21 – 31	101	47.87
Mean	**35.36**	**100.00**
Gender		
Male	70	33.18
Female	141	66.82
Civil Status		
Single	100	47.39
Married	106	50.24
Widow/widower	5	2.37
Educational Attainment		
Baccalaureate	110	52.13
Master's Degree	84	39.81
Doctorate	17	8.06
Name of Institution		
Palawan State University	118	55.92
Western Philippines University	48	22.75
Fullbright College	26	12.32
San Francisco Javier College	16	7.58
Holy Trinity University	2	0.95
STI College	1	0.47
Number of Years Working		
Greater or equal to 31	13	6.16
21 – 30	17	8.06
11 – 20	39	18.48
Less than 10	142	67.30

Mean	**9.25**	**100.00**
Status of Employment		
Permanent/regular	105	49.76
Temporary	16	7.58
Contractual/probationary	75	35.55
Full-time	7	3.32
Part-time/job order	8	3.79
Salary		
Greater than 100000	3	1.42
50000 – 99999	4	1.90
10000 – 49999	187	88.63
Less than 10000	17	8.06

Table 2 presents the respondents' level of awareness towards the pandemic in terms of cognitive, affective, and behavioral.

The **cognitive level** statement *I know that the main clinical symptoms of COVID-19 are fever, fatigue, dry cough, and body aches* got the highest rank with a mean of 4.85 followed by *Everyone can wear face masks to prevent the infection by the COVID-19 virus* with a mean of 4.73, both statements have a descriptive value **strongly aware**; this is followed by the statement *I believe that the COVID-19 virus is airborne* has a mean rank of 3.99 and described as **somewhat aware.** The least mean of 2.86 under cognitive level is the statement *Eating or touching animals would result in the infection by the COVID-19 virus* and have an adjectival value **neutral**. The general mean of the cognitive level is 4.26, with a **somewhat aware** description.

The result implies that the respondents are well informed and have high level of awareness towards Covid-19 pandemic. This further indicates that there are high levels of teaching staff members' perception of their skill, health, and ethical responsibilities to raise students' awareness about the COVID-19 pandemic, while the level of teaching staff members' perception of their cognitive responsibilities to raise students' awareness about the COVID-19 pandemic was average.

Further, the awareness on the **Affective level** has the highest mean of 4.83 from the statement, Isolation, *and treatment of people infected with the COVID-19 virus are effective ways to reduce the spread of the virus* and are described as **strongly aware**. The subsequent statements that both had the same mean of 4.82 also described as **strongly aware** are *to prevent the infection by COVID-19, individuals should avoid going to crowded places and avoid*

taking public transportations, and *People who have contact with someone infected with the COVID-19 virus should be immediately isolated in a proper position. In general, the isolation period is 14 days.* The least mean of 2.55 and 2.46, respectively, are the statements *Persons with COVID-19 cannot infect the virus to others if they do not have a fever,* and *it is not necessary for children and young adults to take measures to prevent the infection by the COVID-19 virus* with a descriptive value of **neutral**. The general mean average of the Affective level of awareness of the respondent in times of pandemic is 3.85, which described as **somewhat aware**.

This brings that the respondents had been properly informed in terms of affective awareness.

Therefore, the measures' implementation should be targeted and in terms of coverage and content-oriented to the identified vulnerable social groups.

When it comes to their behavioral, level of awareness were described as **strongly aware**, all the three statements with their respective means arranged in descending order: *During GCQ and MGCQ, I wear a face mask when leaving home* (4.90)*; During GCQ and MGCQ, I avoid going to crowded places* (4.86)*;* and *During GCQ and MGCQ, I practice proper hand hygiene by frequently washing my hands and/or using sanitizer/alcohol* (4.80) which also described as strongly aware. The respondents' general mean under behavioral awareness level regarding the pandemic is 4.86, that described as **intensely aware.**

This signifies that information towards the Pandemic is well disseminated in the community and make them act accordingly.

Table 2a. Level of Awareness of the Respondents in terms of cognitive, affective and behavioral

Statements	**Mean**	**Descriptive Interpretation**
Cognitive	**4.26**	**Somewhat aware**
I know that the main clinical symptoms of COVID-19 are fever, fatigue, dry cough, and body aches.	4.85	Strongly aware
There is no effective cure for COVID-19, but early symptomatic and supportive treatment can help most patients recover from the infection.	4.70	Strongly aware
Not all persons with COVID-2019 will develop to severe cases. Only those who are elderly and have chronic illnesses are more likely to be in extreme cases.	4.33	Somewhat aware
Eating or touching animals would result in infection by the COVID-19 virus.	2.86	Neutral
The COVID-19 virus spreads via the respiratory droplets of infected individuals.	4.58	Strongly aware
I believe that the COVID-19 virus is airborne.	3.99	Somewhat aware

Everyone can wear face masks to prevent the infection by the COVID-19 virus.	4.73	Strongly aware
I know that the COVID19 will be successfully controlled.	4.15	Somewhat aware
I confidently believe that the Philippines can win the battle against the COVID-19 virus.	4.17	Somewhat aware
Affective	**3.85**	**Somewhat aware**
Unlike the common cold, stuffy nose, runny nose, and sneezing are less common in persons infected with the COVID-19 virus.	4.20	Somewhat aware
Persons with COVID-19 cannot infect the virus to others if they do not have a fever.	2.55	Neutral
Children and young adults don't need to take measures to prevent the infection by the COVID-19 virus.	2.46	Neutral
To prevent the infection by COVID-19, individuals should avoid going to crowded places and avoid taking public transportations	4.82	Strongly aware
Isolation and treatment of people infected with the COVID-19 virus are effective ways to reduce the spread of the virus.	4.83	Strongly aware
People who have contact with someone infected with the COVID-19 virus should be immediately isolated in a proper place. In general, the isolation period is 14 days.	4.82	Strongly aware
The Philippine government is handling the COVID-19 health crisis very well.	3.27	Neutral
Behavioral	**4.86**	**Strongly aware**
During GCQ and MGCQ, I avoid going to crowded places.	4.80	Strongly aware
During GCQ and MGCQ, I wear a face mask when leaving home.	4.90	Strongly aware
During GCQ and MGCQ, I practice proper hand hygiene by frequently washing my hands and/or using sanitizer/alcohol.	4.86	Strongly aware

Legend:

4.51 – 5.00	*strongly aware*
3.51 – 4.50	*somewhat aware*
2.51 – 3.50	*neutral*
1.51 – 2.50	*somewhat unaware*
1.00 – 1.50	*strongly unaware*

Table 2b summary presents that the respondents level of awareness. In terms of affective with mean average of 3.85 followed by cognitive 4.26 and 4.86 for behavioral. This entails that the cognitive and affective level of awareness of the respondents belongs to somewhat aware and have a strong awareness in behavioral level.

Table 2b Summary on the Level of Awareness of the Respondents Towards the Pandemic

Level of Awareness	Mean	Descriptive Interpretation
Cognitive	4.26	Somewhat aware
Affective	3.85	Somewhat aware
Behavioral	4.86	Strongly aware

Table 3a presents the **challenges encountered** by respondents amidst pandemics in terms of **psychological issues** such as **distress, stress, fear, anxiety, and obsession.**

In the **Distress** level statement of the respondents about the pandemic, *I'm afraid to travel to places hard-hit by COVID-19* got the highest mean of 4.53 with ***strongly agree*** as adjectival value, followed by the statement *I think frequent use of air, train, bus, and other public transport would make it easier to be infected with COVID-19* with a mean of 4.07 and described as ***agree***. The statements with lower frequencies and had been ***disagreed*** by the respondents are *that I fear seeing the doctors and nurses who had worked in COVID-19 isolation wards with a mean of 3.10 described as uncertain*. *If I were infected with COVID-19, I might not recover from it* with a mean of 2.22. The mean average under distress level of challenges encountered by the respondents is 3.51, which is described as ***agree***.

This implies that they perceived that they concur of being distressed during the pandemic and as supported by the study of Aperribai L et al. (2020), teachers have experienced higher levels of distress due to the workload generated during the lockdown. To prevent health problems among teachers in similar situations, it would be essential to facilitate physical activity at home. Furthermore, teacher training in blended or online educational methods would be crucial for their favorable work development.

In terms of **stress**, *I have been confident that my ability to handle my pandemic-related problems is the statement with the highest mean of 3.97. I have felt affected as if something serious will happen unexpectedly with the pandemic* with the mean of 3.75; both described ***agree***. Both statements with lesser means described as ***uncertain*** are *that I have been upset those things related to the pandemic are out of my control with the mean of 3.30, and I have felt unable to cope with the things I have*

to do to control the possible infection the mean of 2.93. The respondents' general mean of stress level encountered as a challenge is 3.55 and can be described as **agree**.

This implies that the respondents perceived to encounter stress during the Covid-19 surge.

Both highest statements with an ***agree*** description under the **fear** level of the challenges encountered by the respondents are *I am afraid of losing my life because of Covid-19* with the mean of 3.71, and *I am most fearful of Covid-19* with a mean of 3.55. While the general mean in the fear level of challenges encountered by the respondents is 3.11, described as ***uncertain.***

The coronavirus (COVID-19) disease spread globally, generating intense **fear of infection and death** and enduring anxiety. At the same time, measures like lockdown, quarantine, and physical isolation can exaggerate feelings of loneliness due to disconnection from others, triggering intense anxiety and low self-esteem.

The statements under **anxiety level** of the respondents have the highest mean of 4.09, and both have an adjectival value ***agree*** are *I felt paralyzed or frozen when I thought about or was exposed to information about the coronavirus*. Trailed by the statement, *I had trouble falling or staying asleep because I was thinking about the coronavirus* with a 4.06 mean. The general mean of anxiety is 3.90, which can be interpreted as ***agree****.*

Results concludes that the respondents recognized to feel anxious during the time of the pandemic, these results corroborated what Pressley, T., Ha, C., & Learn, E. (2021) shared, the results found that most teachers saw no change or an increase in anxiety during the first month. Significant predictors of increased teacher anxiety included stress and communication, with virtual instruction teachers increasing anxiety. In comparison, the no change in anxiety group included significant predictors of stress, virtual instruction, and communication within the school.

In terms of **obsession**, all four statements *I dreamed about the coronavirus, I could not stop thinking about the coronavirus, I had disturbing thoughts that certain people I saw may have the coronavirus,* and *I had alarming views that I may have caught the coronavirus* were described as agree with the mean of 3.94, 3.78, 3.77 and 3.77 respectively; and a general mean of 3.84, which is described as ***agree.***

Table 3a Level of Challenges Encountered by the Respondents Amidst Pandemic

Distress	**3.51**	Agree
If I were infected with COVID-19, I might not be able to recover from it.	2.22	Disagree
When talking to a stranger, I would suspect that s/he might be infected with COVID-19.	3.69	Agree
I'm afraid to travel to places hard-hit by COVID-19.	4.53	Strongly agree
When I see an increase in the number of COVID-19 patients on the news, I feel anxious.	4.03	Agree
When I see someone sneeze, I suspect s/he might	3.31	Uncertain

be infected with COVID-19.		
I think frequent hospital visits would make it easier to be infected with COVID-19.	3.74	Agree
I fear seeing the doctors and nurses who had worked in COVID-19 isolation wards.	3.10	Uncertain
I think frequent use of air, train, bus, and other public transport would make it easier to be infected with COVID-19.	4.07	Agree
When I notice someone running a fever, I suspect s/he might be infected with COVID-19.	3.50	Uncertain
When I see someone vomiting, I suspect s/he might be infected with COVID-19.	3.15	Uncertain
I fear to live nearby a COVID-19 isolation hospital.	3.73	Agree
When I see someone coughing, I suspect s/he might be infected with COVID-19.	3.36	Uncertain
When I see someone without a mask, I suspect s/he might be infected with COVID-19	3.20	Uncertain
I suspect there was novel coronavirus in the air when there were people around.	3.55	Agree
Stress	**3.55**	Agree
I have felt affected as if something serious will happen unexpectedly with the pandemic.	3.75	Agree
I have felt that I cannot control the important things in my life due to the pandemic.	3.55	Agree
I have been nervous or stressed by the pandemic.	3.50	Uncertain
I have been confident about my ability to handle my pandemic-related problems.	3.97	Agree
I have felt that things are going well (optimistic) with the pandemic.	3.70	Agree
I have felt unable to cope with the things I have to do to control the possible infection.	2.93	Uncertain
I have felt that I can control the difficulties that could appear due to the infection.	3.73	Agree

I have felt that I have everything under control concerning the pandemic.	3.52	Agree
I have been upset those things related to the pandemic are out of my control.	3.30	Uncertain
Fear	**3.11**	Uncertain
I have felt that the difficulties accumulate in these days of the pandemic, and I feel unable to overcome them.	3.00	Uncertain
I am most afraid of Covid-19.	3.55	Agree
It makes me uncomfortable to think about Covid-19.	3.39	Uncertain
My hands become clammy when I think about Covid-19.	2.68	Uncertain
I am afraid of losing my life because of Covid-19.	3.71	Agree
When watching news and stories about Covid-19 on social media, I become nervous or anxious.	3.31	Uncertain
I cannot sleep because I'm worried about getting Covid-19.	2.51	Uncertain
My heart races or palpitates when I think about getting Covid-19.	2.70	Uncertain
Anxiety	**3.90**	Agree
I worry a lot about COVID-19.	3.16	Uncertain
I felt dizzy, lightheaded, or faint when I read or listened to news about the coronavirus.	4.05	Agree
I had trouble falling or staying asleep because I was thinking about the coronavirus.	4.06	Agree
I felt paralyzed or frozen when I thought about or was exposed to information about the coronavirus.	4.09	Agree
I lost interest in eating when I thought about or was exposed to information about the coronavirus.	4.02	Agree
I felt nauseous or had stomach problems when I	4.03	Agree

thought about or was exposed to information about the coronavirus.		
Obsession	**3.84**	Agree
I had disturbing thoughts that I may have caught the coronavirus.	3.77	Agree
I had disturbing thoughts that certain people I saw may have the coronavirus.	3.78	Agree
I could not stop thinking about the coronavirus.	3.86	Agree
I dreamed about the coronavirus.	3.94	Agree

Legend:

4.51 – 5.00	*strongly agree*
3.51 – 4.50	*agree*
2.51 – 3.50	*uncertain*
1.51 – 2.50	*disagree*
1.00 – 1.50	*strongly disagree*

Table 3b shows the summary on the level of challenges encountered by the respondents amidst pandemic. It reaveled that **Fear** described as *uncertain* followed by **distress, stress, obsession and anxiety** that described as *agree*.

Table 3b Summary on the Level of Challenges Encountered by the Respondents Amidst Pandemic

Distress	3.51	Agree
Stress	3.55	Agree
Fear	3.11	Uncertain
Anxiety	3.90	Agree
Obsession	3.84	Agree

Table 4a presents the **coping mechanism** of the respondents amidst pandemic in terms of different **psychological issues** such as **distress**.

I think positive things not related to COVID-19 are the respondents' statements with 100 percent response; all 211 responded that they cope with that statement. When talking to everyone, I always put my mask on the following highest coping mechanism statement and got a frequency of 193 (91.47%). On the opposite, *I keep myself isolated* is the second to the last coping statement of the respondents with a frequency of 69 (32.70%), and *I avoid watching the news related to COVID – 19* is the least of the coping statement of the respondents with the frequency of 32 (15.17%).

It implies that the respondents focus on the positive views and indoor activities rather than the threat of the virus. The findings of Fuller, H.R., & Huseth-Zosel, A.L. (2020). perceived coping level (on a scale from 1-10) was 7.9 (87%) of participants rating their coping positively. Primary themes that emerged included: 1) staying busy, 2) seeking social support, and 3) having a positive mindset. These emotion-focused coping strategies appeared adaptive in the early weeks of the pandemic for most older adults.

Table 4a. Frequency Distribution on the Coping Mechanism of the Respondents in Terms of Distress

Coping Mechanism	Frequency	Percentage
I think of positive things not related to COVID-19.	211	100.00
I have put my trust in Filipino health workers.	126	59.72
I avoid talking to people I don't know.	123	58.29
I always put my mask on when talking to everyone.	193	91.47
I avoid going outside whenever it's necessary.	171	81.04
I always keep the required distance.	181	85.78
I put on a positive mindset that the number of COVID – 19 positives will be controlled.	146	69.19
I avoid watching the news related to COVID – 19.	32	15.17
I avoid getting near the person under monitoring.	132	62.56
I walk away from the place with COVID – 19 positive and PUM.	135	63.98
I avoid going to hospitals and clinics.	133	63.03
I maintain proper distance when encountering health workers.	116	54.98
I avoid overthinking.	147	69.67
I avoid public transportation as possible.	141	66.82
I avoid public places as possible.	155	73.46
I always wear a face mask and face shield when on public transport.	170	80.57
I avoid getting near the person infected with COVID – 19 and on their direct contact	130	61.61

I keep myself isolated	69	32.70
I maintain proper distance when on public transport.	151	71.56

Multiple responses

Table 4b shows the **coping mechanism** of the respondents amidst pandemic in terms of ***stress***.

The statement *I always follow the safety health protocol to avoid being infected* has the highest frequency of 177 (83.89%). *I avoid overthinking* is the second to the highest statement with the frequency of 147 (69.67%). While the statement *I have sought help from the people around me in coping with the changes brought by the pandemic* with the frequency of 82 (38.86%) and the *I have tried to base my feelings and decisions toward the authority's advice* with a frequency of 78 (36.97%) both statements with lesser frequencies.

The results suggest that respondents were submissive to follow the health rules and protocols, and focused on not being affected by the virus. This was substantiated by Wijaya, H., Wahyudi, S.T., & Firmansyah, Y. (2021). The behavior of Following Health Protocols (Keeping Distance, Washing Hands and Wearing Masks) as a Form of State Defense in the Era of COVID-19.

Results of this study revealed that we need to adjust to new behaviors to be healthier, safer, and more compliant. We need to use all tools available to motivate citizens. The role of the community in breaking the chain of transmission of the disease COVID-19 (risk of contracting and transmission) must be carried out by implementing several health protocols.

Table 4b. Frequency Distribution on the Coping Mechanism of the Respondents in Terms of Stress

Coping Mechanism	**Frequency**	**Percentage**
I put on a positive mindset that the number of COVID – 19 positives will be controlled.	146	69.19
I put on a positive mindset that not to be so upset about the pandemic.	126	59.72
I have given myself the trust to handle the difficulties if I get infected with COVID – 19.	105	49.76
I put on a positive mindset that the pandemic would be over soon.	136	64.45
I avoid overthinking.	147	69.67
I have put trust that the authority is doing its best to prevent the spread of COVID-19.	114	54.03
I put trust in myself that I can control the things around me even if there's a pandemic.	104	49.29
I always follow the safety health protocol to avoid	177	83.89

being infected.		
I have learned to live with the new normal.	146	69.19
I have sought help from the people around me in coping with the changes brought by the pandemic.	82	38.86
I try to calm my feelings to understand what to do during times of pandemics.	124	58.77
I have faith in following the strict rules mandated by the government to handle my pandemic-related problems.	132	62.56
I have tried to base my feelings and decisions on the authority's advice.	78	36.97

Table 4c presents the leading **coping mechanism** statement in terms of **fear**. I boost my immune system by drinking vitamins and minerals. A proper diet is the coping mechanism statement with the highest frequency of 169 (80.09%). Next is, *I encourage myself to live and eat healthy foods to prevent having Covid-19 coping* statement with a frequency of 162 (76.78%). *I take some medication to help me get rid of the sick feeling and calm when hearing the pandemic* coping mechanism statement with a frequency of 70 (33.18%). The least practiced by the respondents is the statement with a frequency of 32 (15.17%) is that *I avoid watching the news related to COVID – 19*.

The results can illustrate that the respondents used supplements and a healthy lifestyle against the fear of the virus. Similar findings were attributed to the study of Mohammed, A., Shago, M.I., Suleiman, G., & Nasir, M. (2021). However, all these areas a result so far that the natural innate and the adaptive immune systems are finding it quite challenging to hastily invade the pathogens and defend the human body system against the Covid-19 in some patients. Meanwhile, ingesting food of great high value of supplements in the up shooting immune system as well as ensuring physical fitness and environmental hygiene are paramount to adherence in these trying moments and indeed all the time, as the world is looking forward to unveiling the veritable vaccine and outright therapeutics against the Corona virus.

Table 4c. Frequency Distribution on the Coping Mechanism of the Respondents in Terms of Fear

Coping Mechanism	**Frequency**	**Percentage**
I put on a positive mindset that the number of COVID – 19 positive will be controlled.	146	69.19
I avoid watching the news related to COVID – 19.	32	15.17
I avoid overthinking.	147	69.67

I make myself busy by doing other things.	114	54.03
I try to learn more about the virus for prevention.	140	66.35
I boost my immune system by drinking vitamins and minerals and a proper diet.	169	80.09
I take some medication to help me get rid of the sick feeling and calm when hearing the pandemic.	70	33.18
I encourage myself to live and eat healthy foods to prevent having Covid-19.	162	76.78
I avoid worrying about the virus by diverting into hobbies to help me sleep better.	107	50.71

Table 4d presents the **coping mechanism** in terms of **anxiety** with the statement *I encourage myself to live and eat healthy foods to prevent having Covid-19* that got highest frequency count of 162 (76.78%), followed by *I put on the positive mindset that the number of COVID – 19 positives will be controlled* with a 69.19 percentage and a 146 frequency. Contrastingly the statement *I avoid watching the news related to COVID – 19* has a frequency of 32 (15.17%). The statement that got the least frequency *I try not discussing Covid-19 whenever it's necessary* with 19 or a percentage of 9.00.

The result suggests that the respondents mostly cling to healthy living and think positively during the pandemic; the idea is supported by Özenoğlu, A. (2021); however, those with a positive attitude toward healthy eating were observed to have better weight control and eating habits and stress management during the pandemic.

Therefore, it is thought that the dissemination of healthy eating attitudes in society may contribute to maintaining physical and mental health in a pandemic.

Table 4d. Frequency Distribution on the Coping Mechanism of the Respondents in Terms of Anxiety

Coping Mechanism	**Frequency**	**Percentage**
I try not to discuss Covid-19 whenever it's necessary.	19	9.00
I encourage myself to live and eat healthy foods to prevent having Covid-19.	162	76.78
I avoid worrying about the virus by diverting into hobbies to help me sleep better.	107	50.71
I take some medication to help me get rid of the sick feeling and calm when hearing the pandemic.	70	33.18
I put on a positive mindset that the number of COVID – 19 positive will be controlled.	146	69.19

I avoid watching the news related to COVID – 19.	32	15.17

Table 4e shows the **coping mechanism** of the respondents amidst pandemic in terms of **obsession**; the statement *I always follow the safety health protocol to avoid being infected* with the frequency of 177 (83.89%). Next to that statement is *I encourage myself to live and eat healthy foods to prevent having Covid-19* with the frequency of 162 (76.78%), trailed by *I avoid worrying about the virus by diverting into hobbies to help me sleep better* statement got a frequency of 107 (50.71%). The lesser frequency statement is *I take some medication to help me get rid of the sick feeling and calm when hearing the pandemic* with a frequency of 70 (33.18%).

The respondents realized the importance of following health protocols, this is supported by the study of Nugroho, I. (2020), Online social capital will generate productivity in people's lives in adherence to health protocols such as handwashing, wearing face masks, and other protective measures. Furthermore, online social capital is expected to impact smoothing the infection curve and stopping the transmission of the virus. This article suggests four steps, including managing infodemic and literacy capacity, staying at home and protecting families from the spread of the virus, utilizing digital communication effectively, and preparing emergency response procedures for disaster management.

Table 4e. Frequency Distribution on the Coping Mechanism of the Respondents in Terms of Obsession

Coping Mechanism	**Frequency**	**Percentage**
I take some medication to help me get rid of the sick feeling and calm when hearing the pandemic.	70	33.18
I encourage myself to live and eat healthy foods to prevent having Covid-19.	162	76.78
I avoid worrying about the virus by diverting into hobbies to help me sleep better.	107	50.71
I always follow the safety health protocol to avoid being infected.	177	83.89
I put on a positive mindset that the pandemic would be over soon.	136	64.45
I avoid overthinking.	147	69.67
I avoid getting near the person infected with COVID – 19 and on their direct contact.	130	61.61
I avoid getting near the person under monitoring.	132	62.56
I put on a positive mindset that the number of COVID – 19 positives will be controlled.	146	69.19

I have put my trust in Filipino, the health workers.	126	59.72

Table 4f presented the **summary of most frequent coping mechanism** of the respondents amidst pandemic. *I encourage myself to live and eat healthy foods to prevent having Covid-19* is a statement responded by the respondents as part of their coping mechanism under that falls under **Anxiety**. Under coping mechanism of **Fear**, the *statement I boost my immune system by drinking vitamins and minerals and a proper diet* followed by **Stress** and **Obsession** with these statements *I always follow the safety health protocol to avoid being infected, I always follow the safety health protocol to avoid being infected.* Lastly, this statement in coping mechanism under **Distress**, *I think of positive things not related to COVID-19.*

Table 4f. Summary of Most Frequent Coping Mechanism of the Respondents

Coping Mechanism	Statement	Frequency	Percentage
Distress	I think of positive things not related to COVID-19.	211	100.00
Stress	I always follow the safety health protocol to avoid being infected.	177	83.89
Fear	I boost my immune system by drinking vitamins and minerals and a proper diet.	169	80.09
Anxiety	I encourage myself to live and eat healthy foods to prevent having Covid-19.	162	76.78
Obsession	I always follow the safety health protocol to avoid being infected.	177	83.89

Conclusions

1. The mean age of the faculty members is 35.36 years, female and married. The majority of the respondents are Baccalaureate degree holders. Most of the responses are from Palawan State University, have worked for less than ten years with permanent/regular status of appointment, and received a salary between 10,000 t0 49,999.

2. As to level of awareness in the pandemic in terms of cognitive and affective there is high level of awareness and that is described as somewhat aware. Also strongly aware for the level of behavioral.

3. In terms of challenges encountered by the respondents amidst pandemic, they agree that they are distressed, stressed, and uncertain in experiencing fear. They also agree on having anxiety and being obsessed with the COVID – 19 pandemic.

4. In the coping mechanism of the respondents amidst pandemic in terms of distress, all respondents cope with this statement "*I think of positive things not related*

to COVID-19". The least of their coping choice is the statement, "I avoid watching the news related to COVID-19.

Recommendations

For the department of Health

1. Provide programs and interventions to aid the mental health issues that the pandemic has brought about.

For the Commission on Higher Education

1. Continuously develop plans about the mental health welfare of their institution and stakeholders.
2. Create an outline of programs and activities that would be allowable to the new normal rules while providing the primal protection to be physically and mentally healthy.

For the Universities, Colleges, and other Tertiary Institutions

1. Conduct awareness programs on the factors affecting their mental health, including their colleagues or co-workers.
2. Develop coping mechanisms programs and indoor activities to ensure that their personnel is being checked to be in their optimal capabilities as public servants.

For the faculty, staff, administrators, personnel, and employees

1. Design awareness programs to analyze and evaluate their mental state and help them realize the unstoppable psychological impact of the Covid-19 pandemic.

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