



RESEARCH PAPER

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Kapwa (Shared identity): The case of being community health workers (CHWs) in Cagayan Province, Philippines

Jay Emmanuel L. Asuncion, Julius T. Capili, Jinky Marie T. Chua*, Pauline Grace P. Casil-Batang, Lara Melissa G. Luis, Dorina D. Sabatin, Krisha Anne A. Hipolito, Ethel Marie M. Mangada

Cagayan State University, Andrews Campus, Tuguegarao City, Cagayan Valley, Northern Philippines

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ABSTRACT

During the COVID-19 pandemic, Community Health Workers (CHWs) in Cagayan Province were at the forefront of health delivery, contact tracing, and prevention efforts. Despite their critical role, there is a paucity of studies exploring their first-hand experiences. This phenomenological study aims to fill that gap by delving into the lived experiences of CHWs in Cagayan Province during the pandemic. Five (5) Focus Group discussions were conducted in five municipalities with total of forty-six (46) purposively selected CHWs. Their narratives were analyzed using Moustakas' phenomenological approach. Five major themes emerged from the analysis: perception regarding health, facing the challenges, responding to the challenges, sympathy towards the community, and working for the community. The fundamental essence of their experiences is rooted in the concept of Kapwa, which represents their shared identity with the community. This sense of shared identity motivated them to transcend personal interests and engage in service, action, and altruism. The study findings aim to affirm, validate, and empower CHWs, recognizing their integral role in the success of the pandemic response in Cagayan Province.

*Corresponding author: Jinky Marie T. Chua ✉ jchua@csu.edu.ph

INTRODUCTION

On January 30, 2020, COVID-19 was declared a Public Health Emergency of International Concern by the World Health Organization, which later characterized it as a pandemic due to its widespread global impact. The virus severely affected over 190 countries, with more than two million reported cases worldwide. This crisis has tested the resilience, love, and care of people, especially health workers, across various cultures and social strata (Doherty, 2013).

The pandemic posed significant challenges to healthcare systems globally. Nations adopted proactive measures to combat and contain the virus. In the Philippines, the government enforced social distancing, enhanced community quarantine, and lockdowns. Amid rising COVID-19 cases and strict quarantine measures, the role of community health workers (CHWs) has become crucial. They emerged as frontliners, essential to health systems during this period.

CHWs play a vital role as trusted community members, often serving as the most accessible care providers for vulnerable groups. In response to the growing concern over the COVID-19 pandemic, the Philippine government mandated each barangay to organize a Barangay Health Emergency Response Team (BHERT) to manage COVID-19-related healthcare concerns. BHERT, led by an Executive Officer and including a Barangay Tanod and two Barangay Health Workers, actively promoted pandemic preparedness, conducted contact tracing, cared for detected cases, and contributed to surveillance systems (Behera *et al.*, 2020; Bhaumik *et al.*, 2020; Boyce and Katz, 2019).

Filipinos are culturally known for their relational nature, treating others as extensions of themselves. They put importance on other people. These traits differ from the individualistic orientation of Western countries (De Leon, n.d.). This communal value is significant among CHWs, contributing to the healthcare system's success during the pandemic. CHWs provide culturally appropriate information and

supplies, bringing public and primary care closer to the community. They enhance healthcare efficiency by offering preventive aid to combat virus spread (Boyce and Katz, 2019; Herman, 2011).

However, CHWs face structural and personal challenges, including fear of infection, mental and physical burnout, discrimination, and isolation (Chua *et al.*, 2023; De Los Santos and Labrague, 2021; International Federation of Red Cross and Red Crescent Societies, 2020; Lai *et al.*, 2020; Liu *et al.*, 2020). Structural issues include a lack of human resources, limited supplies of PPE during the early pandemic phase, and insufficient training (Ananda-Rajah *et al.*, 2020; Maraqa *et al.*, 2020; van der Goot *et al.*, 2021; Waring and Giles, 2021).

Given the ongoing battle with COVID-19 and potential future pandemics, there is a growing interest in CHWs and community health. Engaging communities to improve health and conducting community-based surveillance for infectious disease outbreaks are vital. However, there are scant studies on the first-hand experiences of CHWs during the pandemic, particularly in Cagayan Province (Chua *et al.*, 2023; Boyce and Katz, 2019).

MATERIALS AND METHODS

Research design

The study employed a descriptive qualitative design, explicitly using Husserl's descriptive phenomenology. Phenomenology emphasizes understanding different levels of social reality through people's lived experiences (Burns and Grove, 2005). By describing these experiences and reducing them to structures of consciousness, the social reality can be better understood (Welman *et al.*, 2015; Greene, 1997; Ramirez and Scalabrini Migration Center, 1987). The researchers applied *epoché*, or bracketing, to suspend judgment and biases (Creswell, 2013).

Research participants

The researchers used purposive sampling to select study participants. The total number of participants was determined by data saturation (Elmusharaf,

2012). Forty-six community health workers, including barangay health workers, midwives, municipal health officers, rural health unit nurses, and medical technologists, were selected. Of these, eighty-five percent were female, and fifteen percent were male. Forty-six percent were permanent employees, and fifty-four percent were non-permanent. Participants were chosen based on the following criteria: (a) must be a healthcare worker, (b) must be directly involved in providing preventive treatment or assistance during the COVID-19 pandemic, and (c) must be willing to narrate their experiences.

Prior informed consent forms were distributed and filled out by all participants to inform them of the study's purpose and ensure anonymity and confidentiality. The identified CHWs were reached through their respective agencies to solicit their voluntary participation. Follow-up in-depth interviews were also conducted for validation.

Research procedure

Ethics clearance was secured from the Region II Trauma and Medical Center, accredited by the Philippine Health Research Ethics Board. A project endorsement was requested from the Department of Health Center for Health Development Regional Office 2. Prior to data collection, protocol orientation and training workshops on qualitative methodologies, particularly FGDs, were conducted to train research assistants and data enumerators.

The researchers prepared a semi-structured interview guide to elicit responses about participants' lived experiences during the COVID-19 pandemic. The guide was checked for consistency, validity, and relevance by three experts. Two of the validators are academic professors—one specializing in health research and the other in social qualitative research—and one is a medical doctor specializing in infectious diseases. After approval and release of ethics clearance and endorsement, the researchers pilot tested the interview guide with CHWs from Ugac Sur, Tuguegarao City, Cagayan, a barangay with a high number of COVID-19 cases during the pilot test.

The researchers identified five municipalities with the highest COVID-19 cases in Cagayan for the study. Communication letters were sent to the Mayors and Municipal Health Officers of these municipalities. Upon receiving confirmation, informed consents were distributed to participants. The interviews were conducted in a conducive, disturbance-free setting, with participants using code names for anonymity. Interviews were recorded and transcribed, and participants were asked to validate the data for confirmability. Researchers ensured *epoche* to suspend biases and employed self-reflexivity. The transcribed responses underwent thematic analysis using Moustakas' phenomenological analysis framework. The themes and sub-themes were internally checked by members. After that, external auditors validated the themes that emerged from the phenomenological analysis.

For safety, researchers followed guidelines and policies recommended by the Inter-Agency Task Force, considering the rising COVID-19 cases in the province.

Data analysis

Data were analyzed using Moustakas' transcendental phenomenological analysis, which includes bracketing or *epoche*, textual description, structural description, and eidetic insight. Further, Ramirez's existential phenomenological analysis was also employed to emphasize eidetic insight depicted through creative synthesis (Ramirez and Scalabrini Migration Center, 1987).

RESULTS

Table 1 presents the composite structural themes gathered from the study participants to address the research questions.

Perceptions regarding health during COVID-19

The COVID-19 pandemic has heightened health consciousness among CHWs. They realized the importance of maintaining a healthy lifestyle, as one participant noted: "I became more health conscious because of COVID-19. I realized that health is a

treasure. So, I started eating healthy foods and exercising properly" Study participant 5 (SP5). Participants emphasized the need for self-care, including taking vitamins, frequent handwashing, and avoiding prolonged contact with others to prevent virus spread. One participant stated, "Since my health is important, I need to take care of it by always handwashing, keeping social distance, and boosting my immune system through daily vitamins" (SP6).

Facing the challenges

Unpreparedness: Participants expressed that they were unprepared for the pandemic, citing factors such as resource scarcity and lack of human resources. One participant mentioned, "In the beginning, we experienced a lack of manpower. We had staffing issues, especially when some of us tested positive, and there was no one to replace us" (SP1).

Psychological and personal consequences

Participants faced mental stress and depression due to fear of infection and spreading the virus to their families. A nurse remarked, "I felt that there is too much danger. I am scared. Aside from this, our workload doubled or tripled" (SPH3). The increased workload and the challenges of telemedicine contributed to their stress. One participant said, "It is so stressful to handle patients through telemedicine. It is hard to communicate and assess their medical needs. Moreover, our workload has tripled" (SPC2).

Difficulty in the new normal: The study participants concurred that COVID-19 changed they have problems adjusting to the new normal. Their routine in the workplace has changed. They experienced unforeseen changes in their lifestyles. They faced multiple immediate transitions in their working environment and practices. These changes were all sudden apart from initiating telemedicine, they have strictly implemented social distancing. These measures were undertaken to respond to people's medical needs and safety.

The study participants narrated that they conducted many outreach programs for the community like

vaccination and medical missions. At the onset of the pandemic, these were reduced. Since they need to go house-to-house to visit their clientele unlike before when the patients visit the health center. One participant shared, "Before the pandemic, we did many activities like vaccination and free medical check-ups in the barangay. Now, we need to visit homes to prevent virus transmission" (SPA3).

Although some rapid changes were necessary to address the health and social needs of the community during the pandemic, all the research respondents agreed that these modifications in how the healthcare system like social distancing, and limited contact created a high degree of anxiety. The change in their concept of space made the study participants admit that COVID-19 has changed everything. Hence, the risk of mental health problems among CHWs is one of the major concerns during this pandemic. Study participants during the interview reflected on some events that challenged their mental well-being. Some claimed they had not often talked about their feelings because their priority was doing their work. They explained that they had little time to rest, which had implications for physical and mental well-being.

Stigma and discrimination

One of the concerns of CHWs is about is social stigma and discrimination they receive from people. The study participants who experienced being stigmatized and discriminated against cited several instances when people did not like to interact with them. This experience has inflicted pain and frustration. Sometimes, they feel frustrated that their toil and labor are useless as some people do not care and believe in COVID-19. One participant revealed, "Most people in the community stay away from me since they know that I am a barangay health worker" (SPB5). She elaborated, "If there is a small gathering in the barangay, residents are terrified when I attend because they know that I am a health worker who can be a potential source of infection" (SPA5). Another stated, "I feel that at the moment that I arrived at our house, our neighbors started gossiping about me" (SPC6).

Table 1. Themes and sub-themes on community health workers' (CHWs) experiences and perceptions during the COVID-19 pandemic

Themes	Sub-themes	Illustrative quotes
Perceptions regarding health	-Increased health consciousness	"I became more health conscious because of COVID-19. I realized that health is a treasure." (SP5)
	-Importance of self-care	"I need to take care of it by always handwashing, keeping social distance." (SP6)
Facing the challenges	-Unpreparedness due to lack of resources	"In the beginning, we experienced a lack of manpower." (SP1)
	-Psychological and personal consequences	"I am scared. Aside from this, our workload doubled or tripled." (SPH3)
	-Difficulty adjusting to the "new normal"	"Our workload has tripled." (SPC2)
	-Reduced community outreach activities	
Stigma and discrimination	-Stigma and discrimination from the community	"Most people in the community stay away from me since they know I am a barangay health worker." (SPB5)
	-Non-compliance with health protocols	"They are very hardheaded and stubborn. They just do not listen." (SPE1)
Motivated by a higher cause	-Resilience amidst challenges	"I need to be strong inwardly to overcome the challenges." (SPE2)
	-Family support as a driving force	"My family is the reason why I can handle these challenges." (SPD1)
	-Commitment to work and service	"God is in control of everything." (SPA1)
	-Faith in God	
Sympathy towards the community	-CHWs' deep care and compassion for the community	"I feel their pain as my own when I see them sick." (Unnamed participant)
Working for the community	-Sense of duty and responsibility despite exhaustion	"I need to do my work even when I am tired." (SPG4)
	-Altruism and dedication to serving the community	
Exhaustive description of Kapwa	-Kapwa as the essence of CHWs' experiences and altruism during the pandemic	"Their altruism and selflessness are central to their role, as they embody the essence of kapwa in their work."

These experiences inflicted pain and discouragement among the CHWs. They also shared stories about conflicts due to the non-compliance of CHWs in adhering to the protocols. Some residents refused in not wearing facemasks and do not practice social distancing. Some of the CHWs stated: "It is heartbreaking that they will just ignore you. They are very hardheaded and stubborn. They just do not listen" (SPE1).

The study participants agree that the community's lack of discipline resulted in the escalating COVID-19 cases in the province. Their non-compliance to the health protocols is a major impediment to the COVID-19 response. This has also been another burden to them.

Motivated by a higher cause

Resilience: Despite challenges, participants remained resilient and focused on their duties.

They maintained a positive outlook and set aside public criticisms. They conditioned their minds to think that the struggles that they have is just part of their duty. They also learned to set aside every public criticism. The study participants maintained a positive outlook despite the difficulties they encountered. This helped them to be strong in mind, body, and spirit during the pandemic. To become resilient, they mustered their will not to give up whatever the situation is. One participant remarked, "I need to be strong inwardly to overcome the challenges as a CHW. I have to be focused, composed, and alert. I believe that I can deal with my stresses. I need to think positive all the time " (SPE2). Another said, "This is our calling. We took an oath to discharge our responsibility faithfully and excellently. Stress, exhaustion, and criticism are all part of our job-they are not new to us. People need us as much as we need them. That's just it" (SPH5).

Family support: Family support was a significant motivation for participants, helping them to continue working despite the risks. One participant said, "My family is the reason why I can handle these challenges. They are my driving force to keep working to provide for their needs" (SPD1).

Commitment to work

Participants' love for their work and commitment to serving the community drove them to persist. They believed in the importance of their services and were dedicated to fulfilling their roles. One participant stated, "I love my job as well as my barangay, and I promise to do my best" (SPE5).

Faith: Many participants found strength in their faith, believing that God was in control and trusting Him for protection. One participant expressed, "God is in control of everything, and I entrust myself to Him" (SPA1). The study participants were deeply convinced that they owe their lives to God. Since they are well and have good health, so they need to use it for others.

Sympathy towards the community

The presence and active engagement of CHWs in their communities were crucial for the success of the pandemic response. Their deep care and sacrifices made a significant difference. One participant mentioned, "I am old but still want to help people in my community. I feel their pain as my own when I see them sick."

Working for the community

CHWs' sense of duty and responsibility motivated them to act, care, and sacrifice for their community. Their altruism and dedication were vital to the pandemic response. One participant noted, "I need to do my work even when I am tired. I need to work" (SPG4).

Exhaustive description of fundamental essences and creative synthesis

The structural themes of CHWs' experiences are rooted in the essence of Kapwa (Fig. 1). Despite the

pandemic's challenges, CHWs faced them with resilience and dedication. Their existence and presence in the community are intertwined with their healthcare service. Their altruism and selflessness are central to their role, as they embody the essence of Kapwa in their work.

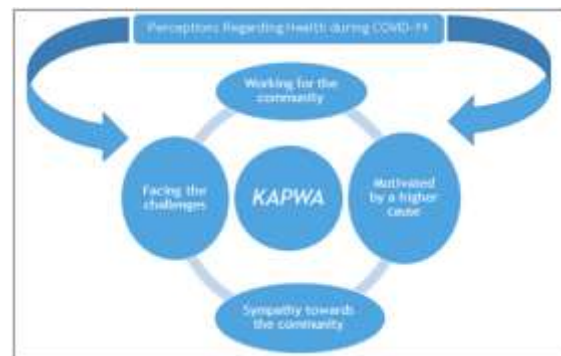


Fig. 1. Creative synthesis of community health workers' lived experiences showing the fundamental essence

DISCUSSION

The findings of the study revealed the significant roles of CHWs during the pandemic (Behera *et al.*, 2020; Bhaumik *et al.*, 2020; Boyce and Katz, 2019). CHWs faced challenges such as lack of preparedness, mental stress, physical burnout, and resource shortages (Luceño-Moreno *et al.*, 2020; Mitchinson *et al.*, 2020; Munawar and Choudhry, 2021). Fear of infection and its impact on their families was a major concern (De Los Santos and Labrague, 2021; International Federation of Red Cross and Red Crescent Societies, 2020). This fear could be a probable reason for them to leave their work, which is not consonant with the research findings. On the contrary, the study participants showed resiliency and high commitment to their duty as CHWs, which would be enough to stay despite their risk and fear. The new normal requires more human resources to do house-to-house visits and implement contact tracing and monitoring. Despite these challenges, CHWs remained resilient and committed to their duties.

Social consequences such as stigma, discrimination, and isolation further burdened CHWs (Munawar and

Choudhry, 2021; Capili *et al.*, 2022; Asuncion *et al.*, 2022). They were stigmatized and discriminated against in their community. In their homes, they often isolated themselves. The non-compliance of the public is an additional burden for them. However, they were motivated by their families, love for their work, and a sense of duty to the community. Their altruism and dedication reflect their commitment to serving others, transcending personal risks.

The motivation and sympathy of CHWs are directly linked to the fundamental essence of their lived experience-kapwa or their shared identity with the community. The Filipino cultural archetype of helping one another (*bayanihan*) and a deep sense of community was evident in their commitment and dedication. Their shared identity with the community drove them to go beyond themselves, working for the common good. They no longer view themselves as separate entities from their neighbors; instead, they see their neighbors as extensions of themselves. They embrace the suffering, pain, and vulnerability of those around them, which deepens their sense of empathy and connection to others. This dedication aligns with Heidegger's concept of *dasein*, where CHWs' existence is inherently linked to their patients and community.

CONCLUSION

CHWs in Cagayan Province experienced significant challenges during the COVID-19 pandemic, including lack of manpower, increased workload, psychological stress, fear of infection, stigma, discrimination, and difficulties adapting to the new normal. Despite these challenges, the participants demonstrated resilience, commitment, compassion, and dedication in serving their communities. Their lived experiences revealed that their motivation to continue working stemmed from family support, faith, professional commitment, and a deep sense of responsibility toward the people they served. The findings further showed that the fundamental essence of their experiences is rooted in the Filipino concept of *kapwa* or shared identity. CHWs viewed themselves as interconnected with the community, which inspired them to transcend

personal risks and hardships for the welfare of others. This sense of shared identity strengthened their altruism, empathy, and commitment during the pandemic response. To strengthen future pandemic preparedness and community health responses, local government units and health institutions should consider increasing plantilla positions and providing additional benefits, hazard pay, and health support for CHWs, particularly for non-permanent and senior citizen workers. Continuous psychological, emotional, and spiritual support programs should also be implemented to promote their well-being. Furthermore, adequate manpower, training opportunities, and sufficient supplies of protective equipment and medical resources should be ensured to reduce operational burdens. Strengthening public health education and information dissemination campaigns may also improve community compliance with health protocols, reduce stigma and discrimination toward CHWs, and enhance public appreciation of their essential role in healthcare delivery.

References

Ananda-Rajah M, Veness B, Berkovic D, Parker C, Kelly G, Ayton D. 2020. Hearing the voices of Australian healthcare workers during the COVID-19 pandemic. *BMJ Leader* **4(4)**, 213–216.

Asuncion JEL, Luis LMG, Capili JT, Luyun JL, Canapi JB, Rimban EL. 2022. Structure and Agency Influencing Community Health Care Workers During the COVID-19 Pandemic in Northern Philippines: A Phenomenological Analysis. *Acad J Interdiscip Stud* **11**.

Behera D, Praveen D, Behera M. 2020. Protecting Indian health workforce during the COVID-19 pandemic. *Journal of Family Medicine and Primary Care* **9(9)**, 4541.

Bhaumik S, Moola S, Tyagi J, Nambiar D. 2020. Community health workers for pandemic response: A rapid evidence synthesis. *BMJ Global Health* **5**, 1–20.

<https://doi.org/10.1136/bmjgh-2020-002769>

- Boyce M, Katz R.** 2019. Community Health Workers and Pandemic Preparedness: Current and Prospective Roles. *Front Public Health* **7**, 62.
- Burns N, Grove SK.** 2005. *The Practice of Nursing Research Conduct, Critique and Utilization*. 5th ed. Elsevier Saunders.
- Capili JT, Luis LMG, Asuncion JEL, Luyun JL, Canapi JB, Rimban EL.** 2022. Narratives of hospital health care professionals during the pandemic in the Northern Philippines: A phenomenological study. *Jambá: J Disaster Risk Stud* **14**, 8.
- Chua JMT, Daguiao MK, Capili JT.** 2023. Knowledge, Attitude, and Practices of Medical and Non-medical Frontliners in the 3rd District of Cagayan on Severe Acute Respiratory Syndrome *International Journal of Biosciences* **23(3)**, 11–23.
- Creswell JW.** 2013. *Qualitative inquiry and research design: Choosing among five approaches*. Los Angeles: Sage.
- De Leon V.** n.d. Filipino values and their significance to life and community. http://www.seasite.niu.edu/tagalog/essays_on_filipino_values.htm
- De Los Santos JAA, Labrague LJ.** 2021. Fear of COVID-19, psychological distress, work satisfaction and turnover intention among frontline nurses. *J Nurs Manag* **29(3)**, 395–403.
- Doherty PC.** 2013. *Pandemics*. Oxford University Press.
- Elmusharaf K.** 2012. *Qualitative Sampling Techniques*. Training Course in Reproductive Health Research. <https://www.gfmer.ch/SRH-Course-2012/research-methodology/Qualitative-sampling-techniques-Elmusharaf-2012.htm>
- Herman A.** 2011. Bringing primary care to the community. *World Health Forum* **32(2)**, 259–262.
- International Federation of Red Cross and Red Crescent Societies.** 2020. *Mental health and psychosocial support for staff, volunteers and communities in an outbreak of novel coronavirus*. Geneva: IFRC.
- Lai J, Ma S, Wang Y.** 2020. Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019. *JAMA Netw Open* **3(3)**, e203976.
- Liu Q, Luo D, Haase JE.** 2020. The experiences of health-care providers during the COVID-19 crisis in China: a qualitative study. *Lancet Glob Health* **8(6)**, e790–e798.
- Luceño-Moreno L, Talavera-Velasco B, García-Albuérne Y, Martín-García J.** 2020. Symptoms of Posttraumatic Stress, Anxiety, Depression, Levels of Resilience and Burnout in Spanish Health Personnel during the COVID-19 Pandemic. *International Journal of Environmental Research and Public Health* **17(15)**, 5514.
- Maraqa B, Nazzal Z, Zink T.** 2020. Palestinian Health Care Workers' Stress and Stressors During COVID-19 Pandemic: A Cross-Sectional Study. *Journal of Primary Care & Community Health* **11**, 2150132720955026. DOI:10.1177/2150132720955026.
- Mitchinson L, Andrews L, Dowrick A, Djellouli N.** 2020. Perceptions and experiences of healthcare workers during the COVID-19 pandemic in the UK. *BMJ Open* **10(11)**, e040503.
- Munawar K, Choudhry FR.** 2021. Exploring stress coping strategies of frontline emergency health workers dealing COVID-19 in Pakistan: A Qualitative Inquiry. *American Journal of Infection Control* **49(3)**, 286–292.

Ramirez MM, Scalabrini Migration Center. 1987. The socio-cultural presuppositions of Filipino outmigration. Scalabrini Migration Center.

Van Der Goot WE, Duvivier RJ, Van Yperen NW, de Carvalho-Filho MA. 2021. Psychological distress among frontline workers during the COVID-19 pandemic: A mixed-methods study. *PLoS One* **16(8)**, e0255510.
<https://doi.org/10.1371/journal.pone.0255510>

Waring S, Giles S. 2021. Rapid Evidence Assessment of Mental Health Outcomes of Pandemics for Health Care Workers: Implications for the Covid-19 Pandemic. *Front Public Health* **9**, 629236.

Welman JC, Kruger F, Mitchell B. 2015. Research methodology. Oxford University Press.
Greene JC. 1997. Qualitative Program Evaluation: Practice and Promise. In: Denzin NK, Lincoln YS (eds). *Handbook of Qualitative Research*. Sage, 530–544.