

The Now Normal

The World Health Organization (WHO) declared COVID-19 as a public health emergency of international concern (PHEIC) on January 30, 2020 and soon thereafter with 118,000 cases in 114 countries and 4,291 deaths, declared it as a pandemic on March 11, 2020.^{1,2} In the Philippines, lockdown was declared by then President Rodrigo Duterte on March 15, 2020.³ It was for an initial one-month period but extended for progressively longer durations afterwards. Adding to the confusion were the various levels of lockdown soon promulgated, subject to the number of COVID-19 cases in the neighborhood. As to be expected, this kept fluctuating over time and disrupted the way people were able to go to work and do their day-to-day activities outside of their homes. More stress was added because of the lack of meaningful information on COVID-19, sowing anxiety and fear among the populace.⁴⁻⁶

One of the more visible effects of the pandemic lockdown was the change in allowed modes of public transportation.⁷ This was most difficult for people in the Philippines who got sick of COVID-19 themselves and health workers who had to continue taking care of the rapidly rising COVID-19 cases.^{8,9} For those who could choose to continue working from home, they had to quickly familiarize themselves with the digital platforms, skills needed to work with gadgets and devices, as well as the need for internet services. Although initially thought to offer more work flexibility, time saved from taking public transportation and traffic congestion, and being in a more convenient working environment, working from home was soon seen to cause its own mental health issues.¹⁰⁻¹³ With this information, it has increasingly become necessary to constantly evaluate working from home arrangements and configure it more specifically to the needs of the worker and/or the job role.¹⁴⁻¹⁷

In this context, we bring attention to an article from Indonesia published in this issue of the journal by Wibowo and colleagues.¹⁸ Although there have been numerous articles published on the effects of the COVID-19 pandemic on students and health workers, including in this Journal, it would be useful to also look at other sectors who may have been affected as well.¹⁹⁻²⁴ On top of the concerns on personal safety and challenges with public transportation shared by most students and health workers, non-health workers are also concerned about their job and food security.^{25,26}

The paper by Wibobo et al., first published as an Early Access article in the Journal a year ago, involved technical and field workers (construction, manufacturing, mining, oil, and gas industries) who did not have the same option to work from home.¹⁸ These workers were already being exposed to significant workplace hazards even prior to the pandemic.²⁷⁻³⁰ For its part, the study looked into psychological (feeling of safety and work pressure) and organizational (management commitment) factors as determinants of job satisfaction. Questionnaires were handed out during the ongoing COVID-19 pandemic.

The authors reported that workers' feelings of safety and work pressures were significant determinants of employee job satisfaction; but management commitment was not. As the authors discussed, this was contrary to most organizational strategic goals. To be effective, Management should be seen as sincerely concerned about the safety of their employees. Whether this was because Management lacked adequate information on COVID-19 to help deal with it in the workplace setting or there was truly a perceived lack of Management concern for worker safety even before the pandemic was less clear. A similar job satisfaction survey PRIOR to the pandemic for baseline comparison would have been helpful to understand this better. With the available data, it is difficult to definitively attribute the findings in the study to the COVID-19 pandemic.



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The WHO declared on May 5, 2023 the end to COVID-19 as a public health emergency.³¹ The cumulative cases worldwide up to that time stood at 765,222,932 with nearly 7 million deaths. This does not mean however that we go back to the way we were before the pandemic. Our experiences during the COVID-19 pandemic have given us new insights and we could adapt many of the ways we have changed our practices to how we do them now.

Whether it is for the remote or hybrid worker or those who would still need to be present in their worksite, it is possible to adopt many of these measures. For the remote worker, individualizing options and not imposing a “one-size-fits all” policy could help lessen the challenges.^{32,33} A hybrid model using varying combinations of remote/online approaches with face-to-face interactions should be looked at. Even for those workers who had traditionally been considered as having to be physically present, new technologies (robots, robotics, telemetry, drones, etc.) can be adapted to lessen the exposure to onsite safety hazards.³⁴⁻³⁸

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