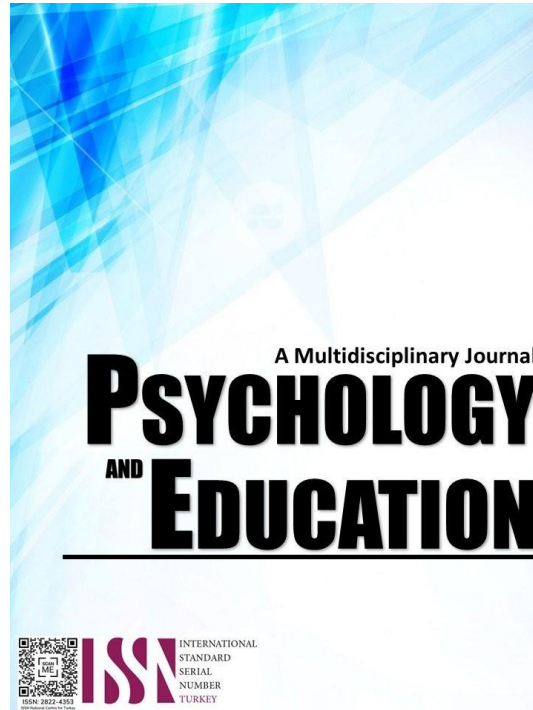


**EMBRACING SELF-COMPASSION: AN INTERPRETATIVE
PHENOMENOLOGICAL STUDY OF COMMUNITY
HEALTH WORKERS PROVIDING BASIC
PSYCHOSOCIAL SUPPORT IN AN
URBAN SETTING**



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Embracing Self-Compassion: An Interpretative Phenomenological Study of Community Health Workers Providing Basic Psychosocial Support in an Urban Setting

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Abstract

This qualitative study delves into the lived experiences of Community Health Workers (CHWs) in the Philippines, specifically focusing on their practice of self-compassion while navigating personal psychosocial concerns. In the Philippines, little research has sought to explore self-compassion among these community health workers and how it may foster caring for themselves. While the concept of self-compassion has gained significant attention in Western psychology, its application and understanding within the unique cultural context of the Philippines remain largely unexplored. The study employs Interpretative Phenomenological Analysis (IPA) to understand how these frontline healthcare providers, who often provide psychosocial support to others, practice self-compassion. Nine community health workers from a public health center comprised the study population. The results of the study demonstrate the significant role of self-compassion in the well-being of community health workers (CHWs) providing psychosocial support. Findings highlight the importance of self-awareness, self-kindness, and resilience, interwoven with spirituality and a balance of social connection and solitude, in navigating personal and professional challenges. The CHWs' experiences underscore the value of self-compassion in fostering both personal and professional resilience. The findings contribute to a growing body of literature on self-compassion, particularly within the context of healthcare and mental health. Furthermore, the study offers valuable insights into the cultural nuances of self-compassion within the Filipino context, emphasizing the role of spirituality and family in fostering a sense of self-acceptance and resilience. In addition, the findings of the study stress the need to take cultural context into account while studying psychological concepts such as self-compassion, demonstrating the link between individual well-being, and social and spiritual dimensions. The study's findings have implications for the development of training programs and support systems aimed at enhancing self-compassion among CHWs, ultimately contributing to their well-being and the quality of care they provide.

Keywords: *self-compassion, interpretative phenomenological study, health workers, psychosocial support*

Introduction

Self-compassion is an emerging construct in psychological research, identified as a key element in interventions aimed at improving psychological well-being. (Lau, B.H.P, Chan, C.L.W., Ng, S.M., 2020; Crego, 2022; Voon 2021). Neff (2023) defines it as being supportive toward oneself when experiencing suffering or pain, regardless of whether it stems from personal mistakes, inadequacies, or external life challenges. This involves: (1) Self-kindness vs. self-judgment: Treating oneself with kindness and compassion instead of harshness and judgment. (2) Common humanity vs. isolation: Recognizing that suffering is a universal human experience shared by everyone, rather than an individual, unique event, and; (3) Mindfulness vs. over-identification: Maintaining an adapted perspective of one's suffering, avoiding excessive identification with it.

Self-compassion involves accepting and supporting oneself during trying times, feeling a connection to others experiencing similar struggles, and being aware of one's suffering. It can be gentle and supportive, fostering self-acceptance and calming uncomfortable feelings (Neff, 2023). Self-compassion is seen as both a nonjudgmental approach to lessen suffering and an acknowledgment of the universality of human suffering and grief. Studies show that practicing self-compassion leads to improved interpersonal relationships and increased happiness (Javanmard, Steen & Vernon, 2021). Research on self-compassion among medical professionals has grown significantly, highlighting its benefits for personal well-being and patient-centered care. (Mills, 2016; Sinclair, 2017). A study found a positive correlation between greater self-compassion and overall well-being in healthcare professionals (Beaumont, et al. (2016). Gonzalo (2023) emphasizes the importance of self-care, drawing from Watson's Theory of Human Caring, which states that self-care is essential for providing quality patient care. The Dalai Lama also emphasizes the connection between self-compassion and compassion for others, suggesting that one must first demonstrate compassion towards oneself before extending it to others (Egan, et al., 2019). Self-compassion is crucial for medical professionals as it enables them to maintain emotional sensitivity towards patients (Neff & Germer, 2018).

However, there is a lack of research on self-compassion among Community Health Workers (CHWs) in the Philippines, particularly in urban settings. This qualitative study focuses on CHWs, who are often the first point of contact for Filipinos seeking care in a decentralized healthcare system. CHWs have been a crucial component of the Philippine healthcare workforce for nearly forty years, significantly contributing to PHC's success (Mallari, et al., 2020). They act as liaisons between communities and the healthcare system, providing support to practitioners, especially in health promotion and tracking (Yamaguchi, et al., 2023).

CHWs play a vital role in influencing community health through their multifaceted roles as health educators, consultants, rehabilitation

specialists, and group support facilitators (Johnson, et al., 2022). Their well-being is paramount due to their significant contribution to community healthcare.

Challenges faced by CHWs are often amplified in urban settings, characterized by high population density and complex health needs (Ludwick, et al., 2020). Urban CHWs face heavy workloads, limited resources, and diverse populations with varying socioeconomic statuses, ethnicities, and health needs. They require a broad range of knowledge and skills to address a wide spectrum of health concerns, including chronic diseases, mental health problems, and substance abuse.

Sustainable Development Goal 3 aims to achieve universal health coverage and well-being at all life stages. Providing psychosocial interventions to CHWs directly contributes to this goal by promoting mental health and well-being among healthcare workers, strengthening the primary healthcare workforce, and improving the quality and accessibility of healthcare services for all community members (United Nations, 2015).

The Department of Health (2019) highlights the crucial role of CHWs as primary providers and facilitators of mental health care in communities due to their strong connections and trust within their communities. Providing them with the necessary training and skills can enhance the quality and accessibility of mental health services in these areas. CHWs are also vital for connecting individuals with local primary care physicians and mental health resources, making them essential in addressing stress, anxiety, and depression at the community level (Mistry, et al., 2021).

In 2022, the Philippine Mental Health Association (PMHA) established Mental Health Core Groups in Taguig City, led by health workers, including CHWs. These groups received training in self-care and basic psychosocial support, and have since conducted various mental health promotion and education tasks within the different barangays of Taguig City.

As city navigators and key figures in their health centers, CHWs often have first-hand encounters with community members experiencing mental distress. They are expected to provide initial psychosocial support and manage referrals to appropriate mental health professionals and facilities. These tasks expose them to occupational stressors, increasing their vulnerability to burnout and compassion fatigue (Crego, et al., 2022).

Given the emotional demands of their work, CHWs are regularly exposed to traumatic experiences. Crego, et al. (2022) emphasize the vulnerability of new mental health responders to psychosocial risks arising from the job's inherent emotional demands. This can negatively impact their safety, well-being, and mental and physical health, potentially affecting their families, the people they care for, and the organizations they work for. These stressors can lead to a decline in patient treatment quality, strained relationships with colleagues, and even more serious mental health issues like depression, anxiety, or PTSD (Crego, et al, 2022).

This research aims to explore the lived experiences of CHWs in practicing self-compassion while facing their own psychosocial concerns. A qualitative inquiry will provide a broader understanding of their experiences, revealing whether and how they practice self-compassion as a fundamental professional principle in healthcare. The findings could influence "task shifting" programs and policies aimed at empowering communities to take more control of their health through CHWs, both in the Philippines and other low- and middle-income countries. This research will identify contextual aspects often overlooked in the literature, supporting CHWs in delivering psychosocial care within their communities.

Research Questions

The main objective of this study is to gather rich, qualitative information and to systematically explore the practice of self-compassion among community health workers providing basic psychosocial support when they also experience personal psychosocial concerns. Given these premises, the researcher has directed attention to answering the question of how community health workers practice self-compassion when they experience personal psychosocial concerns. Specifically, it answered the question:

1. Drawing from their lived experience, how do community health workers who provide psychosocial support practice self-compassion when they experience personal struggles?

Methodology

Research Design

This research employed a qualitative approach, specifically Interpretative Phenomenological Analysis (IPA), to deeply understand the CHWs' practice of compassion, focusing on the commonality of their lived experiences in providing psychosocial support while experiencing personal psychosocial concerns. Qualitative findings using a phenomenological approach offered insights into participants' perspectives, experiences, and the essence of self-compassion. A double hermeneutic or dual interpretation process was used to comprehend the participants' initial understanding of their lived experience, followed by the researcher's attempt to decode that meaning by understanding how participants arrived at their conclusions. Each individual's case was analyzed to focus on individual experiences rather than overgeneralizations.

Individual interviews were conducted in a quiet and private environment mutually agreed upon by the participants. This helped to comfort the participants, making them more willing to share their self-compassion experience at the workplace. The researcher sought

more conversational interviewing, aligning with the phenomenology method's focus on developing a rich understanding of the phenomenon and exploring the meaning of experience (Lauterbach, 2018).

Respondents

The researcher employed a purposive sampling method to select participants for the study. The City Health Office, using the provided profile, forwarded a list of CHWs who potentially met the criteria. The researcher then reviewed the staff profiles of the forwarded CHWs to further narrow down the potential participants. Selected CHWs were contacted during their off-duty hours to minimize disruption to their work schedule.

The study focused on nine female Community Health Workers (CHWs) from a public health center in an urban setting, all of whom had expressed having current psychosocial concerns. Inclusion criteria are as follows: (1) they were active CHWs in an urban setting, (2) had at least three years of experience, (3) had undergone training in providing psychosocial support, (4) were actively providing this support in their barangay, and (5) had current psychosocial concerns. These CHWs, also known as Patient Care Representatives, played a crucial role in the community, providing a range of services including patient inquiry accommodation, registration, data entry and documentation, psychological first aid, implementation of orders, patient care support, health education, and referral and resource coordination. The participants, aged 35-60 years old, had a significant amount of experience, with their tenure ranging from 7 to 14 years. They were all made aware that participation in the study was completely voluntary and they could withdraw at any time.

Procedure

An electronic device was used to record all interviews, and audiotaped interviews were transcribed verbatim. Participants were assigned numbers and pseudonyms to ensure anonymity. Sampling and data gathering continued until data saturation was reached.

The researcher began by familiarizing with the data through multiple readings, noting initial impressions. An open-coding technique, using an inductive approach, was then applied to identify significant units within each participant's responses. These segments were coded and labeled, allowing the researcher to identify patterns, themes, and underlying concepts within the data.

The researcher then used segmented division of observational notes, to further explore significant themes and patterns. A systematic search for recurring patterns was conducted across all participant contributions. Preliminary sub themes were discussed, identified, and analyzed, establishing relationships between them. These subthemes were then arranged into an overarching theme, supported by relevant data excerpts.

The researcher conducted participant validation to strengthen the validity of the interview findings. She returned to the participants to share the emerging themes and interpretations, encouraging open and honest feedback and validation. This step ensured the accuracy and validity of data by verifying participants' experiences and perspectives (Candela, 2019).

The researcher also used expert validation, seeking feedback and insights from experts in the relevant field to enhance the rigor and trustworthiness of the research findings. This process ensured that the identified themes were grounded in existing knowledge, appropriately interpreted, and presented in a clear and meaningful way.

The researcher critically examined her own biases, assumptions, and values. The reflexivity statement indicated her awareness of the potential for bias and her commitment to minimizing its impact on the study. By engaging in critical self-reflection and applying appropriate methodological strategies, the researcher aimed to ensure that the findings were as objective and trustworthy as possible.

By incorporating these methods, the research gained a significant boost in trustworthiness, enhancing the credibility, trustworthiness, and overall quality of the findings, contributing to a more robust and meaningful understanding of self-compassion.

Ethical Considerations

The research adhered to rigorous ethical considerations to ensure the well-being and privacy of the participants. Voluntary participation was emphasized, with participants given a thorough explanation of the study's goals before providing informed consent. Anonymity was maintained through the use of pseudonyms, and data was securely preserved. Participants were assured of confidentiality, and their right to withhold answers or restrict information sharing was respected. The researcher took care to ensure the participants' safety and comfort throughout the interview process. Finally, the researcher used the findings responsibly and respectfully, avoiding any potential harm or stigmatization of participants or groups.

This study involved sensitive interviews on some issues, which could elicit strong emotional responses. To ensure the safety and welfare of all participants, a qualified psychologist expert was always present during the interview process. The psychologist served as a gatekeeper, filtering participants based on their psychosocial concerns and assessing the severity of their concerns. This ensured the research focused on relevant and meaningful experiences. The psychologist also actively monitored participants for signs of distress or discomfort, providing immediate intervention and support if needed. Finally, the psychologist conducted debriefing sessions with each participant after the interview, offering a safe space to process emotions, ask questions, and receive necessary support or referrals.

Results and Discussion

Table 1. *Biographical Sketch of the Participants*

Participant	Sex	Age	Occupation	Duration of Employment as Community Health Worker
1) Ana	F	51	CHW	6
2) Joy	F	55	CHW	14
3) Eds	F	36	CHW	7
4) Feli	F	44	CHW	13
5) Mercy	F	60	CHW	14
6) Jo	F	48	CHW	7
7) Jen	F	40	CHW	6
8) Wena	F	57	CHW	13
9) Mich	F	35	CHW	7

The participants involved in this research investigation came from one health center in an urban city in Metro Manila. The age range of these community health workers is from 34 - 60 years old.

Table 2. *Summary of Superordinate Themes and Subthemes*

Superordinate Themes	Subthemes
Practicing Self Awareness and Self Kindness	Recognizing and Attending Physical Well-being Identifying and Expressing Emotional Needs Cultivating Acts of Self-Kindness Balancing Emotional Involvement and Professional Boundaries
Building Resilience and Finding Spiritual Meaning	Developing Inner Strength Engaging in Spiritual Practices Discovering Purpose and Meaning through Work

Table 2 presents a visual summary of the themes and subthemes that emerged from the data collected. These answer the research question, "Drawing from their lived experience, how do community health workers who provide psychosocial support practice self-compassion when they experience personal struggles?" using the IPA method.

Theme 1: Practicing Self-Awareness and Self Kindness

This theme demonstrated how healthcare professionals were able to identify their own emotional and physical needs despite going through personal hardships. To identify and prioritize self-care, they seem to have developed a nonjudgmental attitude and an awareness of their strengths and weaknesses. This theme also explored how health professionals try to tackle self-acceptance and how they use the empathy and understanding they give to their patients when they are facing hardships. They seem to have been able to take a noncritical attitude towards themselves, accepting flaws and appreciating their worth. From the content of their answers, four sub-themes were derived as follows: recognizing and attending to physical well-being, identifying and expressing emotional needs, cultivating acts of self-kindness, and balancing emotional involvement and professional boundaries.

Subtheme 1: Recognizing and Attending Physical Well-Being.

This sub-theme reflected the health workers' attention to their physical well-being. Though they recognize signs of physical fatigue, discomfort, or burnout and the fact that there were times that they could not attend to their physical needs immediately because of work, they claimed to take proactive self-care practices, such as adequate rest, nutrition, and relaxation during their day off.

"Kinakain ko lahat ng gusto kong kainin tapos ah kung gusto kong matulog natutulog ako ginagawa ko naman.. Inaalagaan ko naman yung sarili ko." ("I eat everything I want to eat, and if I want to sleep, I sleep. I do what I want to do... I take care of myself.") – Ana

"kailangan palakasin mo nga rin sarili mo. Lagi kang masigla malusog..Ayun iniingatan ko yung sarili ko halimbawa natutulog ako sa tamang oras tapos umiinom din ako ng vitamins." (You really need to strengthen

yourself. Always be energetic and healthy... That's how I take care of myself, for example, I sleep at the right time and I also take vitamins.) – Joy

"Yung pag aalaga po natin sa sarili natin. Tamang pagkain. Tamang pagtulog. Mahalin mo muna yung sarili mo. Mahalin mo rin kahit papano yung sarili mo." ("Taking care of ourselves. Proper food. Proper sleep. Love yourself first. Love yourself, at least a little.") - Feli

"Kumain na lang po matulog ng walong oras kung pupwede at relax ko yung sarili ko kumain ng sapat na oras para pagpasok mo." ("Just eat, sleep for eight hours if possible, and relax yourself. Eat enough so you can work when you go back.") - Mercy

"Humihinga muna ako ng malalim. Kumbaga, inaano ko muna. Ni relax ko muna yung heart ko. Nagtetake ng maintenance,

nagpapacheck up. Umiwas sa mga bisyo na hindi naman karapat dapat ayun para maingatan yung sarili. Iwas sa pagpuyat para hindi tayo manghina.” (“I take a deep breath first. Like, I calm myself down. I relax my heart. I take maintenance, I get check-ups. I avoid vices that aren't appropriate, so I can take care of myself. I avoid staying up late so I don't get weak.”) - Jo

Feli and Mercy outlined essential health practices that include sufficient rest and a proper diet. Jo speaks from experience to tell of deep breathing and relaxation in soothing oneself. The above thematic findings affirmed studies that self-compassionate people take care of their health. This leads to better sleep and stress-coping behaviors. Self-compassion empowers health professionals to recognize their physical needs to ensure their total well-being and capacity to deliver adequate care (Misurya, 2020). Studies have also shown a positive relationship between self-compassion and higher resilience and sleep quality (Steen, 2022). In addition, self-compassion can promote the general capacity of individuals to practice self-care, which is important for maintaining general physical wellness (Steen, 2022).

Subtheme 2: Identifying and Expressing Emotional Needs.

The key to this sub-theme is how a community health worker recognizes their emotional needs. This reveals to what extent one is becoming aware of emotions and to what extent it impacts on well-being. Thus, it requires expressing painful feelings as an aid in working out personal dilemmas. The health workers seem to realize that they have to let themselves feel and express their emotions, whether it be crying or simply being aware of the challenging emotions they are going through.

“Iniyyak ko rin naman. Nilalabas ko. At least nailabas mo sya kasi masama yung nagkikim ka. Masakit sa dibdib. Nakakalungkot din pero may iba namang pagkakataon. Time will come. (“I cry too. I let it out. At least you released it because it's bad to keep it bottled up. It hurts your chest... It's also sad, but there will be other opportunities. Time will come.”) - Jo

“Sa bigat po, minsan nasa point po ako ng, sa sobrang bigat hindi na ako nagsasalita Kinakalma ko na lang po

yung sarili ko po talaga. Sinasabi ko na kalma lang talaga. Yun nga lang po may pinagdaanan po talaga ako na sobrang bigat. Yung mata ko po talaga kusa ng lumalabas yung luha na nakatayo ako, umiyyak ako..”

.Umiyyak na po talaga ako miski maraming tao. Yung luha ko, di ko mapigilan. Parang gusto ko na mawala.” (“With the weight, sometimes I'm at the point where, because of the heaviness, I don't speak anymore... I just calm myself down. I tell myself to calm down. It's just that I've been through something really heavy. My eyes just start to cry even when I'm standing up. I cry...” “... I really cry even when there are a lot of people. I can't stop my tears. I just want to disappear.”) - Fel

“Nakakaramdan po ako ng lungkot.” (“I feel sad.”) - Joy

“Minsan ako pag nahihirapan pag sobra ng dami ng problema minsan umiyyak na lang din ako.” (“Sometimes, when I'm struggling, when there are too many problems, I just cry.”) - Jen

Jo, Feli, and Jen shared both the deep personal struggles and physical manifestations of pain. Jo shared a feeling that there was something heavy on her chest, a feeling that she correctly described as “masakit sa dibdib.” It captured very effectively the physical toll of her emotions. Similarly, Feli's stories were marked by a profound sadness that manifested with tears welling up in her eyes, “yung mata ko kusa na lang lumalabas yung luha” when she spoke of the overwhelming nature of her struggles.

The recognition of emotional needs resonates with one's feelings, thoughts, and sensations in the body, therefore validating existence and the possibility of any influence on well-being (Misurya, 2020). It gives an individual the acceptance of their emotions and does not allow them to be suppressed or judged (Malcom, 2019). This lets health workers recognize and understand their emotional experiences better.

Subtheme 3: Cultivating Acts of Self-Kindness.

Recognizing and attending to physical needs and recognizing emotional needs are essential components that seem to have led to acts of self-kindness among health workers. This sub-theme highlighted the precise steps that health workers take to be kind and caring to themselves. They displayed a readiness to approach themselves with kindness and openness. Rather than criticizing oneself for their challenges or failings, one takes an attitude of understanding and acceptance.

“Hindi ko dapat pabayaang sarili ko alagaan ko lalo na kung may mga umaasa sa akin.” ..Frustrated ako kasi di ko makuha o mabili kahit na gusto ko. Pero di naiinis sa sarili kasi marami namang paraan. (“I shouldn't neglect myself, I should take care of myself, especially when there are people who depend on me I'm frustrated because I can't get or buy something even though I want it. But I'm not angry with myself because there are many ways.”) - Ana

“Yung bigyan ko rin ng oras yung sarili ko. Yung pagmamalasakit sa sarili importante yan kasi kumbaga sa ano nakakatulong ka nga sa iba unahin mo rin yung sarili mo. yung sa sarili mo, huwag mo ring pabayaang.” (“I also need to give myself time. Taking care of yourself is important because, like, you help others, but you need to prioritize yourself too Don't neglect yourself.”) - Joy

“Mahalin mo rin kahit papano yung sarili mo. Hindi yung puro bigay ka lang ng bigay...Kapag may mga hindi ako nakukuha, down pero inisip ko na kakayanin kong makuha yun.. (“Love yourself, at least a little. Don't just keep giving and giving... When I can't get

something, I get down, but I think I can still achieve it.") - Feli

"Hindi naman lahat ng bagay po is nakukuha natin eh, minsan may mga bagay na hindi talaga kayang makuha. Okay lang po sa akin." ("Not everything is given to us, sometimes there are things we just can't get. It's okay with me.") – Jen

"Kailangan inaano rin natin yung sarili natin binibigyan din natin ng ano reward. Na parang gumagaan yung pakiramdam ko kasi nabibili yung gusto ko." ("We need to take care of ourselves too, we need to give ourselves rewards. It makes me feel lighter because I can buy what I want.") - Wena

Ana, Joy, Eds, and Jo emphasized taking care of themselves first before extending themselves to support others. They recognized that one cannot effectively care for others without first taking care of oneself. Jen and Ana understand the need to acknowledge frustrations and trust in the timing of opportunities. They accepted that there is a perfect time for personal desires to be fulfilled.

The acts of self-kindness noted are reflective of the research which indicates that practicing self-compassion alongside mindful awareness can help health workers develop a more nurturing and forgiving relationship with themselves, leading to reduced levels of stress, burnout, and increased job satisfaction (Raab, 2014). The findings also indicate the advantages of self-compassion for well-being and stress reactivity may materialize anytime we treat ourselves with kindness (Mey, Wenzel, Morello, Rowland, Kubiak, Tüscher, 2023).

Subtheme 4: Balancing Emotional Involvement and Professional Boundaries

This theme presents the fine balance that healthcare workers must work with concerning empathy versus emotional boundaries for themselves. They seem to aim to share what a person feels as well as find ways to direct and advise that are based on their own life experiences. It emphasizes the burden and emotion involved with supportive care.

"Yung kahit ano yung mga sinasabi sa amin hindi namin dapat i ano kasi di ba minsan pag may nagkwento sayo ng ganito gusto ko nang magpakamatay eh parang ano iniisip na namin ang iniisip yun. Yung huwag magpadala sa ano ng nagkukwento sayo." ("Whatever they tell us, we shouldn't let it get to us, because sometimes when someone tells you something like that, I want to kill myself. It's like we're already thinking what they're thinking. Don't get carried away by what the person telling you is thinking.") - Ana

"Inhale, exhale muna tatlong beses then tsaka ko na tatanungin. Tinatanong ko sya. Babalik ako binabalikan ko naman. Hindi naman ako umaalis kasi malayo. Dyan lang din ako sa upuan nanghihingi lang ako ng konting seconds" ("I inhale, exhale three times, then I ask. I ask them. I go back, I revisit it. I don't leave because it's far. I'm just here in the chair, just asking for a few seconds.") - Jo

Kasi, sakin po ah, pag nakita ko po yung isang pasyente at medyo weak na talaga sya. Nanghihina po ako eh. Pero mas, sabi ko nga sa kanila, tatag lang. Tatagan lang natin yung sarili natin sa nakikita natin. Mas tinatagan pa

namin yung pag, sa sarili namin na kailangan mas maging maayos kami na sa pakikitungo sa sarili namin, sa pasyente, sa lahat" ("Because, for me, when I see a patient and they're really weak, I get discouraged. But I tell myself, be strong. We need to strengthen ourselves in what we see. We strengthen ourselves more in our own way, so that we can be better in dealing with ourselves, with the patient, with everyone.") - Feli

As stated by Steen (2022), such a situation entails that healthcare workers are constantly placed in emotionally laden situations, wherein they have to walk the fine line between emotional empathy and professionalism. Self-compassion has helped healthcare professionals keep their emotional responses to challenging situations in check. When faced with difficult patient interactions or emotionally draining experiences, self-compassion allows them to step back, acknowledge their feelings, and regulate their emotions. This seems to be a protective defense mechanism that prevents them from becoming overwhelmed or resorting to unhealthy coping.

Theme 2: Building Resilience and Finding Spiritual Meaning

This main theme illustrates how health workers are capable of changing their mindset to change challenges into experiences for growth and learning, view setbacks as an experience, and embrace feedback as valuable guidance. They focus on their strengths, find meaning in work, and maintain a sense of hope in challenging circumstances. The respondents also shared having a deep sense of connection to something larger than themselves and experiences that provide meaning and purpose. This theme has identified three (3) subthemes, namely: developing inner strength, engaging in spiritual practice, and discovering purpose and meaning through work.

Subtheme 1: Developing Inner Strength.

This theme emphasizes how the health workers place importance on remaining calm and projecting strength during personal struggles. This theme underscores the importance of staying strong and being motivated in the face of difficulties.

"Sa bigat po, minsan nasa point po ako ng sa sobrang bigat hindi na ako nagsasalita. iniisip ko- Kaya ko kaya ko to. Tibay lang ba. Kinakalma ko na lang po yung sarili ko po talaga. Pero naiisip ko nga kung kaya ng iba, kaya ko rin. Iniisip ko rin ang sinasabi ng iba na ikaw pa, eh matapang ka, matatag ka." ("With the weight, sometimes I'm at the point where, because of the heaviness, I don't speak anymore. I think to myself, 'I can do this, I can do this.' Just be strong. I just calm myself down. But I think, if others can do it, I can do it too. I also think about what others say, 'You, you're brave, you're strong.'") - Feli

“Naiisip ko na kaya ko to. Di ako magpapatalo. Ang problema ay dapat hanapan ng solusyon. Labanan. Kapit lang kapit lang tayo.” (“I think to myself, ‘I can do this. I won’t give up.’ Problems should be solved. Fight. Just hold on, just hold on.”) - Joy

“Akala ko bibigay na ko ma’am. Sabi ko, bakit ko iaano yung sarili ko, pwede naman tayong magtanong sa mga nakatataas so unang una dun ako magtatanong sa marunong. Magagawa ko rin ito.” - (“I thought I was going to give up, ma’am. I said, ‘Why would I do this to myself? We can ask our superiors, so first, I’ll ask someone who knows.’ I can do this.”) - Mercy

“Naiisip ako ng mga bagay na ikakaluwag ng isip ko. Gumagawa ako ng paraan o solution.” (“I think about things that will ease my mind. I find ways or solutions.”) - Jo

Magiging matatag ako kasi syempre nanghihina na tayo bilang nanay, napapagod din tayo pero alam ko sa sarili ko na may nangangailangan pa rin sakin...Maging malakas at maging matatag at laging maging positibo sa buhay.” (“I’ll be strong because, of course, we get weak as mothers, we get tired too, but I know in my heart that there are still people who need me... Be strong, be resilient, and always be positive in life.”) – Mich

Feli and Joy shared how they used positive self-talk by substituting unflattering thoughts with encouraging ones, while at the same time making optimistic views which motivated them with good energies to thrive positively even during unfavorable moments. Mercy and Jo showed that problems solved together helped the couple handle issues when difficulties emerged. These results are in resonance with the growing body of research that asserts self-compassion is an internal resilience booster. The self-compassionate components of mindfulness, self-kindness, and shared humanity facilitate both immediate and long-term adaptive processes. In both face-to-face and virtual environments, compassion-based therapies can help people who suffer bounce their way back from adversity (Austin, 2023).

Subtheme 2: Engaging in Spiritual Practice.

Spirituality and prayer served as pillars of strength, a coping mechanism, and a source of reassurance for these health workers during personal struggles. In trying times, they expressed finding consolation, comfort, and direction by turning to their faith and praying. Such beliefs allow them to gain comfort and encouragement that allows them to have strength and hope in dealing with difficult feelings.

“Nagpe pray na lang ako na Lord sana naman lahat ng problema malampasan ko. Nagppray ako sa sulok ng bahay namin. Iniiyak ko talaga. Inaano ko talaga si Lord. Alam ko naman na wala kayong ibibigay sa akin na di ko kaya.” (“I just pray, ‘Lord, please help me overcome all these problems.’ I pray in the corner of our house. I really cry. I really pour my heart out to the Lord. I know you won’t give me anything I can’t handle.”) Joy

“...dinadaing ko lang kay Lord na patuloy nya akong palakasin. Number one ko po sinasabi sa Diyos lahat ng mga problema ko, sa kanya ko po sinasandal. Hindi ako sumusuko.Fighting. Fighter talaga ako.Lagi ko na lang iniisip na kaya ko to. Nandiyan ang Diyos para sa akin.” (“...I just complain to the Lord, asking him to continue strengthening me. My number one thing is that I tell God all my problems, I lean on him. I don’t give up. I’m fighting. I’m really a fighter. I just keep thinking, ‘I can do this.’ God is there for me.”) - Jo

“Tanging nilalapitan ko si God.Kasi alam ko hindi naman magbibigay si God na hindi natin kaya.”

(“The only one I turn to is God. Because I know God won’t give us anything we can’t handle.”) - Jen

..Kailangan po kasi ano lagi lang po tayong manalig sa Panginoon kasi wala naman tayong paghuhugutan ng lakas kundi sa Panginoon. Siya lang po yung tutulong sa atin na ano mang pinagdadaanan natin sa buhay, Siya lang po yung tutulong sa atin, wala ng iba.” (“...Because we need to always have faith in the Lord, because we have no other source of strength but the Lord. He is the only one who will help us through whatever we go through in life. He is the only one who will help us, no one else.”) - Wena

Ana, Joy, and Jen acknowledged the positive aspects of their work during the moments of connection with their clients, amidst challenges. The majority of the respondents felt connected to something bigger than themselves through prayer, which comforted and reassured them during times of uncertainty or hardship. Self-compassion can provide a foundation for spiritual discovery by fostering internal connection and tranquility. Being mindful of self-kindness allows people to be more tolerant and open to themselves and the world. This, in turn, generates an environment conducive to spirituality (Kumar, 2021)

Subtheme 3: Discovering Purpose and Meaning through Work.

For the health workers, it looks like making sense of their job extends beyond collecting a salary. It envisions balancing their occupation to a more profound aspect of life where one gets to do something worthwhile and meaningful.

“Masaya po. Magaan sa pakiramdam na natulungan mo sila at tsaka parang awit pag narinig mo yung nagpasalamat sila sayo”. (“It’s happy. It feels light knowing you helped them, and it’s like music when you hear them thank you.”) - Ana

“Sumasaya ako na sobrang saya ko talaga na “Ay hindi nasayang yung araw ko na to.” Pag uwi ko ayos, “Ay na ano po ay may na assist ako na pasyente”. Meron akong nacounseling.” (“I get really happy, like, ‘Oh, my day wasn’t wasted.’ When I get home, it’s like, ‘Oh, I was able to assist a patient.’ I was able to counsel someone.”) – Joy

“Parang masaya kasi nakatulong ako kahit papano sa tao na nagpapaliwanag kahit wala akong binibigay na anumang bagay.” (“It’s like I’m happy because I was able to help people in some way by explaining things, even if I didn’t give them anything.”) - Jen

Theme 3: Balancing Isolation While Creating Supportive Environments

This main theme delves into the delicate balance between embracing solitude and fostering supportive environments. This theme has identified three (3) subthemes, namely: expressing shared struggles and collective experiences balancing solitude and social connection and leveraging family support for emotional and practical resilience.

Subtheme 1: Expressing Shared Struggles and Collective Experiences

The health workers admitted that all of them at one point or another face their share of problems and worries. These help them to view such difficulties as times for growth and learning rather than punishment in the face of stumbling. The concept of embracing flaws and challenges seems to bring about a more optimistic attitude on their part.

“Lahat naman nagkakaroong ng problema sa pera. Walang taong hindi nakakaramdam ng problema.” (“Everyone has money problems. There’s no one who doesn’t experience problems.”) - Ana

“Iba iba tayo ng pinagdadaanan. Lahat tayo may pinagdadanaan pero iba’t ibang sitwasyon. Hindi lang naman ako. Wala namang perpektong buhay.” (“We all go through different things. We all have our own struggles, but in different situations. It’s not just me. No life is perfect.”) - Joy

..Minsan umiiyak ako pag di ko na kaya. Natural na magkaroon tayo ng problema dahil tao tayo. Natural may mga challenges na dumadating sa buhay natin.” (“...Sometimes I cry when I can’t handle it anymore. It’s natural to have problems because we’re human. It’s natural to have challenges that come into our lives.”) - Jo

“Siguro yung problema ng iba mas malaki sa problema ko kasi sakin yun kaya nakakayanan ko naman po kahit papaano.” (“Maybe other people’s problems are bigger than mine because I can handle mine somehow.”) - Jen

“Parang mas mabigat pa nga yung pinagdadaanan ng iba itong nag iinterview ako minsan nadadala na rin ako kung minsan kasi yung iba kong naka counseling mas mabigat yung mga problema nila.” - (“It seems like other people’s struggles are even heavier. When I’m interviewing, sometimes I get carried away because some of the people I’ve counseled have heavier problems than mine.”) - Wena

The respondents acknowledged that everyone indeed has their challenges, but these may vary in scale. Such health workers concede that the degree or intensity/level of difficulties may vary for each individual. Ana and Joy embraced the fact that life is not perfect and is characterized by ups and downs. According to a study by Ling, et al. (2020), seeing situations including common humanity tends to increase compassion, and understanding common humanity appears to be a necessary perspective for reaching objective compassion. The potential significance of emotional self-regulation in comprehending the advantages that mental health PS provides to service consumers is highlighted by the common humanity lens (Kotera, et al., 2024). From the physiological aspect, our shared humanness triggers our parasympathetic nervous system, which in turn, assists in regulating emotional responses (Kim, et al., 2020).

Subtheme 2: Balancing Solitude and Social Connection.

The health workers’ responses similarly reflected the importance of balancing self-isolation to introspect with the need for connection and support from loved ones. This sub-theme shows how positive relationships, and a strong support system contribute to one’s psychosocial strength. It also examines the ways health workers may engage in mutual support and share experiences with their colleagues.

“Gusto kong mapag-isa. Gusto kong mag-isa lang ako. Tapos iiyak ko na lang po. Pag naiiyak ko naman, nawawala din naman yung sama ng loob ko, yung mabigat na dinadala ko. After nun, nakikihalubilo sa iba.” (“I want to be alone. I just want to be by myself. Then I’ll just cry. When I cry it out, my sadness goes away, the weight I’m carrying. After that, I interact with others.”) - Ana

“Minsan halimbawa kapag may iniisip ako, mas gusto ko mag-isa ako tapos pupunta ako sa bintana at nag-iisip. Naiisip ko rin na parang gusto mong mag-isa na lang pero naiisip ko paano yung pamilya ko, mga anak ko.”

(“Sometimes, for example, when I’m thinking about something, I prefer to be alone, then I go to the window and think. I also think, ‘I want to be alone,’ but then I think about my family, my children.”) - Mercy

“Pag minsan po sa sarili ko pag sobra na bigat ung problema ko. Minsan humihingi ako ng advice sa mas nakakaano sakín para mapaliwanagan ako. Nakakagaan po ng sarili nyo kapag merong ibang sumusuporta sa inyo. (“Sometimes, when I feel overwhelmed by my problems, I ask for advice from someone I trust to help me understand. It makes you feel lighter when someone else supports you.”) -Wena

Ana and Mercy were willing to stay alone and cry but never discount the urge to seek advice after. They still yearn for love and support from their family members when faced with their problems. They prize advice and love showered on them because it can help them equip themselves with what is required to tackle their crises. Solitude provides room for introspection, regulation of emotions, and refilling mental power. It is where healthcare workers can rewind, decompress, and renew their perspective on the situation following

an emotionally draining engagement (Conversano et al., 2020). Interpersonal Connection, on the other hand, provides an avenue for support, validation, and belongingness. Interacting with other colleagues, friends, or family provides an avenue that may bring about a safe environment to share one's experiences, get sympathy, and promote resilience (Steen, 2022).

Subtheme 3: Leveraging Family Support for Emotional and Practical Resilience.

This sub-theme reflects how families can provide a safe space for health workers to be vulnerable, express their emotions, and receive empathy and understanding without judgment.

“..yun dun mismo ako humugot sa pamilya ko sa pamilya ko bago ako napunta sa lugar na to at para may spread ko yung mga pagpapatibay humuhugot ako.” (“...That's where I draw strength from, my family, my family before I came to this place, and to spread that encouragement, I draw strength from them.”) - Joy

“Yung kundi po yung mama ko, yung ate ko yung nasasabihan ko ng sama ng loob ko. Pag nasabi ko naman po yung gumiginhawa naman po yung pakiramdam ko pag nalabas ko na po yung lahat ng galit ko yung sama ng loob ko sa isang tao... (“If it's not my mom, it's my sister that I tell my frustrations to. When I tell them, I feel relieved, when I let out all my anger, all my frustrations to someone...”)

“Malaking tulong kasi yun eh kasi yung mga kasama ko sa bahay kahit anung pagdaanan ko lahat sila ano sakin may moral support.” (“It's a big help because my family, no matter what I go through, they're always there for me, they give me moral support.”) - Wena

“Sabi ko sa sarili ko na kailangan ko talagang maging matatag para sa pamilya ko.” (“I told myself that I really need to be strong for my family.”) - Mich

Magbigay ng makapagbigay ng saya sa sarili makapaghanap ng konting libangan. Sa park, sa bahay minsan sa bahay nagkakanta lang kami ng anak ko.” (“Do something that makes you happy, find some kind of hobby. In the park, at home, sometimes we just sing at home with my child.”) - Eds

This unconditional support can be crucial in helping health workers acknowledge their struggles, accept their limitations, and practice self-kindness

This study delves into the experiences of community health workers who face personal struggles while providing psychosocial support to their communities. The research highlights the importance of self-awareness and self-compassion as crucial elements in navigating these challenges. The study found that these healthcare professionals possess a strong sense of self-awareness, recognizing their physical and emotional needs during difficult times. They cultivate self-care practices, embrace emotional expression, and develop self-acceptance and compassion. The study also reveals the importance of setting emotional boundaries, balancing empathy with personal well-being, and finding a healthy equilibrium between connection and isolation. The research further explores the role of spirituality in self-compassion, demonstrating how faith can provide a framework for understanding suffering, accepting obstacles, and finding purpose in challenging circumstances. Seeing things from a spiritual perspective and espousing the mindset that all situations are allowed by a higher being can be powerful tools for self-compassion. It enables health workers to calm their minds, let go of stress, and reconnect to their inner selves. It has shed light on the subtle balance between connection and isolation that community health workers, who have psychosocial support to provide while facing individual challenges, must maintain through this self-compassion practice. Healthcare professionals must find an appropriate balance between the need to be supported and interconnected and the need for separation to become clear. The reason is that they get sympathy and understanding from themselves and others because of their common hardship, difficulties, and experiences through communication. They create supportive external environments by fostering positive relationships offering support to one another and asking for help when necessary to find the ideal balance between connection and solitude.

Conclusions

professionals navigate their challenges while giving psychosocial support to others. Their lived experiences in this study emphasize the essence of self-awareness, self-kindness, and building resilience, all of which are intertwined with spirituality and a balance of isolation and connection. By adopting these practices, the community health workers proved the value of practicing self-compassion in developing resilience and well-being at both personal and professional levels.

This qualitative study highlights the Philippines' distinct cultural context where strong familial ties and spiritual meaning and practices contribute to a better understanding and practice of self-compassion particularly among Filipino community health workers. This is in contrast to Western theoretical frameworks that usually emphasize self-reflection and internalized compassion. In addition, the findings of the study stress the need to take cultural context into account while studying psychological concepts such as self-compassion, demonstrating the link between individual well-being, and social and spiritual dimensions. Ultimately, the study underscores the significance of self-compassion in helping community health professionals manage the demands of their profession while maintaining their own well-being.

This study recommends several steps to improve the effectiveness and well-being of community health workers. These include promoting work-life balance, fostering a sense of belonging through social connections, and offering guidance on setting healthy boundaries for health workers. For health offices, the study suggests incorporating self-compassion training, creating a supportive workplace culture with open communication and mental health resources, and establishing regular check-in systems. Finally, future researchers are encouraged to study the effectiveness of self-compassion training programs, the impact of spirituality on self-compassion, and the role of organizational culture in fostering self-compassion. By implementing these recommendations, organizations can create a more supportive environment for community health workers, leading to greater resilience and well-being.

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