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Commitment and Satisfaction Amid Crisis: Examining the Impact of COVID-19 on Community Health Workers in Sultan Kudarat

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Abstract

Aim: This study aimed to examine how the impact of COVID-19 pandemic influenced the job satisfaction and commitment of Community Health Workers (CHWs) in Sultan Kudarat. It specifically investigated the extent to which pandemic-related challenges—namely workload changes, psychological stress, health and safety concerns, and adaptation to new protocols—affected CHWs' satisfaction with their jobs and their levels of affective, continuance, and normative commitment.

Methodology: A quantitative descriptive-correlational research design was used. A total of 150 CHWs participated in the study, selected through purposive sampling. A structured and validated survey instrument was used to gather data. Descriptive statistics measured the levels of impact, satisfaction, and commitment, while Pearson-r correlation analysis tested the relationships between the pandemic's impact and both job satisfaction and commitment levels.

Results: The findings revealed that workload changes had a statistically significant negative correlation with all dimensions of job satisfaction, including work environment, compensation, professional growth, work-life balance, and recognition. However, other factors such as health and safety concerns, psychological stress, and adaptation to protocols did not show significant effects on satisfaction. Regarding commitment, most impact indicators had no significant relationship with CHWs' affective, continuance, or normative commitment, except for a significant positive correlation between adaptation to new protocols and continuance commitment.

Conclusion: The study concludes that CHWs remained committed to their roles despite the challenges of the COVID-19 crisis. However, their job satisfaction was noticeably affected by increased workload. These findings highlight the need for effective workload management, continuous training, and recognition to sustain the motivation and retention of CHWs during public health emergencies.

Keywords: community health workers, covid-19, commitment, job satisfaction, workload

INTRODUCTION

In rural communities with limited healthcare access, community health workers (CHWs) have long been the silent lifelines of public healthcare. When the COVID-19 pandemic struck, these workers—once viewed as mere health aides—found themselves thrust into the epicenter of a health emergency. Their responsibilities increased significantly during the pandemic, accompanied by heightened occupational risks, yet their contributions often remained unrecognized within formal health systems. Preliminary observations indicated substantial emotional and physical burdens associated with their expanded roles. This study was conceptualized to systematically investigate the impact of the COVID-19 pandemic on Community Health Workers (CHWs), focusing on how increased demands influenced their job satisfaction and organizational commitment.

Across the globe, community health workers became key players in the COVID-19 response. According to the World Health Organization (2020), CHWs were essential in contact tracing, risk communication, and supporting quarantine efforts. In countries like India and Brazil, CHWs enabled health systems to reach underserved areas, ensuring that essential services continued even under lockdowns (Haldane et al., 2021; Ballard et al., 2020). However, the pandemic also exposed systemic gaps in support for these workers—low pay, inadequate protection,

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and limited mental health assistance—leaving many overwhelmed (Salve et al., 2023). Despite their critical roles, global systems fell short in safeguarding the well-being and motivation of CHWs.

In the Philippines, the experience of CHWs mirrors this global trend. Barangay Health Emergency Response Teams (BHERTs), led in part by CHWs, became the frontline force in controlling local outbreaks. They monitored suspected cases, ensured compliance with health protocols, and promoted community vaccination efforts (Labrague & De Los Santos, 2020; Palafox et al., 2020). Yet, many received little in return—no hazard pay, limited psychological support, and inconsistent provision of personal protective equipment (Marston et al., 2020). In Sultan Kudarat alone, over 7,000 COVID-19 cases were recorded by early 2022 (Sarmiento, 2022), heavily burdening CHWs in Isulan, Esperanza, and Tacurong City. These areas became battlegrounds where grassroots health workers bore the brunt of public health responsibilities with minimal reinforcement.

Despite numerous studies on healthcare worker burnout and mental health, there remains a lack of integrated research examining the interplay between pandemic impact, job satisfaction, and organizational commitment, especially in rural and high-risk regions. Much of the current literature is fragmented—some exploring stress levels, others looking at professional dedication—but few have synthesized these elements to understand how they jointly affect service delivery and morale (Huang et al., 2020). Moreover, the voices of rural CHWs in provinces like Sultan Kudarat are often absent from national discussions. Their insights, however, could offer valuable guidance for future health system reforms.

The literature underscores several critical themes. The global outbreak of COVID-19 underscored the crucial role of Community Health Workers (CHWs) in responding to public health emergencies. In resource-limited settings, CHWs acted as the backbone of healthcare delivery by maintaining contact tracing, disseminating public health information, and extending essential services to underserved populations (Ballard et al., 2020; WHO, 2020). According to the World Health Organization (2020), CHWs serve as trusted liaisons between formal health systems and communities and are vital in supporting health interventions, especially during crises. However, despite this central role, CHWs are often burdened with inadequate support, minimal compensation, and limited access to protective equipment—factors that compromise their overall well-being and service efficiency (Salve et al., 2023).

WHO's 2021 State of the World's Health Workforce report emphasized the need to integrate CHWs into national pandemic preparedness and response frameworks. The report highlighted that CHWs experienced increased stress, longer work hours, and heightened exposure to COVID-19, while operating without the institutional protections extended to formal healthcare personnel (WHO, 2021). This lack of recognition, despite their frontline role, contributes to emotional exhaustion, decreased job satisfaction, and questions about organizational commitment.

Job satisfaction is influenced by multiple factors including compensation, work environment, recognition, and opportunities for growth, particularly in high-stress settings such as healthcare, where frontline workers are exposed to constant challenges (Lu et al., 2019). Also, job satis satisfaction is influenced by both hygiene factors such as salary and working conditions, and motivators like recognition and opportunities for growth. During the pandemic, however, CHWs in low- and middle-income countries often operated in environments where both sets of factors were compromised (Mistry et al., 2021). In the Philippines, CHWs were expected to shoulder additional responsibilities, including contact tracing and community health surveillance, while navigating stigma and resource scarcity (Labrague & De Los Santos, 2020).

From a psychological perspective, the Job Demands-Resources (JD-R) Model provides an insightful lens for understanding burnout and disengagement among CHWs. Increased job demands such as fear of infection, community pressure, and protocol changes—when met with limited support—can lead to decreased job satisfaction and weakened commitment (Bakker & Demerouti, 2007). On the other hand, access to supportive leadership, protective resources, and recognition can serve as job resources that buffer these negative effects and promote engagement.

Organizational commitment, framed by Meyer and Allen's (1991) Three-Component Model, reflects the emotional, moral, and economic reasons why workers stay in their roles. During the pandemic, CHWs demonstrated affective commitment by continuing their duties out of passion and identification with their roles; normative commitment due to their perceived moral obligation to serve their communities; and continuance commitment due to a lack of alternative employment or fear of financial instability. Yet, without proper support, these sources of commitment may weaken over time, leading to attrition or disengagement.

Empirical findings by Lotta et al. (2020) and Ndulue and Chukka (2024) reveal that CHWs' effectiveness and psychological well-being are strongly tied to their perceived value and treatment within health systems. Burnout, anxiety, and even PTSD symptoms among CHWs have been reported, further justifying the need for institutional

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interventions and policy reforms to safeguard their welfare.Despite growing attention to CHWs globally, gaps remain—especially in localized studies that integrate the triad of pandemic impact, job satisfaction, and commitment. While previous studies have independently explored these variables, few have examined their interrelationships in rural, high-risk areas like Sultan Kudarat. The Philippine Department of Health recognizes CHWs as integral to the success of localized COVID-19 strategies, yet there is still a lack of data-driven policies to guide long-term support mechanisms (Liwanag & Wyss 2021).

This study, therefore, fills an urgent gap by examining the extent to which COVID-19 affected CHWs in Sultan Kudarat—specifically in terms of job satisfaction and commitment—and how these experiences inform their resilience and retention. As community-based health interventions remain central to future pandemic responses, understanding these relationships is essential in shaping policies that support the well-being of grassroots healthcare providers.

This research becomes even more critical as the world reassesses its preparedness and response to public health crises like the COVID-19 pandemic. In Sultan Kudarat, community health workers (CHWs) operated under extreme and often overwhelming conditions—managing an increased volume of cases, addressing the fears and concerns of their communities, and continuously adjusting to rapidly changing health protocols. These circumstances not only tested their physical endurance but also deeply affected their motivation and emotional resilience. Understanding how these challenges influenced their job satisfaction and organizational commitment is essential in designing policies that protect and empower CHWs in future emergencies. Specifically, this study aims to determine the extent to which the COVID-19 pandemic impacted CHWs in terms of workload changes, psychological stress, health and safety concerns, and adaptation to new protocols; assess their level of job satisfaction in relation to work environment, remuneration and benefits, professional growth, work-life balance, and recognition and feedback; evaluate their commitment through the lenses of affective, continuance, and normative components; and examine the significant relationships among the pandemic's impact, job satisfaction, and commitment.

Objectives

This study examined the impact of the COVID-19 pandemic on the job satisfaction and organizational commitment of Community Health Workers (CHWs) in Sultan Kudarat.

Specifically, it sought to:

1. What is the extent of the impact of the COVID-19 pandemic on CHWs in terms of:
   - 1.1. Workload changes,
   - 1.2. Psychological stress,
   - 1.3. Health and safety concerns, and
   - 1.4. Adaptation to new protocols?
2. What is the level of job satisfaction of CHWs during the pandemic, particularly in relation to:
   - 2.1. Work environment,
   - 2.2. Remuneration and benefits,
   - 2.3. Opportunities for professional growth,
   - 2.4. Work-life balance, and
   - 2.5. Recognition and feedback?
3. What is the level of organizational commitment of CHWs during the COVID-19 pandemic, with focus on:
   - 3.1. Affective commitment,
   - 3.2. Continuance commitment, and
   - 3.3. Normative commitment?
4. Is there a significant relationship between the impact of the COVID-19 pandemic and the job satisfaction of Community Health Workers?
5. Is there a significant relationship between the impact of the COVID-19 pandemic and the organizational commitment of Community Health Workers?

Hypothesis

Given the stated research problem, the following hypotheses were tested on 0.05 level of significance:

Ha_1: There is a significant relationship between the impact of the COVID-19 pandemic and the job satisfaction of Community Health Workers.

Ha_2: There is a significant relationship between the impact of the COVID-19 pandemic and the level of organizational commitment of Community Health Workers.

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METHODS

Research Design

The study was conducted in the province of Sultan Kudarat, focusing on three selected municipalities: Isulan, Esperanza, and Tacurong City. These locations were purposively chosen due to their high incidence of COVID-19 cases and the strategic roles they play in the province's healthcare delivery. Each of these areas is equipped with rural health units and barangay health stations, which served as deployment sites for CHWs throughout the pandemic.

Population and Sampling

The respondents of this study were composed of active Community Health Workers (CHWs) who served during the height of the COVID-19 pandemic. A total of 150 participants were selected through purposive sampling, guided by specific inclusion criteria: they must have been actively involved in community health service between March 2020 and December 2022, and have had direct participation in pandemic-related activities. These responsibilities included conducting contact tracing, monitoring patients under observation, facilitating vaccination programs, and leading public health education and awareness campaigns within their respective communities.

Instrument

Data were collected using a structured survey questionnaire composed of three parts: (1) Impact of COVID-19, which included indicators on workload changes, psychological stress, health and safety concerns, and adaptation to new protocols; (2) Job Satisfaction, covering work environment, compensation and benefits, professional growth, work-life balance, and recognition and feedback; and (3) Organizational Commitment, measuring affective, continuance, and normative commitment based on Meyer and Allen's (1991) framework. The instrument was content-validated by three experts in public health and pilot-tested yielding a Cronbach's alpha of 0.89, indicating high reliability.

Data Collection

Permission to conduct the study was secured from the Local Government Units and the respective Municipal and City Health Offices. Informed consent was obtained from all participants. Questionnaires were administered personally and online, depending on the respondents' availability and connectivity. All ethical protocols were observed, including the confidentiality of responses and voluntary participation.

Treatment of Data

Descriptive statistics, specifically the mean and standard deviation, were utilized to determine the levels of COVID-19 impact, job satisfaction, and organizational commitment among Community Health Workers. To assess the presence and strength of associations between variables, the Pearson Product-Moment Correlation Coefficient (r) was employed. This test measured the relationship between (1) the impact of COVID-19 and job satisfaction, and (2) the impact of COVID-19 and organizational commitment. Data processing and statistical analysis were carried out using SPSS version 25.

Ethical Considerations

The researchers strictly followed established ethical principles to ensure the protection of participants' rights and well-being. Before distributing the questionnaires, they secured approval from the Municipal Health Offices of Isulan, Esperanza, and Tacurong City in Sultan Kudarat. Each participant was personally informed about the purpose of the study, their voluntary participation, and their right to withdraw at any time without penalty. The researchers also assured respondents that all information shared would be treated with strict confidentiality and used solely for academic purposes. Clear communication and transparency guided the entire data collection process to uphold the trust and dignity of all involved.

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RESULTS and DISCUSSION

Impact of COVID-19 on Community Health Workers

The COVID-19 pandemic deeply affected community health workers, reshaping their roles and placing them at the center of crisis response in barangays and local communities. Beyond medical duties, they managed public fear, increased workloads, and constant exposure risks. This section explores how the pandemic impacted them in terms of workload, stress, safety, and adapting to new protocols—highlighting their resilience and vital contributions during one of the most difficult times in public health history.

Table 1
Impact of the COVID-19 Pandemic to the Community Health Workers

	A. Workload Changes	**Mean**	**SD**	**Interpretation**
1	My workload has significantly increased since the onset of COVID-19.	4.67	.54	Very High
2	I have had to work longer hours due to COVID-19	4.55	.57	Very High
3	The complexity of my tasks has grown due to the pandemic.	4.51	.65	Very High
4	I have had to take on additional responsibilities because of COVID-19.	4.49	.75	Very High
5	The demand for health services in my municipality/City/barangay has increased significantly due to the pandemic.	4.13	1.13	Very High
	Section Mean	**4.47**	**.73**	**Very High**
	B. Psychological Stress	**Mean**	**SD**	**Interpretation**
1	I feel more stressed since the COVID-19 pandemic began.	4.64	0.51	Very High
2	I have experienced burnout due to the increased demands of my job.	4.45	0.68	Very High
3	I feel adequately supported by my workplace in managing stress.	4.03	0.79	High
4	The uncertainty of the pandemic has had a significant impact on my mental health.	4.17	0.62	High
5	I have access to mental health resources and support.	3.92	0.87	High
	Section Mean	**4.24**	**0.69**	**Very High**
	C. Health and Safety Concerns	**Mean**	**SD**	**Interpretation**
1	I am concerned about my exposure to COVID-19 in my role as a health worker.	4.59	0.62	Very High
2	I feel that adequate protective measures are not in place for my safety at work.	4.00	0.72	High
3	My access to personal protective equipment (PPE) is sufficient.	3.98	0.70	High
4	I am worried about transmitting COVID-19 to my family.	4.74	0.51	Very High
5	The health and safety protocols in place are clear and effective.	4.09	0.78	High
	Section Mean	**4.28**	**0.67**	**Very High**
	D. Adaptation to Protocols	**Mean**	**SD**	**Interpretation**
1	Adapting to new health protocols and procedures has been challenging.	4.13	0.79	High
2	I feel well-trained to implement new COVID-19 related health protocols.	3.63	1.05	High
3	Changes in protocols have made it difficult to perform my duties effectively.	3.67	0.95	High
4	I am confident in my ability to adapt to new health guidelines and protocols.	4.03	0.74	High
5	The frequency of changes in health protocols is manageable.	3.91	0.81	High
	Section Mean	**3.87**	**0.87**	**High**

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Community Health Workers (CHWs) stood as the invisible shield during the height of the COVID-19 pandemic, often operating behind the scenes but bearing the brunt of the crisis. Their work shifted dramatically, not only in volume but also in complexity. This study measured the extent of the pandemic's impact in four critical areas: workload changes, psychological stress, health and safety concerns, and adaptation to new protocols. The results offer a revealing glimpse into the layered burdens these frontline workers carried across Sultan Kudarat.

Workload Changes

CHWs reported a very high level of workload change, with a section mean of 4.47 (SD = 0.73). The highest mean score was on the item, "My workload has significantly increased since the onset of COVID-19" (M = 4.67, SD = 0.54), indicating that nearly all CHWs felt stretched beyond their usual responsibilities. This is consistent with Ballard et al. (2020), who found that the redistribution of healthcare tasks during the pandemic intensified the duties of CHWs, particularly in rural communities. Other high-scoring indicators such as longer work hours, added complexity, and greater responsibility were also affirmed by studies like those by Nepomnyashchiy et al. (2020) and Perry and Hodgins (2021), who highlighted that CHWs were tasked with responsibilities ranging from surveillance and contact tracing to community education.

These findings mirror global evidence of task-shifting, often without proportional increases in resources or support, thereby increasing the risk of exhaustion and burnout (Behera et al., 2020). Despite variations in pandemic severity across municipalities, the consistently high scores across all workload-related items suggest a province-wide strain on human resources.

Psychological Stress

The CHWs' psychological burden also rated very high (M = 4.24, SD = 0.69). Notably, "I feel more stressed since the COVID-19 pandemic began" received the highest individual score (M = 4.64, SD = 0.51), highlighting significant mental strain. This echoes findings from Braquehais et al. (2020), who emphasized the psychological cost of prolonged crisis exposure. Burnout levels were similarly high (M = 4.45, SD = 0.68), reinforcing that mental health risks extended beyond hospital settings and deeply affected community-based workers.

While some CHWs acknowledged workplace support and access to mental health services, those responses averaged slightly lower, suggesting that support mechanisms were insufficient or inconsistently available. This trend is reflected in research by Das et al. (2020) and Salve et al. (2023), who observed that psychological services for CHWs were often under-prioritized even though mental health was a pressing need.

Health and Safety Concerns

CHWs' concerns regarding health and safety were also high, with a section mean of 4.28 (SD = 0.67). The strongest concern was "I am worried about transmitting COVID-19 to my family" (M = 4.74, SD = 0.51), followed closely by fears of personal exposure (M = 4.59, SD = 0.62). This aligns with studies by Kisely et al. (2020), which emphasized the emotional toll of frontline work, particularly the fear of infecting loved ones.

Although some respondents noted that protective equipment was sufficient (M = 3.98, SD = 0.70), others felt that safety protocols were either unclear or insufficient, as echoed by WHO (2021) reports on PPE shortages and inconsistent safety practices globally.

Adaptation to Protocols

Lastly, CHWs rated their adaptation to evolving protocols as high (M = 3.87, SD = 0.87), indicating commendable flexibility despite ongoing changes. The item "Adapting to new health protocols and procedures has been challenging" (M = 4.13, SD = 0.79) received the highest score in this domain, illustrating how frequent shifts in guidelines created operational challenges. This finding reflects Haldane et al. (2021), who warned that poorly coordinated protocol changes hinder service delivery and undermine worker morale.

Training adequacy received the lowest mean score (M = 3.63, SD = 1.05), pointing to a need for more consistent and responsive capacity-building strategies. Studies by Bhaumik et al. (2020) and Behera et al. (2020) support this finding, emphasizing that CHWs were often expected to adopt new roles without formal orientation or continuous updates.

The findings of this study underscore the critical but often unacknowledged role of Community Health Workers (CHWs) during the COVID-19 pandemic. The very high levels of workload, psychological stress, and safety concerns reported by respondents reveal how CHWs operated in high-pressure, high-risk environments while often

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lacking adequate institutional support. Despite these challenges, they continued to fulfill their responsibilities, showing high levels of resilience and adaptability.

ile often lacking adequate institutional support. Despite these challenges, they continued to fulfill their responsibilities, showing high levels of resilience and adaptability.

These results highlight the urgent need for policy-level interventions that go beyond temporary crisis responses. CHWs should be formally recognized as essential healthcare providers, with adequate compensation, mental health support systems, ongoing training, and safety protections in place. The high levels of psychological stress and concern over exposure also suggest a need for structured mental health and wellness programs to safeguard their well-being in both emergency and non-emergency contexts.

In practical terms, these insights can help local government units and health institutions design better crisis preparedness plans that incorporate CHWs not only as implementers but as partners in health system resilience. The data also offers evidence for enhancing occupational health standards, emphasizing the inclusion of CHWs in health workforce planning and pandemic readiness frameworks.

The results of this study conclude that the COVID-19 pandemic had a very high impact on the daily responsibilities and emotional well-being of CHWs in Sultan Kudarat. CHWs experienced a dramatic increase in workload, heightened psychological stress, persistent health and safety concerns, and recurring challenges in adapting to evolving health protocols. Despite these adversities, they demonstrated commitment and flexibility in navigating their roles.

These findings validate the experiences of CHWs as frontline responders and call for institutional reforms to better support and sustain this vital workforce. Ensuring that CHWs are equipped, empowered, and protected is not just a lesson from the past—it is a critical investment in the future of public health systems.

Level of Job Satisfaction of Community Health Workers During the COVID-19 Pandemic

This section presents the CHWs' level of job satisfaction across five key areas: work environment, compensation and benefits, professional growth, work-life balance, and recognition. These indicators provide insight into their motivation, morale, and retention during the pandemic's height, addressing the second objective of the study.

Table 2
Level of Job Satisfaction of the Community Health Workers during the COVID-19 Pandemic

	A. Work Environment	**Mean**	**SD**	**Interpretation**
1	I feel safe in my work environment despite the COVID-19 pandemic.	3.29	1.20	High
2	My workplace provides adequate resources and equipment for me to perform my duties effectively.	3.99	.94	High
3	The physical conditions (e.g., space, ventilation) of my workplace are satisfactory.	3.74	1.01	High
4	My city/barangay takes sufficient measures to prevent COVID-19 transmission among staff.	3.80	1.21	High
5	The level of support I receive from my colleagues and superiors meets my needs.	3.70	1.15	High
	Section Mean	**3.70**	**1.15**	**High**
	B. Renumeration and Benefits	**Mean**	**SD**	**Interpretation**
1	I am satisfied with my salary and remuneration during the COVID-19 pandemic.	3.31	1.38	Moderate
2	The benefits (e.g., health insurance, hazard pay) I receive are adequate for the risks I face.	3.52	1.47	High
3	My organization offers sufficient financial incentives for working during the pandemic.	3.52	1.28	High
4	The compensation I receive is fair compared to the workload during COVID-19.	3.76	1.16	High
5	I am satisfied with the opportunities for financial bonuses or raises based on performance during the pandemic.	3.60	1.32	High
	Section Mean	**3.54**	**1.32**	**High**

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	C. Professional Growth.	Mean	SD	Interpretation
1	I have opportunities for professional development and training during the COVID-19 pandemic.	3.97	1.13	High
2	Working during the pandemic has contributed positively to my professional skills.	3.92	1.12	High
3	My organization supports my career advancement and growth.	3.81	1.22	High
4	I am able to utilize my skills and competencies fully in my role during the pandemic.	4.14	1.02	High
5	I receive constructive feedback that helps me grow professionally.	3.93	1.11	High
	Section Mean	**3.95**	**1.12**	**High**
	D. Work-Life Balance	**Mean**	**SD**	**Interpretation**
1	I am able to maintain a healthy balance between my work and personal life during the pandemic.	3.64	1.16	High
2	My work schedule allows me sufficient time for rest and relaxation.	3.09	1.13	Moderate
3	My job demands during COVID-19 do not negatively impact my family or personal time.	3.48	1.12	High
4	I feel my work-related stress is manageable and does not excessively affect my personal life.	3.64	1.16	High
5	My organization offers flexible work arrangements to accommodate personal or family needs during the pandemic.	3.28	1.29	Moderate
	Section Mean	**3.43**	**1.17**	**High**
	E. Recognition and Feedback	**Mean**	**SD**	**Interpretation**
1	I feel valued and appreciated for my contributions during the COVID-19 pandemic.	3.73	1.49	High
2	My achievements and hard work are recognized and rewarded by my organization.	3.65	1.39	High
3	I receive regular and constructive feedback on my performance.	3.70	1.31	High
4	There is a culture of recognition and appreciation within my workplace.	3.55	1.37	High
5	The feedback I receive helps me to improve and motivates me to perform better.	3/95	1.13	High
	Section Mean	**3.72**	**1.34**	**High**

As shown in table 2, Community Health Workers (CHWs) reported an overall high level of job satisfaction (Section Mean = 3.70, SD = 1.15) during the pandemic, with notable differences across specific areas. The analysis highlights how their perceptions were shaped by workplace conditions, compensation, opportunities for growth, personal well-being, and recognition.

Work Environment

CHWs expressed high satisfaction with their work environment, particularly with access to necessary equipment (M = 3.99, SD = 0.94). However, concerns lingered over safety (M = 3.29, SD = 1.20), suggesting that physical resources were more available than psychological reassurance. This duality reflects global findings that while logistical support was moderately prioritized during the pandemic, emotional security often lagged behind (Behera et al., 2020; Bhaumik et al., 2020). Support from peers and supervisors (M = 3.70) played a stabilizing role, consistent with Labrague and De Los Santos (2020), who underscored the value of interpersonal support in high-stress settings.

Remuneration and Benefits

With a section mean of 3.54 (SD = 1.32), CHWs indicated moderate satisfaction with their compensation. While many felt the hazard pay and workload-based incentives were fair (M = 3.76), overall satisfaction with salaries remained moderate (M = 3.31). This suggests a pragmatic acceptance of what was provided, but a lingering sense that their critical work was undervalued financially (Salve et al., 2023; Haldane et al., 2021). Studies have shown that fair and timely remuneration enhances not just satisfaction, but long-term motivation (Perry & Hodgins, 2021).

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Professional Growth

CHWs reported the highest satisfaction in this area (M = 3.95, SD = 1.12), notably feeling empowered to fully apply their skills (M = 4.14). This confirms earlier findings that high-pressure environments can foster professional resilience and development (Ballard et al., 2020). Still, the comparatively lower score on institutional support for career growth (M = 3.81) implies that while CHWs grew through experience, formal structures for long-term advancement were limited (Salve et al., 2023; Mayfield-Johnson et al., 2020).

Work-Life Balance

Work-life balance earned a section mean of 3.43 (SD = 1.17), indicating a high yet cautious level of satisfaction. Although CHWs managed stress well (M = 3.64), time for rest and flexibility was less favorable (M = 3.09; M = 3.28). This tension reflects a broader challenge among frontline workers during crises: balancing personal recovery with sustained service (Das et al., 2020; Braquehais et al., 2020). The findings point to the need for institutional mechanisms to prevent long-term burnout (Srinivasan et al., 2021).

Recognition and Feedback

Recognition and feedback also received high ratings (M = 3.72, SD = 1.34), with the most appreciated element being the quality of feedback provided (M = 3.95). This suggests that even in the absence of formal reward systems, meaningful feedback motivated CHWs to continue performing well (Labrague & De Los Santos, 2020). However, the relatively lower score on the organizational culture of recognition (M = 3.55) indicates an area for improvement—highlighting the importance of consistently celebrating frontline contributions (Ballard et al., 2020; Salve et al., 2023).

The findings suggest that CHWs in Sultan Kudarat were generally satisfied with their roles during the pandemic, particularly in areas where peer support, professional application, and recognition were present. However, gaps in perceived safety, equitable compensation, and formal career advancement still hindered optimal satisfaction. As frontline workers who played a critical role in pandemic response, CHWs deserve sustained investment—not just during crises, but as part of long-term community health strategies. Improving their working conditions, providing mental health support, institutionalizing fair remuneration, and cultivating a culture of recognition can significantly enhance their motivation and retention. These efforts will be vital not only for emergency preparedness but for building resilient local health systems in the years to come (Haldane et al., 2021; Perry & Hodgins, 2021).

Level of Commitment of Community Health Workers During the COVID-19 Pandemic

The COVID-19 pandemic tested not only the resilience of healthcare systems but also the resolve of its human resources—especially Community Health Workers (CHWs). This section explores the level of commitment exhibited by CHWs in Sultan Kudarat during the pandemic, examined through the lenses of affective, continuance, and normative commitment. The findings reflect not only professional obligations but also deep emotional and moral investments in their roles.

Table 3
Level of Commitment of the Community Health Workers during the COVID-19 Pandemic

	A. Affective Commitment.	**Mean**	**SD**	**Verbal Description**
1	I feel emotionally attached to my role as a Community Health Worker during the state of heal emergency.	4.22	.85	Very High
2	I am proud to be part of the healthcare team in my barangay serving during health crises.	4.31	.92	Very High
3	My job as a Community Health Worker is very fulfilling during health crises.	4.20	.79	Very High
4	I would choose to remain a Community Health Worker even if a comparable job were available elsewhere.	4.06	.82	High
5	I feel a strong sense of belonging to my healthcare team during difficult times.	4.26	1.09	Very High
	Section Mean	**4.21**	**.89**	**Very High**
	B. Continuance.	**Mean**	**SD**	**Verbal Description**

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1	I remain a Community Health Worker because of the time and effort I have invested in this career.	4.01	0.98	High
2	I feel that I have too much to lose if I were to leave my job now.	3.99	0.93	High
3	The thought of leaving my job has rarely crossed my mind because I am invested in my role during this heal crises.	3.88	1.17	High
4	Considering the current job market, staying as a Community Health Worker is a necessity for me.	4.05	0.84	High
5	I stay in my current job because of the benefits associated with it.	3.81	1.14	High
	Section Mean	3.95	1.01	High
	C. Normative.	**Mean**	**SD**	**Verbal Description**
1	I feel a moral obligation to continue working as a Community Health Worker during these difficult times.	4.14	0.84	High
2	I would feel guilty if I left my job right now at the midst of the pandemic.	4.09	0.86	High
3	I believe it is important to keep my commitment to the community during these challenging times.	4.22	0.77	Very High
4	My sense of duty towards my community motivates me to remain in my position during this challenging times.	4.26	0.84	Very High
5	Loyalty to my colleagues and the community during the challenging time is a key reason I stay in my job.	4.26	1.06	Very High
	Section Mean	**4.19**	**0.88**	**High**

The COVID-19 pandemic tested not only the resilience of healthcare systems but also the resolve of its human resources—especially Community Health Workers (CHWs). This section explores the level of commitment exhibited by CHWs in Sultan Kudarat during the pandemic, examined through the lenses of affective, continuance, and normative commitment. The findings reflect not only professional obligations but also deep emotional and moral investments in their roles.

Affective Commitment

The CHWs demonstrated a very high level of affective commitment (M = 4.21, SD = 0.89), suggesting a strong emotional connection to their roles. Many felt proud of their service (M = 4.31) and expressed a genuine sense of belonging within their healthcare teams (M = 4.26). These sentiments mirror global observations from Ballard et al. (2020) and Haldane et al. (2021), who emphasized that CHWs are often driven by a deep internal motivation to serve, especially during emergencies.

While still rated highly, the statement "I would choose to remain a CHW even if a comparable job were available elsewhere" (M = 4.06) points to external factors—such as career growth or compensation—that could influence long-term retention.

The results affirm that emotional attachment, pride, and fulfillment are key drivers of CHW performance during crises. Encouraging this form of commitment through recognition, support, and inclusion in decision-making can sustain CHW engagement over time (Muthuri et al., 2020; Perry & Hodgins, 2021).

Continuance Commitment

CHWs reported a high level of continuance commitment (M = 3.95, SD = 1.01), largely influenced by job stability, personal investment, and the realities of the local labor market. The highest-rated item, "Staying as a CHW is a necessity for me" (M = 4.05), underscores how limited employment alternatives during the pandemic anchored many in their current roles—consistent with findings by Das et al. (2020) and Salve et al. (2023).

This form of commitment reflects the "cost of leaving" mindset described by Meyer and Allen (1991), where employees stay not only out of passion but also due to practical constraints. Although helpful for workforce stability,

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overreliance on continuance factors can dampen intrinsic motivation if not balanced with affective and normative support (Mayfield-Johnson et al., 2020).

To nurture commitment beyond necessity, health systems must provide clear pathways for advancement, adequate compensation, and a healthy work environment—empowering CHWs to stay not because they must, but because they want to (Haldane et al., 2021).

Normative Commitment

Normative commitment was also rated high (M = 4.19, SD = 0.88), indicating that CHWs felt morally obligated to remain in service. The highest-rated responses highlighted loyalty to both the community (M = 4.26) and colleagues (M = 4.26), emphasizing shared responsibility during difficult times. This supports the literature on duty-based service motivation in community healthcare, particularly during crisis response (Ballard et al., 2020; Bhaumik et al., 2020).

The slightly lower score on "I would feel guilty if I left my job now" (M = 4.09) suggests that while CHWs recognize the moral weight of their responsibilities, their decision to stay isn't entirely rooted in guilt—it is also informed by commitment to the community's welfare and collaborative spirit.

These findings confirm that CHWs' moral values and sense of duty are vital to their continued service. Strengthening normative commitment requires leadership that models ethical behavior, promotes team cohesion, and continually affirms the societal value of CHWs (Perry & Hodgins, 2021).

The data clearly show that Community Health Workers in Sultan Kudarat maintained strong commitment across emotional, practical, and moral dimensions during the COVID-19 crisis. Their high affective commitment suggests deep pride and fulfillment in their roles. Continuance commitment was shaped by economic necessity and personal investment, while normative commitment reflected a shared sense of duty toward their community and colleagues.

These results highlight the need for a comprehensive support system that values CHWs not only as functionaries but as emotionally and morally engaged professionals. Enhancing affective and normative commitment—through recognition, training, ethical leadership, and career development—will be essential in sustaining their engagement, especially in times of crisis (Meyer & Allen, 1991; Haldane et al., 2021).

Correlation Between the Impact of COVID-19 and Job Satisfaction of CHWs

This section presents the results of the Pearson-r correlation analysis between the impact of COVID-19 and the job satisfaction of Community Health Workers (CHWs). It explores how specific pandemic-related challenges—such as workload, stress, safety, and protocol changes—relate to key aspects of job satisfaction, offering insights into how such factors shape CHWs' experiences and work conditions during health crises.

Table 4
Results of Pearson-r Correlation Analysis between the Impact of COVID-19 to Community Health Workers and Job Satisfaction.

Indicators	Work Environment	Remuneration & Benefits	Professional Growth	Work-Life Balance	Recognition and Feedback	Overall Job Satisfaction
Work Load Changes	-.329* (.002)	-.429* (.000)	-.251* (.020)	-.408* (.000)	-.288* (.007)	
Health and Safety Concerns	.194 (.073)	.208 (.055)	.092 (.400)	.032 (.772)	.158 (.147)	
Psychological Stress	.115 (.292)	.152 (.161)	.031 (.775)	.152 (.162)	.030 (.783)	
Adaptation to New protocols	-.149 (.172)	-.029 (.790)	-.192 (.077)	.007 (.949)	-.039 (.723)	
Overall Mean Impact of COVID-19						-.103 (.343)

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**Significant at the .05 level.*

The hypothesis stating that *"there is a significant relationship between the impact of COVID-19 on Community Health Workers' (CHWs) job satisfaction"* is partially accepted. The results of the Pearson-r correlation analysis revealed that among the COVID-19-related variables, Workload Changes exhibited the most substantial and statistically significant negative correlation with all five dimensions of job satisfaction. These dimensions included Work Environment (r = -0.329, p = .002), Remuneration and Benefits (r = -0.429, p = .000), Professional Growth (r = -0.251, p = .020), Work-Life Balance (r = -0.408, p = .000), and Recognition and Feedback (r = -0.288, p = .007). These findings confirm that the increased responsibilities, longer working hours, and intensified demands experienced by CHWs during the pandemic significantly contributed to a decline in their job satisfaction across multiple areas. This result is consistent with earlier research by Das et al. (2020) and Labrague and De Los Santos (2020), who emphasized that pandemic-induced workloads led to elevated stress, burnout, and dissatisfaction among frontline health workers.

In contrast, the other impact variables—Health and Safety Concerns, Psychological Stress, and Adaptation to New Protocols—did not demonstrate statistically significant relationships with job satisfaction. Although weak positive correlations were observed, such as between Health and Safety Concerns and Remuneration (r = 0.208, p = .055), these did not reach the required level of significance. This may suggest that the CHWs' satisfaction was not strongly influenced by these factors, potentially due to the presence of institutional support, established safety measures, or the CHWs' own personal resilience, as noted in the studies of Braquehais et al. (2020) and Srinivasan et al. (2021). Additionally, the overall correlation between the cumulative impact of COVID-19 and overall job satisfaction was weak and not statistically significant (r = -0.103, p = .343), indicating that while specific stressors such as workload had a measurable influence, the pandemic's total effect did not drastically reduce CHWs' general satisfaction.

Given these results, the hypothesis is accepted only in the context of Workload Changes and rejected for the other dimensions. This partial acceptance emphasizes that workload was the most critical factor affecting CHWs' satisfaction during the pandemic, while other challenges, although relevant, did not have statistically significant effects.

The implications of these findings are highly relevant for workforce planning in public health emergencies. First, managing CHWs' workload must be a top priority. Hiring additional personnel, assigning tasks more equitably, and incorporating rest periods can help prevent burnout and preserve satisfaction. Furthermore, providing both financial and non-financial incentives such as hazard pay, public recognition, and career development opportunities can reinforce motivation and morale, even under crisis conditions (Perry & Hodgins, 2021; Mayfield-Johnson et al., 2020).

Second, although variables such as health and safety concerns, stress, and protocol adaptation did not statistically impact job satisfaction, their long-term effects should not be underestimated. Institutions should continue investing in mental health support, transparent communication, and consistent training to build CHWs' confidence and preparedness. These supportive structures not only enhance job satisfaction but also contribute to a more resilient and committed workforce.

Finally, the study establishes that while CHWs in Sultan Kudarat remained generally satisfied with their roles during the COVID-19 pandemic, their satisfaction was significantly challenged by increased workload demands. The partial acceptance of the hypothesis confirms that among the various impact dimensions, workload is the most influential factor in shaping job satisfaction. Therefore, targeted strategies to manage workloads and support CHWs holistically are essential for maintaining their well-being and effectiveness—not only in emergencies but in the routine delivery of community health services.

Correlation Between the Impact of COVID-19 and CHWs' Commitment

This section presents the results of the Pearson-r correlation analysis between COVID-19-related challenges and the level of commitment of Community Health Workers (CHWs). It examines whether pandemic-related factors—such as workload, safety concerns, stress, and protocol changes—are significantly associated with affective, continuance, and normative commitment, providing insights into factors that influence CHW retention and engagement during public health crises.

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Table 5
Results of Pearson-r Correlation Analysis between the Impact of COVID-19 on the Level of Community Health Workers Level of Commitment.

Indicators	Affective Commitment	Continuance Commitment	Normative Commitment	Overall Job Satisfaction
Work Load Changes	-.143 (188)	-.001 (.990)	-.013 (.903)	
Health and Safety Concerns	.081 (.461)	.010 (.926)	-.015 (.888)	
Psychological Stress	-.042 (.701)	.101 (.926)	-.029 (.793)	
Adaptation to New protocols	.092 (.397)	.230* (.33)	.092 (.392)	
Overall Mean Impact of COVID-				.086 (.429)

**Significant at the .05 level.*

The hypothesis stating that "there is a significant relationship between the impact of COVID-19 and the level of commitment of Community Health Workers" is partially accepted based on the results of the Pearson-r correlation analysis. Among the dimensions of commitment analyzed—affective, continuance, and normative—most indicators of COVID-19 impact, including workload changes, psychological stress, and health and safety concerns, were not significantly correlated with any of the commitment dimensions. For instance, workload changes showed a weak and non-significant correlation with affective commitment ($r = -0.143$, $p = .188$), continuance commitment ($r = -0.001$, $p = .990$), and normative commitment ($r = -0.013$, $p = .903$). Similarly, both health and safety concerns and psychological stress yielded negligible and statistically non-significant associations across all three commitment domains.

These results suggest that CHWs' sense of emotional attachment, moral responsibility, and obligation to their roles remained stable and largely unaffected by the immediate pressures brought by the pandemic. This finding supports earlier studies such as those by Ballard et al. (2020) and Haldane et al. (2021), which highlighted CHWs' intrinsic motivation and enduring commitment even under crisis conditions.

A notable exception was found in the significant positive correlation between adaptation to new protocols and continuance commitment ($r = 0.230$, $p = .033$). This indicates that CHWs who were more flexible and better able to adjust to evolving COVID-19 protocols were more likely to stay in their roles, likely due to the investment of time, skills, and familiarity with their responsibilities. This aligns with the findings of Perry and Hodgins (2021), who emphasized that workers' adaptability and organizational familiarity during public health emergencies contribute to their decision to remain in service, particularly when job alternatives are scarce.

The overall correlation between the mean impact of COVID-19 and overall commitment was also not statistically significant ($r = 0.086$, $p = .429$), further supporting the partial acceptance of the hypothesis. While CHWs' general commitment remained firm across the board, only their ability to adapt to new protocols had a meaningful association with one dimension—continuance commitment.

The implication of these findings is twofold. First, they affirm the deep-seated resilience and professional dedication of CHWs in Sultan Kudarat, who sustained high levels of commitment despite the overwhelming challenges of the pandemic. Second, the significant role of adaptability in predicting continuance commitment highlights the need for ongoing training, responsive communication, and supportive mechanisms that prepare CHWs to adjust to rapid changes in policy or procedures. Institutional programs that foster this adaptability while recognizing CHWs' long-term service contributions can enhance retention and reinforce loyalty to the organization during and beyond public health emergencies.

In sum, while the broader impact of COVID-19 did not significantly influence CHWs' commitment, their capacity to adapt to new protocols emerged as a key factor in their decision to remain in service. The hypothesis is therefore accepted in part, confirming the relevance of adaptability to commitment, and reaffirming the importance of continuous capacity-building in strengthening the long-term engagement of CHWs.

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Conclusions

This study examined how the COVID-19 pandemic influenced the job satisfaction and commitment of Community Health Workers (CHWs) in Sultan Kudarat. The results showed that among the various challenges brought by the pandemic, workload changes had the most significant and consistent impact on job satisfaction. CHWs who experienced heavier workloads, longer working hours, and increased responsibilities reported feeling less satisfied with their work conditions, compensation, growth opportunities, work-life balance, and recognition. Despite these pressures, most CHWs showed strong commitment to their roles, driven by their emotional attachment to the community and a deep sense of responsibility.

`Interestingly, other pandemic-related stressors—such as health and safety concerns, psychological stress, and changes in protocols—did not significantly affect CHWs' levels of satisfaction or commitment. However, a significant positive correlation was found between CHWs' ability to adapt to new protocols and their continuance commitment, suggesting that those who adjusted better were more likely to stay in their positions because of the time, effort, and familiarity they had developed. The hypotheses tested in the study were therefore partially accepted: workload changes significantly influenced job satisfaction, while adaptation to protocols showed a meaningful link to commitment.

Given these findings, it is clear that CHWs remained resilient despite the extraordinary demands of the pandemic. However, their sustained effectiveness requires deliberate support from institutions and local government. It is recommended that workload among CHWs be managed more carefully by hiring additional staff and ensuring fair task distribution. Doing so will help reduce stress and prevent burnout. Moreover, CHWs must be recognized and rewarded—not only through financial incentives like hazard pay and bonuses, but also through public appreciation and professional growth opportunities. Providing timely and regular training is equally important, especially when health protocols frequently change. When CHWs are properly oriented and equipped, they feel more confident and capable in their roles.

Finally, this study highlights the vital role of Community Health Workers and the need to care for their welfare, especially during health emergencies. Their dedication, adaptability, and commitment serve as the backbone of primary healthcare. Strengthening their support systems is not just necessary—it is a responsibility shared by healthcare leaders, institutions, and communities. By valuing, supporting, and empowering CHWs, we ensure a stronger and more resilient health system for all.

Recommendations

While no significant link was found between psychological stress and commitment, the high stress levels reported by CHWs during the pandemic highlight the urgent need for mental health support. Counseling, peer support, and flexible work arrangements should be made readily available, especially during emergencies.

To address the key driver of dissatisfaction—increased workload—local health units must consider hiring additional CHWs, redistributing tasks fairly, and ensuring manageable workloads to prevent burnout.

CHWs should be recognized and rewarded, not only through financial incentives like hazard pay but also through public recognition and inclusion in decision-making. These efforts can boost their motivation and sense of purpose.

Ongoing training and career development are also essential to help CHWs adapt to changing protocols and feel supported in their roles, turning obligation into empowered service.

Lastly, future research should examine the long-term effects of crisis work on CHWs' well-being and performance. Comparing findings across regions will help identify best practices and strengthen support systems for this vital workforce.

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