

RESEARCH PAPER

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Implementation and evaluation of limited face to face classes: basis for adoption of health and safety manual

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ABSTRACT

The research study determined the adoption of the university's health and safety manual in Dipolog City, Zamboanga del Norte, Philippines and the implementation and evaluation of limited face-to-face sessions. To gather information about the implementation and evaluation of the few face-to-face classes that formed the basis for the Health and Safety Manual, quantitative research and descriptive surveys were used. Purposive sampling was used to select a total of hundred (100) respondents from the respondent community. Frequency and percentage counting were the statistical techniques used to analyze the demographic profile of the respondents; weighted means were used to analyze the level of application of health and safety regulations during restricted face-to-face instruction. The findings showed that most respondents who answered the survey regarding the implementation of limited face-to-face classes in the University Dipolog City, Zamboanga Del Norte, were aged 18-21 years old, female, and first-year students. The results also showed that respondents strongly agreed with the risk of limited face-to-face classes and the opportunities of face-to-face courses. As a result, the implementation of few face-to-face classes was much implemented.

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INTRODUCTION

The quality of a person's life is significantly impacted by their education. Education improves knowledge, abilities, personality, and attitude. Most significantly, education affects people's chances of finding employment. An educated person has a higher chance of landing a respectable job. World Health Organization ([WHO], 2020) claims that the Corona virus Disease 2019 (COVID-19) pandemic has had a profound effect on civilization. Governments all around the world are now rethinking their educational systems and embracing the best delivery techniques for their kids as a result of this worldwide public health calamity. The nationwide closure of all educational institutions in the Philippines was one of the most important actions taken in an effort to prevent schools from serving as COVID-19 case clustering locations.

The epidemic also led the increasing use of alternative teaching strategies like distance learning. There are substantial issues with the teaching and learning process that have an impact on learners' adaptability and development even though this increased learning continuity and made the best use of remote learning modalities. The landscape of higher education has changed as a result of the 2019 corona virus disease pandemic (COVID-19).

Alternative instructional strategies, such as online, hybrid, and blended learning, are being examined as academic institutions around the world struggle with the global health challenge. Because they understand the importance of striking a balance between the psychological, social, emotional, and physical aspects of student lives, a lot of students, colleges, and universities around the world are worried about the pandemic.

Prior to the pandemic, college students were a nuisance, but the epidemic has undoubtedly shattered this terrible situation among students by bringing suffering, frustration, discomfort, anxiety, loss, and other unpleasant feelings and experiences.

The Inter-Agency Task Force team (2021), in charge of the nation's COVID-19 response, has reportedly authorized in-person instruction in regions with Alert Levels 1 to 3. A resolution affirming the Commission on Higher Education's proposal for a phased adoption of limited face-to-face classes under the government's alert system levels was also adopted by the Inter-Agency Task Force (IATF).

In especially after a physical separation, the reopening of the school for face-to-face encounters must be carefully planned in stages to ensure the safety of students, teachers, and school staff. Planning and implementing school health policies during this epidemic must be based on precise information provided by multiple entities. In order to assist schools in reopening and getting ready for a potential COVID 19 reappearance, the World Health Organization (WHO) has released a checklist. The checklist complements and adds to the current COVID-19-related guidelines. Worldwide Organization for Health [WHO], 2020).

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A teaching strategy called face-to-face learning involves teaching a class of students their course material and other learning materials in person. This makes it possible for teachers and students to communicate in real time. In-person instruction gives pupils rapid feedback and inspires them to study more successfully. Computer-based education is far too challenging. Interaction with instructors is

beneficial for the learning process. Face-to-face communication is ideal for solving academic challenges. In particular after a physical separation, the reopening of schools for face-to-face interactions must be carefully planned in stages to ensure the safety of students, educators, and school staff. To ensure student safety or at the very least reduce dangers, school health precautions for in-person instruction must be properly planned and implemented in compliance with national and international criteria. World Health Organization [WHO], (2020).

MATERIALS AND METHODS

Research design

The study employed a quantitative descriptive-survey design to evaluate the implementation of limited face-to-face classes and the adoption of health and safety measures at Jose Rizal Memorial State University–Dipolog Campus, Zamboanga del Norte, Philippines. The descriptive approach was considered appropriate because the study sought to document students' perceptions of the risks and opportunities associated with limited face-to-face instruction and their assessment of the extent to which health and safety measures were implemented on campus. Data were collected using a structured questionnaire administered to students participating in limited face-to-face classes.

The survey focused on three principal areas corresponding to the objectives of the study: perceived risks associated with limited face-to-face classes, perceived opportunities or benefits of face-to-face instruction, and the level of implementation of health and safety measures. The demographic characteristics of the respondents, including age, sex, year level, and college or department, were also collected to describe the study population.

Research setting

The study was conducted at Jose Rizal Memorial State University–Dipolog Campus in Dipolog City, Zamboanga del Norte, Philippines. At the time of the study, limited face-to-face classes were being

implemented under health and safety measures introduced in response to the COVID-19 pandemic. The university therefore provided an appropriate setting for examining students' experiences of returning to classroom-based instruction and their perceptions of the health and safety measures implemented during this period.

Study participants and sampling

The study involved 100 students enrolled in limited face-to-face classes at the university. Participants were drawn from five academic units: the College of Arts and Sciences (CAS), College of Education (CED), College of Criminal Justice Education (CCJE), College of Information Technology (CIT), and College of Business Administration (CBA). Twenty students were included from each college, resulting in equal representation of the five academic units and a total sample of 100 respondents.

Students participating in limited face-to-face classes constituted the population relevant to the objectives of the study because they had direct experience of the instructional arrangement and the health and safety measures being evaluated. Accordingly, eligible students were selected purposively from those attending limited face-to-face classes, while equal numbers were obtained from the five participating colleges. Purposive sampling is appropriate when participants are selected because they possess characteristics or experiences directly relevant to the research objectives (Andrade, 2021).

Research instrument

Data were collected using a researcher-developed structured questionnaire designed specifically for the study. The questionnaire was organized into four sections. The first section obtained information on respondents' demographic characteristics, particularly age, sex, year level, and college or department. The second section assessed students' perceptions of potential risks associated with limited face-to-face classes. The third examined the perceived opportunities and educational benefits of returning to face-to-face instruction, while the fourth assessed

students' perceptions of the extent to which health and safety measures were implemented on campus.

The items addressing risks and opportunities included issues directly associated with the transition to limited face-to-face instruction, such as possible disease transmission, academic performance, adjustment to the new learning environment, classroom interaction, understanding of course content, peer collaboration, concentration, confidence, and social interaction. The implementation component addressed observable health and safety practices, including mask use, physical distancing, controlled classroom entry and exit, temperature screening, health monitoring, hand sanitation, classroom seating arrangements, vaccination requirements, and documentation of vaccination or health insurance status.

Responses were recorded using a five-point Likert-type scale. For statements assessing perceptions of risks and opportunities, responses ranged from 1 (Strongly Disagree) to 5 (Strongly Agree). The corresponding weighted-mean intervals were 1.00–1.80 for Strongly Disagree, 1.81–2.60 for Disagree, 2.61–3.40 for Neither Agree nor Disagree, 3.41–4.20 for Agree, and 4.21–5.00 for Strongly Agree. For the health and safety implementation items, the resulting mean scores were interpreted according to the study's implementation descriptors.

Questionnaire review and pretesting

Before data collection, the researcher-developed questionnaire was submitted to knowledgeable reviewers for examination of the relevance, clarity, and appropriateness of its items. Their comments and recommendations were considered in revising the instrument before its administration. Expert review is an established procedure for strengthening the content validity of a newly developed questionnaire by determining whether individual items adequately represent the constructs being measured and are sufficiently clear to respondents (Artino *et al.*, 2014). Following expert review and revision, the questionnaire was pretested before its final administration. Pretesting and pilot testing are

important in survey research because they can identify unclear, redundant, or poorly functioning questions and help determine whether respondents understand the items as intended (Artino *et al.*, 2014; Hill *et al.*, 2024). Only the revised version of the questionnaire was subsequently used for data collection. Because the original study records do not report a numerical reliability coefficient or quantitative content-validity index, no such statistic is claimed in the present study.

Data collection procedure

Data collection commenced after the necessary institutional permission had been obtained. Permission to conduct the study was sought from the appropriate university authorities and the concerned academic units. Eligible students enrolled in limited face-to-face classes were then approached and informed about the purpose of the study and the nature of their participation.

The finalized questionnaire was administered to the selected respondents through available in-person and online modes. Respondents were asked to provide information about their demographic characteristics and to evaluate the risks and opportunities associated with limited face-to-face classes as well as the implementation of health and safety measures on campus. Completed responses were collected, checked for their suitability for analysis, organized, and subsequently subjected to descriptive statistical analysis.

Statistical analysis

Descriptive statistics were used to summarize and interpret the collected data. Frequencies and percentages were calculated to describe respondents according to age, sex, year level, and college or department. Percentage distributions were calculated as:

$$P = (f/N) \times 100$$

where P represents the percentage, f represents the frequency within a particular category, and N represents the total number of respondents.

Weighted means were calculated to summarize responses to the questionnaire items concerning the perceived risks and opportunities of limited face-to-face classes and the level of implementation of health and safety measures. The weighted mean was calculated as:

$$WM = \Sigma(wf)/N$$

where WM represents the weighted mean, w is the numerical weight assigned to a response category, f is the frequency of responses within that category, and N is the total number of responses.

For the perception items, mean values from 4.21 to 5.00 were interpreted as Strongly Agree, 3.41 to 4.20 as Agree, 2.61 to 3.40 as Neither Agree nor Disagree, 1.81 to 2.60 as Disagree, and 1.00 to 1.80 as Strongly Disagree. The same weighted-mean approach was used to summarize the implementation items, with interpretation based on the implementation descriptors adopted in the questionnaire.

Ethical considerations

Ethical principles relating to voluntary participation, confidentiality, and protection of respondents' identities were observed throughout the study. Before participation, respondents were informed of the purpose of the research and permission to collect their responses was obtained. Participation was voluntary, and identifying information was not disclosed in the presentation or reporting of the findings. Responses were treated confidentially and were used solely for the purposes of the study.

RESULTS AND DISCUSSION

Problem 1. What is the profile of the respondents?

The demographic characteristics of the respondents are presented in Tables 1–4. Of the 100 students who participated in the study, 64% were 18–21 years old, 28% were 22–24 years old, 5% were 25–27 years old, and only 3% were 28 years old or above (Table 1). Thus, almost two-thirds of the respondents belonged to the youngest age group represented in the survey. This distribution indicates that the findings largely

reflect the perceptions and experiences of younger university students who were participating in limited face-to-face classes.

Table 1. Respondents' profile in terms of age

Age bracket	Frequency	Percentage
18-21 years old	64	64%
22-24 years old	28	28%
25-27 years old	5	5%
28 above	3	3%
Total	100	100%

In terms of sex, female students constituted 66% of the respondents, while male students accounted for 34% (Table 2). The results should therefore be interpreted with recognition that female students were more strongly represented in the sample. The distribution itself, however, does not establish that female students were more interested in limited face-to-face classes, as suggested in the original discussion; it simply describes the composition of the respondents who participated in the study.

Table 2. Respondents' profile in terms of sex

Sex	Frequency	Percentage
F	66	66%
M	34	34%
Total	100	100%

The respondents represented all four year levels, although their distribution was relatively varied (Table 3). First-year students accounted for the largest proportion at 32%, closely followed by fourth-year students at 30% and second-year students at 28%. Third-year students represented the smallest group, accounting for 10% of the sample. The inclusion of students from different year levels provided perspectives from individuals at different stages of their university education. Nevertheless, the descriptive nature of the study does not allow differences in perceptions among year levels to be inferred unless these groups are analyzed separately.

With respect to academic affiliation, the sample was evenly distributed among the five participating colleges or departments (Table 4). The College of Arts and Sciences (CAS), College of Education (CED), College of Business Administration (CBA), College of

Criminal Justice Education (CCJE), and College of Information Technology (CIT) each contributed 20 respondents, representing 20% of the total sample. This equal allocation prevented any single participating college from dominating the overall responses and provided representation across the five academic units included in the study.

Table 3. Respondents profile in terms of year level

College level	Frequency	Percentage
1 st Year	32	32%
2 nd Year	28	28%
3 rd Year	10	10%
4 th year	30	30%
Total	100	100

Table 4. Respondents profile in terms of college department

College/ Department	Frequency	Percentage
CAS	20	20%
CED	20	20%
CBA	20	20%
CCJE	20	20%
CIT	20	20%
Total	100	100

Taken together, Tables 1–4 show that the respondents represented different age groups, sexes, year levels, and academic departments, although younger and female students constituted relatively larger proportions of the sample. These characteristics provide important context for interpreting the succeeding findings because the reported perceptions of risk, educational opportunities, and implementation of health and safety measures reflect the experiences of this particular group of students.

Problem 2. What are the risks of limited face to face classes?

Table 5 presents students' perceptions of the potential risks associated with limited face-to-face classes. The ten statements produced an overall weighted mean of 3.39, interpreted as Neither Agree nor Disagree. This finding suggests that respondents, as a group, did not express a clearly favorable or unfavorable position regarding the overall risks presented in the questionnaire. Rather than indicating that students perceived limited face-

to-face classes as either safe or unsafe, the result reflects a comparatively neutral or mixed assessment of the potential risks.

The highest mean was recorded for the statement that students' adjustment to the new learning system could affect their mental well-being and academic performance (3.60, Agree). This was followed by inadequate implementation of classroom safety protocols as a possible contributor to virus transmission (3.56, Agree), virus transmission as a potential contributor to depression among students (3.52, Agree), and the possibility of an increased COVID-19 positivity rate (3.50, Agree). Respondents also agreed that the suspension of normal face-to-face teaching activities could negatively affect students' competencies and academic performance (3.48) and that COVID-19 transmission could occur during class hours (3.44).

These responses indicate that students' concerns extended beyond the immediate possibility of infection. Academic adjustment and psychological well-being were also perceived as relevant aspects of the transition between disrupted learning arrangements and limited classroom instruction. This broader pattern is consistent with evidence from higher education during the COVID-19 period showing that changes in learning environments affected not only instructional delivery but also student interaction, engagement, communication, and educational experience.

At the same time, respondents were less decisive about several other proposed risks. They neither agreed nor disagreed that virus transmission was more rapid within the campus (3.32), that students might be unable to finish their studies because of virus transmission (3.35), or that limited face-to-face classes could result in transmission of illnesses characterized by fever, cough, and colds (3.22). The lowest mean was recorded for the statement that students could not understand their lessons during face-to-face classes (2.89, Neither Agree nor Disagree).

Table 5. The risk of limited face to face classes

Statements	Mean	Interpretation
1. Students cannot manage to understand their lessons during face to face class.	2.89	Neither Agree
2. Implementation of limited face-to-face classes could cause a transmission of fever, cough and colds.	3.22	Neither Agree
3. Within the campus, virus transmission is more rapid.	3.32	Neither Agree
4. There's a possibility of COVID transmission during class hours.	3.44	Agree
5. Due to the suspension of the normal face-to-face teaching activities, students' competency and academic performance deteriorated.	3.48	Agree
6. Positivity rate of Covid cases might be increased.	3.50	Agree
7. Adjustments of the students to the new system of learning in new normal could possibly affect their mentality and their academic performance.	3.60	Agree
8. Lack of implementations of safety protocols inside the classroom can cause virus transmission.	3.56	Agree
9. Students cannot finish their studies because of virus transmission	3.35	Neither Agree
10. Virus transmission can cause depression to the students.	3.52	Agree
11. Average weighted mean	3.39	Neither Agree

Table 6. The opportunities of limited face to face classes

Statements	MEAN	Interpretation
1. Enabling students to finish their coursework and advance to the next level with equip of knowledge.	4.15	Strongly Agree
2. Face-to-face learning motivates students to study more effectively and provides immediate feedback.	4.37	Strongly Agree
3. Students can understand the topic clearly.	4.27	Strongly Agree
4. Face to face learning of the students are much more effective on adapting information than modular learning.	4.39	Strongly Agree
5. Face to face classes enable the students to collaborate ideas with their peers.	4.31	Strongly Agree
6. Any obscure information discuss by the instructor enables the student to speak out and ask for additional information.	4.27	Strongly Agree
7. Brainstorming and sharing ideas with peers can enhance students learning such as group activities.	4.65	Strongly Agree
8. It helps the students to enhance and improve their socializing skills and gain confidence.	4.65	Strongly Agree
9. Students are more comfortable sitting in a classroom taking notes than sitting at a computer absorbing data.	4.32	Strongly Agree
10. Students can concentrate more on face-to-face learning because there'll be less distraction than if you were at home compare to modular learning.	4.35	Strongly Agree
Average weighted mean	4.37	Strongly Agree

The relatively low rating of difficulty understanding lessons is particularly noteworthy when considered alongside the findings on educational opportunities in Table 6. Students did not clearly perceive face-to-face instruction itself as an obstacle to understanding their lessons. Instead, their stronger concerns centered on health-related exposure, adjustment to changing learning arrangements, and the adequacy of preventive measures. This distinction is important because it suggests that students differentiated between the educational value of classroom instruction and the health risks associated with conducting it during the pandemic.

The overall mean of 3.39 should therefore not be interpreted as evidence that limited face-to-face classes

presented no health risk. It indicates only that respondents were collectively undecided about the set of risk statements included in the survey. Such caution is consistent with the conditions under which higher education institutions were gradually reopened in the Philippines. The Commission on Higher Education (CHED) and Department of Health (DOH) issued specific guidelines for the gradual reopening of higher education campuses, reflecting the need to balance continuity of education with measures intended to reduce COVID-19 transmission (CHED-DOH, 2021).

Problem 3. What are the opportunities of limited face to face classes?

In contrast to the more cautious assessment of risk, respondents expressed a consistently positive view of

the opportunities associated with limited face-to-face instruction (Table 6). The ten statements obtained an overall weighted mean of 4.37, interpreted as Strongly Agree. All individual items were also rated within the strongly agree category, indicating broad agreement that returning to classroom-based learning provided meaningful academic and social opportunities.

The highest-rated opportunities were brainstorming and sharing ideas with peers through group activities (4.65) and improving students' socialization skills and confidence (4.65). These results highlight the importance respondents placed on the interpersonal dimension of classroom learning. Face-to-face instruction was valued not simply as a means of receiving course content but also as an environment in which students could exchange ideas, participate in collaborative activities, interact with classmates, and develop confidence through direct social engagement.

This interpretation is supported by research conducted during the pandemic showing that interaction and communication were among the recurring challenges experienced by students in online learning environments. Systematic evidence from higher education has identified difficulties in student-to-student and student-to-teacher interaction during online instruction, although experiences and learning outcomes varied considerably across settings and instructional designs. Thus, the strong value placed by respondents on peer interaction and group activities is understandable in the context of prolonged reliance on remote and flexible learning.

Respondents also strongly agreed that face-to-face learning was more effective than modular learning for adapting to or assimilating information (4.39) and that it motivated students to study more effectively while providing immediate feedback (4.37). Similarly, students perceived fewer distractions during classroom learning than when studying at home through modular approaches (4.35). These findings indicate that respondents associated the physical classroom with greater instructional immediacy, concentration, and access to direct feedback.

Other educational and interpersonal benefits received similarly high ratings. Students strongly agreed that face-to-face classes allowed them to collaborate with their peers (4.31), understand topics more clearly (4.27), and ask instructors for clarification when information was unclear (4.27). They also strongly agreed that classroom learning could help them complete coursework and progress to the next academic level with the necessary knowledge (4.15).

These results should, however, be interpreted as students' perceptions rather than objective evidence that face-to-face learning is universally superior to online or modular learning. Comparative research does not demonstrate a uniform advantage for one instructional modality across all contexts. Reviews of university education have found considerable variation in learning outcomes between online and face-to-face instruction, with effectiveness depending on course design, learner characteristics, instructional strategies, interaction, and the quality of implementation. The present findings therefore indicate a strong preference for, and perceived benefit from, limited face-to-face instruction among the respondents rather than demonstrating its objective superiority.

Nevertheless, the pattern across all ten items is clear. While students expressed some uncertainty about the health risks associated with returning to campus, they strongly recognized the academic and social opportunities created by direct classroom interaction. The particularly high ratings for peer collaboration, socialization, and confidence suggest that the perceived value of returning to campus extended beyond academic content and included dimensions of university life that were difficult to reproduce fully through remote or modular learning.

Problem 4. What is the level of implementation of limited face-to-face classes?

Table 7 evaluates students' perceptions of the implementation of health and safety measures during limited face-to-face classes. The overall weighted mean

was 3.85, interpreted as Much Implemented, indicating that respondents generally perceived the prescribed health and safety practices as being implemented across the campus.

Among the individual measures, the wearing of face masks by students and instructors received the highest mean of 4.42 and was interpreted as Very Much Implemented. This indicates that mask use was the most consistently observed preventive practice among the measures assessed. During the COVID-19 period, mask use formed part of the broader package of preventive measures recommended for educational settings, alongside distancing, hand hygiene, ventilation,

environmental cleaning, and appropriate health monitoring.

The requirement for students participating in limited face-to-face classes to submit proof of vaccination and proof of PhilHealth registration or medical insurance covering COVID-19 received a mean of 4.19, while the requirement that students and faculty be vaccinated before entering school premises received a mean of 4.14. Physical distancing was also perceived as widely implemented, with a mean of 4.02. These comparatively high scores indicate that respondents were generally aware of institutional controls governing participation in limited face-to-face activities.

Table 7. The level of Implementation of limited face-to- face classes

Statements	Mean	Interpretation
1. Wearing face mask of students and instructors are strictly observed.	4.42	Very Much Implemented
2. Physical distancing is firmly adhered to.	4.02	Much Implemented
3. Classroom protocols ensuring a one exit and one entrance policy are implemented	3.86	Much Implemented
4. Every students and faculty will go through temperature check upon entering the campus.	3.80	Much Implemented
5. Every students are required to fill in and out form of health forms prior to entry	3.48	Much Implemented
6. Students will be dispersed one at a time in 5 minutes interval during dismissal time	3.36	Much Implemented
7. Every student will go through temperature check and hand sanitizing prior to leaving the centre.	3.54	Much Implemented
8. Setting arrangement inside classrooms are 1 meter distancing	3.71	Much Implemented
9. Every students and faculty are required to be vaccinated to enter school premises.	4.14	Much Implemented
10. Students participating in limited face-to-face classes must have submitted to the school proof of vaccination status and proof of registration with PhilHealth or medical insurance covering Covid- 19.	4.19	Much Implemented
Average weighted mean	3.85	Much Implemented

Operational measures within the campus were also rated as much implemented. The one-entrance and one-exit classroom policy obtained a mean of 3.86, followed by temperature checks upon campus entry (3.80) and one-meter classroom seating arrangements (3.71). Temperature checking and hand sanitizing before leaving the center received a mean of 3.54, while completion of health forms before entry received a mean of 3.48.

The lowest-rated measure concerned dispersing students one at a time at five-minute intervals during dismissal, which obtained a mean of 3.36. Although Table 7 classifies this practice as Much Implemented, its

comparatively lower mean suggests that respondents perceived it as less consistently practiced than the other measures. This variation is important because an overall implementation score can obscure differences in how consistently individual protocols are experienced by students. Thus, while the general level of implementation was favorable, some procedures appeared to be more firmly established than others.

The overall pattern is broadly consistent with the preventive framework recommended for educational settings during the pandemic. The World Health Organization emphasized a combination of measures rather than reliance on a single intervention,

including appropriate mask use, physical distancing of at least one meter, hand and respiratory hygiene, adequate ventilation, environmental cleaning, and procedures for identifying or managing potentially ill individuals (WHO, 2020). Similarly, the CHED-DOH guidelines provided the policy framework for the gradual reopening of Philippine higher education institutions and the conduct of limited face-to-face classes under defined health and safety conditions (CHED-DOH, 2021).

When Tables 5–7 are considered together, a more balanced picture emerges. Students were neither clearly in agreement nor disagreement regarding the overall risks of limited face-to-face classes (3.39), but they strongly recognized the opportunities provided by classroom instruction (4.37) and perceived health and safety measures as generally well implemented (3.85). The findings therefore suggest that students viewed the return to face-to-face instruction through two interconnected considerations: the educational and social value of being physically present on campus and the continuing need for health safeguards.

The particularly strong ratings for peer interaction, socialization, confidence, immediate feedback, and classroom concentration indicate that students valued aspects of learning that depend heavily on direct interaction. At the same time, their agreement with statements concerning possible transmission, inadequate safety practices, and adjustment-related difficulties shows that this enthusiasm did not eliminate awareness of pandemic-related concerns. The results therefore support an approach in which face-to-face educational opportunities are accompanied by consistent implementation and monitoring of appropriate health and safety measures.

Overall, the findings suggest that limited face-to-face instruction was positively received by the surveyed students, particularly because of its perceived academic and social benefits. The respondents also generally recognized that the university had implemented relevant health and safety measures. However, the neutral overall assessment of risk and

the variation in ratings across individual safety practices indicate that continued attention to consistent protocol implementation remained important. Within the context of this descriptive study, these findings provide empirical support for strengthening and maintaining a clearly communicated health and safety framework alongside face-to-face teaching activities.

CONCLUSION

The study revealed that students had mixed perceptions of the risks associated with limited face-to-face classes. Although respondents were generally neutral toward the overall risks, they expressed concerns regarding possible COVID-19 transmission, adjustment to changing learning conditions, academic performance, mental well-being, and the consistent implementation of classroom safety protocols. These findings indicate that students remained aware of potential health and academic challenges while participating in face-to-face instruction.

In contrast, respondents strongly recognized the academic and social opportunities provided by limited face-to-face classes. Direct classroom interaction was perceived to support better understanding of lessons, immediate feedback, peer collaboration, concentration, social interaction, and confidence. The findings therefore highlight the value students placed on direct engagement with instructors and peers as part of their learning experience.

Health and safety measures were generally perceived as much implemented across the campus, particularly mask wearing, vaccination-related requirements, physical distancing, and other preventive practices. However, variation in the ratings of individual measures suggests that some protocols were implemented more consistently than others.

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