The Paradox of the Double Bind: Phenomenologizing Stigmatization Experiences of Filipino Registered Medical Technologists during the COVID-19 Pandemic

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Abstract: - The COVID-19 pandemic has brought light to the issue of stigmatization towards healthcare workers. The lack of literature and awareness regarding the stigmatization of healthcare workers, specifically Filipino registered medical technologists (RMTs), called for this phenomenological study to focus on such an issue. The study was approved by the Research Ethics Committee of the University of Santo Tomas with REC Approval no. FOP-REC-2021-02-159. This study involved twelve (12) Filipino RMTs who were recruited via snowballing technique. Data was gathered through a semi-structured one-on-one interview which lasted for one to two hours. The recorded interviews were transcribed, read, and re-read by the study proponents. Colaizzi's method was utilized to bring out the essence of the phenomenon being studied. Through this method, 46,925 words were analyzed. Meaning units, condensed units, subthemes and themes were derived through phenomenological reduction. Through constant comparative analyses, this study describes four (4) typologies of stigma experienced by the Filipino RMTs during the COVID-19 pandemic, namely: Wrong Assumptions, Misinformation, False Accusations, and Rejection. To overcome these struggles, they developed coping mechanisms which included: Gift of Motivation, Gift of Profession, Gift of Family, Gift of Understanding, Gift of Conviction, and Gift of Resilience. Correspondence technique, member checking procedures, and critical friend technique were carried out to ensure the validity and reliability of findings. The findings obtained in the study offer a vivid perspective of the lived experiences of Filipino RMTs during the COVID-19 pandemic which may inspire efforts to eliminate stigmatization towards registered medical technologists.

Key Words — *Filipino Registered Medical Technologists, COVID-19 Pandemic, Stigma, Coping Mechanisms.*

I. INTRODUCTION

Medical technology, also known as medical laboratory science, was deemed the "hidden profession that saves lives" and the "behind-the-scenes detective" in the healthcare industry [1]. Medical technologists were vital members in clinical care who were often overlooked. They were often only known as the medical practitioners who drew samples from the patients but, unbeknown to many, they did so much more than collecting specimens. These unsung heroes were responsible for the

Conduction of clinical laboratory procedures and for the delivery of accurate and reliable laboratory results upon which the diagnosis and treatment of the doctor or physician were based upon [2]. The scope of work for medical technologists included the operation of medical diagnostic equipment and the latest advanced technology, the performance of laboratory techniques that led to the identification of abnormalities and isolated pathogenic agents found on different bodily specimens, and the analysis of laboratory results and the evaluation of their quality [1].

In January of 2020, international authorities started to become alarmed by an outbreak of a novel strain of coronavirus that was infecting tens of thousands of people in Wuhan, China and

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leaving more than a thousand people killed, fifty days after the emergence of the first incidence reports [3]. The unidentified virus was named COVID-19 and the outbreak was declared a pandemic by the World Health Organization in March of 2020 and had been continuing to persist worldwide, at the time of writing [4]. At that time, the number of total cases had gone beyond millions and the tally of people who succumbed to the disease was nearing a million. Since the start of those frightening times, a heavy challenge had been faced by allied health professionals. In particular, the field of medical technology are significant in ensuring that appropriate methods and steps were applied in the different phases of laboratory testing to yield accurate, precise, and reliable results that helped physicians in diagnosing the said virus. Medical technologists played a crucial role in the identification of patients that were infected, ensuring a safe working environment, and providing quality care and safety to all patients and healthcare professionals alike to contain and overcome the pandemic [5]. Medical technologists were considered as one of the front-liners in the testing and diagnosis of COVID-19 patients. With this, they were continuously exposed to various pathogens that made them at risk of contracting diseases just like other healthcare professionals; thus, they were not exempted from being subjected to stigmatization.

With the rise of this 2020 pandemic, an old trend resurfaced along with it - the stigmatization of those "exposed." Those given the name "exposed" ranges from people who were in contact with the infected to those who merely tended to the infected. Stigmatization was the attribution of devaluing stereotypes upon a group of people based on noticeable attributes, which often result in the negative impacts and limitations in the stigmatized person's well-being [6]. This sort of stereotyping was prevalent even in day-to-day living as it affected every interaction and decision made in seemingly negligible but impactful ways. Stigma was a "cause for discrimination and exclusion," affecting self-esteem, relations and basically, limits their abilities to function well in society [7].

As mentioned, this stigma had plagued the lives of people who had been "exposed" to the virus. They were being ostracized for having contracted the disease or for having even been near someone who did. Survivors of the disease were not the only targets of this predictable response from the public. Doctors, paramedics, nurses, medical technologists had also been ostracized in their homes, in residential areas due to their status as healthcare workers. It was reported that a junior doctor in India felt ostracized in their home [8]. He told the New Indian Express Newspaper that many doctors were forced to vacate their rented homes for fear of getting infected. Bringing this situation to the Philippines, there had been numerous cases of stigma in the country as well. A nurse, who picked up donations after her duty, immediately saw tension as she walked into the company giving the donations. They saw her and just moved away from her immediately, even when she needed help with the boxes she was to carry, no one offered help, which deeply hurt the nurse [9].

Detailing all of those experiences, there was always a lack of the main subjects of interest of this study. Medical technologists had only a few articles that document their struggles, their pain and the stigma that they experienced in this outbreak. In fact, only a single news report wrote about a medical technologist being denied transportation in Cagayan de Oro [10]. What then did these suggest about the situation that medical technologists have gone through? It implied a certain alarm that these hard-working health workers were not getting enough attention mentally and emotionally. It was one of the priorities of this study that the context surrounding the stigma that registered medical technologists in the Philippines be described and be put out into the public. Their story matters as much as those of the "faces" of the healthcare industry.
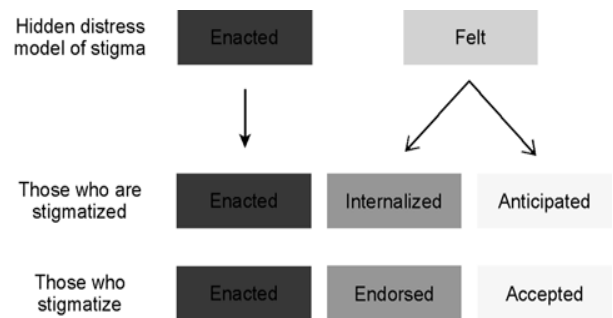

Fig.1. Weiss (2008)'s Theoretical Framework on the Overview of the Stigmatization Process

To better study the context of such stigmatization and understand the lived experiences of Filipino registered medical technologists on the stigmatization they received during the COVID-19 pandemic, a theoretical framework on the overview of the stigmatization process was adopted from Weiss (2008) [11]. It extended the hidden distress model of stigma formulated by Scrambler in 1998, which distinguished the difference between enacted stigma and felt stigma. Enacted stigma refers

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to the actual experience of stigmatization while felt stigma refers to the fear that this stigma may happen to them as well.

The model was extended to include further elaboration on those forms of stigma. For those who are stigmatized, they may experience either enacted stigma which is the actual experience of stigma, or felt stigma which is further differentiated into either internalized stigma or anticipated stigma. Internalized stigma refers to the acceptance of the "perceived exclusionary views" and then self-stigmatizes themselves. Anticipated stigma explains the fear of enacted stigma wherein they believe it is unjustified but will likely occur to them as well. For those who stigmatize, they may experience either enacted stigma, endorsed stigma, or accepted stigma. Enacted stigma is the direct and active participation in the stigma being displayed against the stigmatized. Some of those who stigmatize may do so indirectly through endorsed stigma wherein they do not actively engage in such actions but encourage and justify these actions, while some may do so through accepted stigma wherein, they entirely disagree with such actions but have accepted them and did nothing to stop them. This framework provided an overview on the complex nature of stigmatization and indicated that everyone had a different experience and view towards the phenomenon at hand.

This "stigma" that was known worldwide had always been attributed to patient's statuses, the people who obtained the disease and thought to harbor the disease. This was called health condition-related stigma wherein stigma was associated with patients with specific diseases and health conditions [12]. This was the most common type of stigma to be researched upon and taken action for. It was made aware that healthcare workers also faced these challenges every day in their field. They experienced just as much stigma and discrimination as their patients and yet they received little focus on the matter. They experienced stigma not because they had a disease or condition, but only because of the fact that they worked in a hospital which required them to be near infectious patients and they were continuously exposed to various pathogens. It was only in this time of COVID-19 pandemic that the stigmatization has been brought up because of the hype that was surrounding this new virus, but this stigma was most likely not a recent occurrence.

Internationally, studies on stigmatization towards medical health workers, particularly medical technologists, in a time of infection outbreak were limited. More so in the Philippines, no

clear delineation had been made to distinguish stigmatization from discrimination in stigmatization studies. Because medical technologists were a critical force battling the COVID-19 on the front-lines, it was, therefore, important to study their experiences and ways of dealing with these events, focused on the strain that these situations had on them. Specifically, this study aimed to understand how these professionals cope and deal with stigma and how they have come to perceive that issue upon experiencing it firsthand as front-liners.

The main objective of this phenomenological study was to provide a behind-the-scenes view into the minds of some of the front-liners directly working to fight against the COVID-19 virus, the Filipino Registered Medical Technologists (RMTs), and what defines their stigmatization experiences during the pandemic. Following this objective, the study is expected to benefit the: i.) the scientific population, the University of Santo Tomas, Faculty of Pharmacy, and the Filipino community by providing information and bringing to attention the issue and impact of stigmatization towards Filipino RMTs and ii.) The participants involved in the study through experiences sharing which also serves to relieve emotional stress. To accomplish this objective, this phenomenological study purports to address the central question "What defines the stigmatization experiences of Filipino registered medical technologists as front-liners during the COVID-19 pandemic."

II. METHODOLOGY

A. Research Design

A Phenomenological Research Design using a qualitative approach was used in this study in order to have a thorough understanding on the stigmatization of Filipino registered medical technologists during this COVID-19 pandemic. The Phenomenological Research Design aimed to explain, explore, and understand the actual lived experiences of the respondents. The goal of this phenomenological study was to arrive at an account of the essence of a specific phenomenon [13]. Moreover, phenomenology was used to describe, comprehend, and perceive the meanings of human life experiences [14]. The study was centered on questions that aim to know what it is like to experience a certain phenomenon. This research design was used to describe and interpret the meaning of the *lebenswelt* undergone by the registered medical technologists to be able to fully grasp and have a profound understanding of their experiences in a particular situation. The

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understanding of new insights and developing of new information on the essence of human experiences in a particular phenomenon was utilized and applied to inform, rectify, or redirect people's perception or understanding on the experiences of a group of people to further improve human lives.

B. Selection and Study Site

To facilitate a holistic approach on stigmatization, this study included only twelve (12) Filipino registered medical technologists representing the selected regions of the Philippines. This selection was obtained in order to establish rapport with the participants and improve the validity of an in-depth one-on-one semi-structured interview. The participants included two (2) from the Mindanao islands and ten (10) from the Luzon islands, majority of which came from the National Capital Region (NCR). Most of these participants have had at least five (5) years of experience working in a clinical laboratory and the least amount of experience in that field was three (3) years exactly. They were fairly young ranging from 25 years of age as the youngest and the oldest being at 32 years of age.

A total of twelve (12) Filipino registered medical technologists voluntarily participated in the study. The respondents fit the following criteria: (a) Filipino registered medical technologists, (b) three (3) or more years of practice in a clinical laboratory, (c) age between twenty-five (25) to fifty-nine (59) years of age, and (d) willing to share their experiences on stigmatization.

It was important that the participants should have been working in their respective laboratories for at least 3 years before the pandemic and have been working during the pandemic. This was to ensure that they have appropriate experiences of possible stigmatization as a medical technologist during the global pandemic. It was also required that the participants were within the range of 25 to 59 years of age to ensure richness and depth of the experiences that will be shared. Selection of participants excluded Filipino medical technologists working abroad and also medical technologists who were not Filipino, not within the age range, and those lacking required experience.

It should be noted that the sample size in this case does not matter. A sample size of twelve (12) may be enough so long as there is data saturation. A large sample size or a small sample size will not guarantee data saturation as it does not depend on the size of the samples but rather on the purpose of the study

and the credibility of the information acquired [15]. It was known that data saturation was achieved when any additional data obtained no longer adds new data, nor generates new themes as well as when the data has become repetitive.

C. Data Collection

Under a phenomenological approach, a three-part interview protocol was utilized to collect data in a duration of one (1) to two (2) months. The three-part interview protocol consisted of the following: interview proper, transcription and documentation, and follow-up. Research and preparation were done through drafting an interview guide which included questions that pertained to the phenomena under investigation. Considering the limitations due to the pandemic restrictions, the respondents were recruited through electronic mails and phone calls via snowballing technique. Snowballing technique was introduced as a means for convenience in studying hard-to-reach participants and for identifying other potential subjects [16][17]. It also involves the process of seeking information from key informants wherein they are able to provide other information-rich candidates for the study. Snowball sampling may also derive a "few key names that get mentioned over and over" [18]. This then makes these key names possibly important and information-rich subjects since they are frequently referred to by the informants interested in the phenomenon; thus, it is a good technique to "capitalize on expert wisdom, identify studies highly valued by different stakeholders and identify studies outside of the academic mainstream [19]."

Once consents were already obtained, appointments were scheduled for the interview proper. This began by establishing rapport and through showing appreciation as they agree to be part of the interview. Following this, the respondents were asked to fill out a robotfoto. Robotfoto developed by Kelchtermans & Ballet (2002) containing demographic information of the respondents were acquired [20]. The interview guide was performed one-on-one in a semi-structured setting which consisted of the following main open-ended questions: (i) how are you? (ii) Can you tell us about what you know and understand about stigma? (iii) What is your insight on stigmatization of Filipino registered medical technologists during the COVID-19 pandemic? (iv) What do you think is the cause of stigmatization? (v) From your perspective, in what way does stigmatization impact healthcare workers in general? (vi) What is your insight on the awareness of people towards this type of stigmatization during the COVID-19 pandemic?

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and (vii) What do you think is the best way to deal with stigmatization during the COVID-19 pandemic? Questions employed were open for any follow-up questions that would be essential to the study.

To prevent the loss of meaning, the respondents were asked for their permission to allow the researchers to audio record and transcribe the interview verbatim. For this to happen, the researchers used a platform for video conferences such as Zoom. The actual recording of the interview was kept for transcription only and each recording was named under a pseudonym collected to ensure confidentiality. The files were stored in a password-protected folder on the personal laptop of the contact person and was backed-up on a separate but also password-protected hard drive. The transcript of the interview and the results of the study were only accessible to limited individuals including the respondents, researchers, adviser, and other academic colleagues whom they might collaborate with. The files and the data they contain were completely and properly deleted after the study was finished. The respondents were informed of the deletion of their information, and proof of the deletion was shown to the respondents.

D. Mode of Analysis

The methodological approach of Colaizzi (1978) was employed to emerge the essence of the lived experiences of Filipino registered medical technologists during the COVID-19 pandemic [21]. Colaizzi's method was a data analytical approach that was commonly utilized by phenomenological researchers in the field of health sciences. Colaizzi's method was an approach to inquiry which involved seven steps. The first step being Familiarization which required that the researchers repeatedly read and immerse themselves in the field texts obtained from the account of respondents in order to establish anchors in phenomenal references. The second step of this method was the identification of significant statements in which the researchers sieve statements that are pertinent and relevant to the phenomenon under question. The formulation of meanings was the third step and deals with the researchers separating their presumptions in order to evaluate the significant statements and extract the meaning of these statements. Subsequently, the meanings were clustered into similar themes which revealed commonalities and trends among them. The fifth step of Colaizzi's method entailed the development of an exhaustive description which entailed a description that comprehensively and meticulously details the phenomenon with the thematic categories included. The phenomenological structure was established by providing a succinct synopsis through the reduction of the exhaustive description and the inclusion only of the essential elements. In the final step, verification of the fundamental structure was sought by the researchers to acquire validation from the respondents on whether the established structure of the phenomenon was an all-embracing assimilation of their lived experiences.

Following Colaizzi's method, transcribed field texts were read and re-read and analyzed via cool and warm analyses. Through phenomenological reduction, meaning units, condensed meaning units, subthemes, and themes were formulated.

To validate the findings of the study, correspondence technique, critical friend technique, and member-checking procedures were utilized to ensure trustworthiness and reliability of the findings.

III. RESULTS AND DISCUSSION

Findings in this study describe the essence of the *lebenswelt* or lived experiences of a group of Filipino registered medical technologists as they continue to serve as front-liners during the COVID-19 pandemic. Through the richness and the thickness of the field texts gathered through a semi-structured one-on-one interview, the four interesting typologies of stigmatization experienced by the respondents are highlighted (Figure1; Table 1). These typologies offer a panorama of how Filipino registered medical technologists deal with stigmatization as they bravely face the virus during their daily work.

The types of stigma include Wrong Assumptions, Misinformation, False Accusations, and Rejection which affected the lives of the respondents. The coping mechanisms which include the Gift of Motivation, the Gift of Profession, the Gift of Family, the Gift of Understanding, the Gift of Conviction; and the Gift of Resilience generate a balancing and harmonizing effect in the lived experiences of Filipino registered medical technologists as victims of stigmatization. The appreciation of these typologies and coping mechanisms enables the respondents to give meaning to what they do and incarnate life to their journey as healthcare providers and front-liners during this COVID-19 pandemic.

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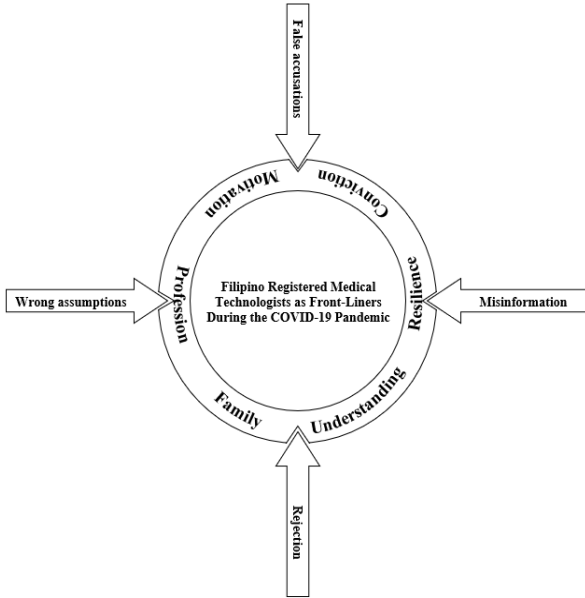
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Fig.2. Typologies of Stigma and Coping Mechanisms Experienced by Filipino Registered Medical Technologists as Front-Liners during the COVID-19 Pandemic

Table.2. A Taxonomy of Stigma and Coping Mechanisms Shared by Filipino Registered Medical Technologists Working as Front-Liners During the COVID-19 Pandemic

Stigma	Coping Mechanisms
Wrong Assumptions	Gift of Motivation
Misinformation	Gift of Profession
	Gift of Family
False Accusations	Gift of Understanding
Rejection	Gift of Conviction
	Gift of Resilience

E. Stigma

The difficulties and hardships brought upon by the COVID-19 pandemic affected the physical, mental, social, and emotional well-being of many individuals in the country. Along with those challenges, stigma towards medical technologists and other healthcare workers became prevalent. This stigma associates healthcare providers with that of being carriers of the virus; thus, the public has developed a negative perception towards these individuals. The way stigmatization was shown and experienced by the Filipino registered medical technologists can vary and can be grouped into different types: a) Wrong Assumptions, b) Misinformation, c) False Accusations and d) Rejection.

Wrong Assumptions:

It is interesting to note that the life of Filipino registered medical technologists is challenged not only by the work that they do, especially during the pandemic, but more so by the wrong assumptions that people have about them as front-liners during the fight against COVID-19.

Such wrong assumptions are not privy to these healthcare heroes as they hear other people assume that they harbor COVID-19 even if such is not the case, as verbalized by some the respondents:

> *"The person staying with me in the house, I saw the fear in his eyes. It was saying: 'Ahh … you work in a hospital … what will happen to us?' like … 'What about us? What about our family?'. [mimicking her housemate] It was like they were thinking 'Am I going to die?' [acting out their thoughts]; so, I felt discriminated because even if I work at a hospital, it does not mean that I do not care about others and the people I am with after I go home."* (R5)

The situation is made even worse for those who really acquired the infection, when even their superiors and co-workers in the profession assume that they got the infection, not from working in the clinical laboratory or molecular laboratory but from other sources, without really looking for proof or evidence, as articulated:

> *"I tested positive for the virus in my previous job, and I felt like they really distanced themselves from me. When I first found out about it, I immediately thought of the people that I was in contact with. I immediately reported this to the hospital to prevent transmission, and yet when I returned, it was as if it was my fault that I contracted the virus."* (R3)

The life of a Filipino registered medical technologist is made even more difficult not only due to the fact that other people think that they have the disease just by merely working as a front-liner during this pandemic but their own family members also assume that they do harbor the disease, even if they do not actually have it, as shared by some respondents:

> *"They would even suggest that I stay in a dorm, and they think it shows their concern for me, but deep down I*

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know that they just want me to be far from them. What hurts is that these words come from relatives." (R1)

For this typology of stigmatization, fear developed from the existing and also newly formed wrong assumptions led many to jump to conclusions which caused them to act or speak in the wrong way towards medical technologists. These assumptions involved the healthcare workers being thought of as carriers of the COVID-19 virus. In addition, these perceptions and assumptions were also extended to those family and friends of the healthcare workers which made it difficult for many of the healthcare workers to prioritize and balance the duty to serve from personal matters. This was made evident by the different articulations made by the respondents in this study. Healthcare workers who are working directly in the treatment of patients testing positive for COVID-19 have experienced more levels of stigma compared to those healthcare workers who did not [22]. According to them, misunderstandings regarding the issue and fear of infection were a few of the reasons why the public stigmatized healthcare workers. A recent study in Ghana indicated how perceptions of the public about the virus led them to fear and stigmatize those exposed to the virus, especially healthcare workers [23]. They explained how the fear and perception about the virus have led the public to assume that healthcare workers and the people around them were either carriers of the virus or positive for COVID-19 themselves. The various findings provided by these studies regarding how stigma can be rooted and perpetuated from that of wrong assumptions support the findings of this phenomenological inquiry.

Misinformation:

In the past, the public only knew doctors and nurses. The field of medical technologists was a forgotten and overlooked profession, which is why they were considered as the "behind the scenes" detective in healthcare. Fortunately, this COVID-19 paved the way for the registered medical technologists to be recognized and acknowledged as having its own profession, since they are currently the ones who conduct swab tests for COVID-19. However, recognition comes with a price. They were subjected to stigmatization due to being a COVID-19 swabber. In the eyes of the public, being a COVID-19 swabber equates to being directly exposed to suspected and positive individuals for COVID-19 infection. This led the public to fear them and conclude that since they work directly with positive individuals, they harbor the virus as well. Such misconceptions

regarding the COVID-19 swabbers are enunciated in the following verbalizations:

"People found out that the ones conducting swab tests on suspected cases were medical technologists. This made them think that since we are exposed, we could also have the virus, hence the stereotyping." (R4)

For many of the respondents in this study, their stigmatization experiences have rooted from different individuals who have knowledge that is erroneous or irrelevant when it comes to the virus or medical technologists. The public who lacked knowledge and correct information regarding the nature of work of medical technologists feared for the wrong reason and projected these emotions by doing and saying things that offended and stigmatized the Filipino registered medical technologists. These can be noted in the following verbalizations:

"Not everyone can understand because they do not know the responsibilities of hospital workers." (R4)

"Stigmatization happens all because of ignorance, that it is because of ... you know ... lack of real knowledge, lack of real resources regarding the disease and regarding what is happening around them" (R10)

At the beginning of the pandemic, it was possible that the general public would have misinformation due to the lack of understanding of the virus itself. However, the continuation of fear and stigma towards Filipino registered medical technologists were caused by misinformation produced by different media outlets online that spread fake news or exaggerated what was true. These experiences caused the respondents to feel misunderstood. Moreover, most respondents believed that the root of the stigma is ignorance and the lack of resources for verified information.

"I think the awareness about the stigmatization here in the Philippines particularly for front-liners or medical technologists is not yet enough [laughs] because there are too many people talking. Aside from that, there is also social media. The tendency is you do not know what to absorb or if that is actually correct. There is a lack of that aspect in terms of handling these cases in the Philippines. All the agencies should focus more on that part." (R2)

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With the experiences of the Filipino registered medical technologists, they have noted that in the sudden spotlight of their profession as medical technologists in the forefront of the COVID-19 pandemic, the public has begun to use that information as the basis for their actions and attitudes towards them. This common knowledge circulating amongst the public has made it a struggle for them to do their daily work routines. This type of stigmatization was also described as one of the several factors contributing to healthcare-related stigma was the knowledge of the public [24]. It was said that this has influenced their rational thinking in their responses to anything COVID-19 related. This rings true for the Filipino registered medical technologists as upon knowledge of their profession, people were immediately apprehensive. Common knowledge is not the only factor for misinformation in the public. The fact that there seems to be a general lack of knowledge and understanding of the healthcare protocols of the hospital and laboratories has plagued the Filipino registered medical technologists with stigmatization. The lack of scientific information on the virus has perpetuated the fear that these individuals have [25]. A more aggravating issue here would be the rampant dissemination of over-exaggerated and fake news formed in mass media. Regardless of how much the internet has been the greatest source of health information, it is also the deadliest distributor of misinformation. [26]. Prime examples of these would be media report links of COVID-19 as an apocalypse or plague, articles creating misconceptions of the virus, and exaggerated stories that are rapidly spread, contributing to mass hysteria [25][27][28]. Because of this, a divide was made between 'them' and 'us' [25]. This is the exact situation described by the respondents. The sensationalism of fake, misleading, and exaggerated information in social media have only fed the fear of the public, enabling the growth of mistrust and stigma towards medical technologists wherein these healthcare heroes are now merely labelled as 'them.'

False Accusations:

Prejudice against others is fueled by people jumping into conclusions without having a clear understanding of the situation. Often, front-liners like medical technologists receive accusations of being carriers of the virus, immediately equating a medical technologist to being COVID-19 positive. This may drive people to create false statements and stereotypes directly towards medical technologists. These direct false accusations manifest in the following statements:

"They keep on saying that you are positive for the infection." (R8)

Confronting this deadly virus, medical technologists are open to being attacked by the community brought by the circulating headlines about the virus. With this, they have also been unfortunately put in the limelight of gossip and hearsays that are indirect allegations of their 'capability' to spread the disease. Medical technologists receive questions and even non-verbal cues from strangers, patients, and family members that insinuate how they contract COVID-19 because of the tests they perform for its detection. These indirect attacks towards them can be noted in the following statements:

"Their family will look at you this certain way and you could hear them saying things like, 'She works in the hospital, right' You might contract COVID or other diseases from the hospital." (R1)

"Of course, your patients as well ... uh... they ask if you have tested many COVID-19 cases ... uh ... if you might have COVID-19 without you knowing." (R9)

These false accusations carry baseless implications of medical technologists being COVID-19 positive which stir fear among the people around them. A study shows that healthcare workers are the targets of "abusive and vulgar comments" and "false accusations of spreading the virus" because of their battle in the front-lines of the pandemic [29]. These accusations can be derived from the expectations set by the public for healthcare workers to avoid harboring the disease, or even worse, causing its transmission. In addition, there is an increased likelihood for healthcare workers to become victims of COVID-19-related verbal harassment such as badmouthing or gossiping because of the people's perception that there is a greater probability for these healthcare workers to test or to have tested positive for the disease, and to have known someone who was a COVID-19 patient [30]. Medical technologists who travel to work by sharing rides with other people expressed that they would hear gossip about them working in a hospital and families discouraging others to not get close to them. Patients, as well, continuously asked medical technologists the number of COVID-19 cases that they have handled or speculate that the medical technologists have tested positive for the virus unknowingly. To the medical technologists, these attitudes come off as offensive because they indirectly suggest that it is

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necessary for people to distance themselves from medical technologists because they are the carriers of the contagion.

Rejection:

Despite the media's praise for the front-liners and their selfless acts for the public, they are still being treated as though they are not even worthy to be in the same space as the public. Due to the sudden emergence of the virus, the notion of the unknown and novel virus made them distance themselves from the front-liners who are exposed to the virus. However, the mystery that surrounds the virus is getting uncovered day by day and information regarding the transmission and prevention measures regarding the virus has been disseminated to the public. This, however, did not stop the public from avoiding and socially excluding the healthcare professionals as seen in the cases below:

> *"When I go to the banks, I receive a different treatment when they know that you are in the allied health field. Yeah ... people would really avoid you in your --- actually if you are going to practice your profession during those days --- in the first and second quarters of the COVID-19 pandemic, people would really avoid you" (R10)*

Despite just wanting to be treated with the respect that they deserve, what they get in return for all their sacrifices and willingness to help instead is stigma and social exclusion. This rejection from the public has also led the front-liners to be robbed of their basic rights, such as prohibiting them from riding public transport and entering establishments that are meant for all. Due to their line of work, they are being shunned away from establishments and rejected even from their home. Such incidences of rejection from the general public can be seen in these assertions:

> *"During the time of lockdown wherein no public transportations was available, our mode of transportation was the service offered via an ambulance. As the tricycle drivers saw me being dropped off by the ambulance, I was told that I am not allowed to ride the tricycle since I came from the hospital." (R11)*

The front-liners have been on the receiving end of public disapproval or rejection due to their known or perceived exposure to COVID-19 affected individuals. Avoidance is one form of rejection that gives off a negative attitude towards the individuals being on the receiving end. Many of the Filipino registered medical technologists shared that they have already experienced being distanced and isolated from the public mainly due to the public's fear of possibly harboring the infection. A study revealed that the public are certain that healthcare professionals must be isolated and socially excluded from society and their families [31]. They also discovered that this kind of mindset from the public towards the front-liners is deeply rooted in their trepidation on being infected by the virus. Some of the public also distanced themselves from the front-liners up to the point of refusing to go anywhere near the healthcare workers for fear of disease contagion [32]. A study shows that the fear of the public serves as a 'prerequisite for avoidance and stigmatization' and a way of self-preservation [33]. This just further affirms that the public is rejecting or avoiding medical professionals due to their fear of contracting the virus. While some only distance themselves from the front-liners, others went to great lengths by prohibiting them from entering establishments or even riding public transportation. The respondents have claimed that there have been numerous times that they were rejected from entering public places simply due to being healthcare workers, most especially when they were wearing their scrub suits. Hence, healthcare workers wearing their work uniforms seem to be more likely stigmatized since it 'invites danger'. To further illustrate the social rejection experienced by the front-liners, there were instances wherein front-liners were subjected to denial of access to public transport [34]. There were even medical practitioners that were forced to leave their lodgings, and in some cases, were even verbally or physically attacked. It can be seen that the public no longer limits themselves to just distancing from the front-liners. It already came to the point that the public directly shuns and physically assaults the front-liners, which have now imparted itself as a part of the daily lives of healthcare professionals.

F. Coping Mechanisms

The extent to which Filipino registered medical technologists cope up and survive the identified stigmas depends on their ability to shield and separate themselves from unpleasant thoughts, events, and actions. These help them get away from undesirable and unwanted feelings and enable them to safeguard their minds against feelings and thoughts that could threaten their physical, mental, and social well-being.

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Gift of Motivation:

The profession of medical technology has been recognized due to the pandemic; however, the public has also constructed their own perception towards them that led them to be stigmatized. Despite the stereotypes, the respondents in this study continue to persist and get past the hurdles through their firm grasp on their very own motivations that led them to where they are today. Such motivations, which may take the form of love, work pay/salary, or even leisure that inspire them, has played a pivotal role in keeping them motivated and grounded amidst adversaries that they currently face. These motivations wean away negative thoughts and keep the stigma that render them vulnerable at bay, leaving only positive thoughts at the forefront of their minds. This led them to be able to continue to do their work. These motivations that have become their source of strength and encouragement are shown in the following articulations:

> *"What I did to adjust is less thinking or overthinking and to sleep earlier, and then eat properly, take your vitamins." (R5)*

> *"Practically, of course the work pay boosts my motivation to still pursue my duties as a medical technologist." (R6)*

Motivation is the 'driving force behind human actions.'[35]. It is the reason behind a person's action that guides and initiates them to act. With this, some of the motivation can take the form of anything that encourages a person to pursue their goal. For the respondents, the motivation that drives their self-efficacy and safeguards their mental health from attacks brought upon by stigma can be through their personal interests and what they love. According to the respondents, these motivations have driven their will to continue accomplishing their tasks as a front-liner. At times when they are unmotivated due to their current situation, these motivations have become the saving grace that encourages them to be resolute and unyielding despite the enormous stressors prompted by this pandemic. Work pay or salary is a motivating factor that drives a person to excel in what they are doing. This motivation stems from the need for a stable source of income to support their loved ones. The respondent in this study elaborated that he is fortunate to have a source of income in this time of pandemic, especially since numerous jobs and establishments have been shut down due to the sudden pandemic. To support this, there was a study

that showed that the fear of losing income has become a great source of anxiety to everyone during the pandemic [36]. Instead of wallowing in doubts and self-depreciation, registered medical technologists have found a way to outgrow the feelings of hostility or distress and degrading behaviors demonstrated by the public through indulging themselves in activities that they love to divert their attention. To safeguard the healthcare professionals from the increased distress, hostility, and anxiety brought upon by social isolation during this pandemic, the front-liners must be able to take care of oneself through communication, reflection, and cope with the stigma through engaging oneself in leisure activities that invigorates them [37]. With the accumulation of stress brought by stigma and the pandemic that jeopardizes their well-being and service to their profession, these various personal motivations employed by the healthcare workers as their way to cope can heal, rejuvenate, and safeguard the overall well-being of the healthcare workers against the pressure and stress that encumbers them.

Gift of Profession:

Filipino registered medical technologists are bound by the oath of their profession to heal and to serve their country amidst the pandemic. With the unprecedented levels of workload and stress, along with the stigmatization they are vulnerable to, the option to surrender and leave their profession can be a way out to save their mental health. Abiding by their honor code, they are eager to overcome past encounters as they contemplate and weigh the things that matter the most. Burnt out by the uncertainty of the current situation, various courses of actions are evidently being carried out for them to be able to bounce back and continue their oath to the profession in spite of the hardships they are confronted with. These are expressed in the following verbalizations:

> *"We cannot just give up because of selfish reasons, because we had our oath-taking, we swore to ourselves, the people whom we will serve, and the profession." (R1)*

> *"It is not important if they look at me in a bad light and I am stigmatized. What is important is that I am able to fulfill my duty as a health worker. It does not matter how they see me, because I, as a health worker, have duties and responsibilities to the community." (R3)*

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The duty to serve the public for the well-being and improvement of the society is ingrained inside the hearts of every healthcare worker. During those difficult times, they were reminded of the oath they took before acquiring their license to practice their profession. Coping through the feeling of responsibility to one's profession is an effective way in minimizing the stress and effects that stigmatization has caused. It is not the first time that it has been used to cope with stigma as many studies in the past have revealed in previous epidemics. One of these studies revealed how many front-line respondents during the MERS-CoV were able to push through the situation at the time due to their ethical obligation to their profession [38]. The passion to be of service to the community and country was discovered to be one of the most common coping mechanisms adopted by front-liners [39]. Furthermore, a recent study describing the same ideas following data analysis explained that many healthcare workers continued choosing to volunteer and did their best in saving lives despite the stress and stigmatization they experienced as it was their duty and obligation as healthcare professionals [40]. In these studies, the healthcare professionals viewed the opportunity to be of service for the community as a privilege. Their determination, willingness, and passion to help the community in combating this virus has driven them to continuously serve the public despite them being stigmatized by the very persons that they swore to protect. In this phenomenological study, the respondents utilized the dedication they had for their line of work; thus, they withstood the stigma they experienced and just kept doing what their heart desired. The passion of medical technologists and their obligation to serve and help others drives the healthcare system of the country, and fuels not only medical technologists but also other healthcare professionals to continue battling the COVID-19 pandemic.

Gift of Family:

These stigmatization experiences have brought stress and anxiety into the minds of the Filipino registered medical technologists. With all of these judgmental stares and social exclusion coupled with the burden of the pandemic itself, they have sought comfort in the arms of their actual family members and also their second families such as their co-workers and real friends. These people are the individual's one can turn to, knowing that they can understand them wholly whether they share the same experiences or not. Such statements can be seen below.

You know that your family will never treat you differently. Because others may treat you differently and you will get stressed, but your family will accept you." (R5)

"Here in our workplace, understanding brews between all of us. We are also encouraging each other. We also help each other emotionally. So, good thing we found a family in here. Pandemic has brought us a new family. And this family has helped us cope up, emotionally, in this time of pandemic." (R8)

Due to this pandemic crisis, the working environment has been significantly transformed as they work with potentially highly infectious patients which makes them at risk to be stigmatized [41]. With the aim to determine the ways to overcome this, it revealed that certain positive motivational factors including supportive and proud family and colleagues must be strengthened to help boost the morale of healthcare professionals.

A supportive and nurturing family is especially important since it serves as a motivating factor that needs to be consolidated to be able to safeguard the morale of the front-liners against distressing experiences in healthcare such as stigma [42]. A study revealed that a significant number of healthcare workers treat family and friends as their coping mechanism or motivator amidst this pandemic [43]. Furthermore, quantitative studies proved that healthcare workers used the support from peers, colleagues, family, and friends to help sustain emotional balance during stress-inducing events and face threats, particularly in managing the adverse mental health consequences of the COVID-19 pandemic [44]. Despite the amount of work that medical technologists have poured into for the sake of the health of the community, a number of people still have misconceptions about their nature of work. With this, the constant support and understanding of their family played a vital role for them to be able to withstand and cope up with the unwanted circumstances they are faced with.

Gift of Understanding:

It is human nature to be afraid of something that one does not totally grasp or comprehend. From the perspective of medical technologists, they recognize that the stigmatization directed towards them is caused by fear - fear of succumbing to a potentially fatal virus of which even experts and scientists do

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not have a clear understanding and have not found a cure, because of its novelty. As medical technologists stand on the receiving end of this, they believe that their educational background and the existing knowledge on the virus empower them to be understanding of the people who are prejudiced. They accept that the stigmatization stems from the people's lack of awareness and knowledge on the nature of the virus. Therefore, they exert an effort to see the bigger picture of the situation. The undertaking of medical technologists to display their conscious understanding of those who stigmatize them is discernible in the following statements:

"I see it to it that I am understanding. I try to put myself in their shoes and in a way, I would be afraid too, but maybe not to the extent that I would really distance myself from them. I understand that they are afraid, so I just do my job. If it is hard for us, it must be harder for them, so just ignore those and everything will be over soon. That became my everyday mantra while I was carpooling to work." (R1)

"... they do not know anything about healthcare, they do not know a thing about biology, they do not know anything about the virus. The only thing they know is that the disease is contagious and deadly, and you can spread the disease if you have it so, of course, I will try to understand them, that what is happening is out of ignorance." (R10)

The Gift of Understanding entails being able to put oneself in someone else's shoes to better understand his aspirations, emotions, and ideals [45]. Views, no matter how unreasonable they seem, need to be seen with a lot of understanding to prevent conflicts from growing. With this, medical technologists have been seen to show empathy and understanding for their 'stigmatizers.' Despite the stigmatization shown, they strive to deepen their understanding of the situation by rationalizing the cause of stigmatization. Based on the findings, there is definitely a common awareness that misinformation and the lack of education are the triggers for stigmatizing behavior. Similarly, a study shows that the people who stigmatize a certain population were revealed to be not completely informed and educated about the situation [46]. With that, medical technologists have acknowledged that people stigmatize healthcare workers out of ignorance and of having an outside-in perspective towards healthcare workers. This finding is supported by a study which indicated that

disease-related stigma is fueled by fear of contracting the virus and lack of information [22]. They also mentioned an association between the lack of information of the disease and an increased perception of stigma. In this regard, understanding the cause of stigmatizing mentality is a mechanism used by stigmatized medical technologists to cope with emotional adversities and strain of their occupational workload.

Gift of Conviction:

Stigma brings negativity to anyone who experiences it. For the Filipino registered medical technologists, the difficult task of collecting and processing specimens became more difficult due to stigmatization. As the pandemic went on, many of them began to learn how avoidance of people who stigmatize healthcare workers and ignoring stigma overall can be an effective coping mechanism against the issue. This helped them focus on their work and prevented negative thoughts from affecting their health. Because of this, many Filipino registered medical technologists chose to ignore stigmatization. While this coping mechanism was not a solution to the issue itself, it was beneficial for the mental stability of medical technologists who had to balance work and personal life amidst the chaos. Their view on how stigma should be ignored were articulated in the following statements they have shared below:

"I personally do not go out as much unless I really need to, because you can see the way people look at you when you are from the medical field." (R4)

"I do not really take it as stigmatization, though you really cannot make it not exist ... there will always be some individuals that would view us medical professionals negatively, but I guess for the most part ... their opinion on us has improved." (R7)

The selected group of respondents have utilized their Gift of Conviction in phasing out stigmatization from their life. They have decided that the stigmatization these people give them do not matter in either their personal life or in their work. Tactical or planned ignoring of these stigmas was one of the coping mechanisms healthcare professionals have done [46]. They have decided that those unnecessary statements and comments were of no relevance to them. In addition to that, Filipino registered medical technologists have also noted that if they allow themselves to be affected by such negativity, they would not be able to be more productive with their tasks; hence, they

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opted to pay them no attention. By not dealing with the negative sentiments, this strategy was helpful in pushing away or avoiding any negative automatic thoughts generated that would have led to negative feelings and behaviors [47]. It was also stated that this sort of stigmatization was a situation they could handle and tolerate. They told themselves that it was acceptable. This finding is consistent with another one of the coping mechanisms in a study found which was acceptance [46]. This acceptance meant that this is a phenomenon that comes with the work they have. It is something they did not take to heart or internalize in any way. Filipino registered medical technologists have also mentioned that stigmatization is not something that one can make non-existent. They thought that there would always be certain individuals who would always view them negatively. This coincides with another finding of theirs which explains about the attribution of a certain situation as a natural occurrence and enduring issue that cannot be eliminated but manageable on some level [46]. The problem with conviction is that it does not necessarily always have a good outlook. Some of the Filipino registered medical technologists have made their conviction in avoiding anyone and everyone as much as possible. This avoidance behavior has been said to have a chance of worsening mental health as well as increase psychological distress and depression [48].

Gift of Resilience:

With all the criticisms being given to the Filipino registered medical technologists, it really has been hard on their part to have to listen to these unnecessary and baseless comments. Even amongst the criticisms and rejection, they have persevered through their own resiliency. Resiliency is the capability of the person to "bounce back" or emotionally and mentally cope with a crisis-situation back to the pre-critical situation. They are self-aware, adaptable, pragmatic and optimistic individuals that are capable of perceiving the situation realistically in order to re-gather their situation and fend through it. As mentioned before, they have gathered themselves once again from not only the fatigue from the battle against the COVID-19 infection but also from the battle against stigmatization experiences in order to resume once more in the war against the COVID-19 pandemic. Their all-out strength in showing resilience can be seen in the statements they have said below:

"I think stigmatization will not disappear. We all know that we tend to be judgmental or opinionated in nature

but just stay true to what you do, you just prove your worth in everything that you do, not in what you say but in what you do and to actually focus on the mental health of each other." (R2)

"Later on, I know you will need us. That is like my notion. So, whatever critics you throw upon us, I just need to work accordingly. Continue working, so make it uh motivation, the criticism that you receive." (R12)

As they continue to pursue working even in midst of the hardships of the workload and mistreatment, the Gift of Resilience in the face of uncertainty is one of the coping mechanisms evidently instilled into their mindsets for them to bounce back and to save their burdened mental health. Resilience has been described as a tool or skill to change, balance, or control oneself during moments that are unfavorable [48]. Moreover, it is considered as the knack to defeat adversity and to succeed despite the presence of high risk [26]. Having this kind of attitude has been said to be a powerful tool to cope up with the mental health crisis associated with COVID-19. In the Philippines, resilience is a characteristic that Filipinos glorify and take pride in. As for Filipino registered medical technologists who experienced COVID-19-related stigmatization, they were able to brave their devaluing experiences by opening up to their workmates and laughing their experiences off. Being able to cope optimistically from stigmatization with the help of one's family, faith, or social circles helps people develop a healthier form of resiliency [49]. As circumstances can be hardly controlled, medical technologists have found a way out to be flexible and to look forward with a positive view. Being flexible is a more crucial consideration to maintain resilience rather than having a fixed set of strategies [50]. Thus, this type of coping strategy has been suggested as an essential element to counteract the consequences associated with COVID-19 [48]. After letting their stress and burden out and finding humor in the situation, medical technologists who have been stigmatized exhibit flexibility by continuing to fulfill their laboratory duties as if nothing happened. This finding is in line with the findings of a study wherein it is implied that the ability of professionals to accept the challenges that come with their profession is an efficient coping strategy for stigma [46]. Ultimately, the resilience of medical technologists who were stigmatized for being part of the essential industry in the pandemic shines through in their established optimism and found humor of the situation as well as their emanated flexibility to better

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themselves rather than to be unforgiving of a situation which they cannot control.

IV. CONCLUSION

The recent rise in cases of stigmatization towards Filipino registered medical technologists and other healthcare workers during the COVID-19 pandemic has become a challenge for many of these individuals to balance their obligations and find time for their own well-being as they were exposed to stigma from different sources and forms. This phenomenological study was able to identify different typologies of stigma experienced by the Filipino registered medical technologists during the pandemic which includes stigmatization due to *Wrong Assumptions, Misinformation, False Accusation*, and *Rejection*. In an effort to adapt to the difficulties posed by stigma, they were able to develop coping mechanisms as ways of mitigation of the effects of stigma. This phenomenological study was able to identify the coping mechanisms employed. This included the *Gift of Motivation, the Gift of Profession, the Gift of Family, the Gift of Understanding, the Gift of Conviction*, and *the Gift of Resilience*. Together, these findings were able to provide an in-depth view of the stigmatization experiences of Filipino registered medical technologists during the COVID-19 pandemic.

Whilst analyzing the verbalizations of the respondents, another pattern was identified and should be noted was the existence of the double bind dilemma phenomenon among these healthcare professionals. Due to the pandemic, many of the Filipino registered medical technologists were met with a great number of dilemmas. These healthcare workers were conflicted between fulfilling their duties and obligations as a medical technologist or avoiding their obligations to prevent stigmatization by the public. They also faced a dilemma wherein they feared spreading the disease to their families but could not stop working as they needed the financial resources to support their families. These predicaments that Filipino registered medical technologists had to face combined with their stigmatization experiences has led to become stressed and fearful of stigma, their obligations, and the public.

This study has served to have a thorough understanding on how the Filipino registered medical technologists deal and cope with the current stigma brought upon by the pandemic. The researchers believe that this study can aid in reducing the stigma experiences of these healthcare workers by helping the public understand the nature of work that these professionals have and the stigmatization experiences they have faced. However, the researchers also acknowledge that this study has its own limitations. Because this study only provided a *moderatum generalization*, the researchers recommend cross-sectional studies to be performed regarding the stigmatization experiences and coping mechanisms of Filipino registered medical technologists to yield a more definitive and detailed view on the experiences of Filipino registered medical technologists during the COVID-19 pandemic. Furthermore, the researchers also recommend that future phenomenological studies involving the perceptions and experiences of Filipino registered medical technologists on specific, if not all, regions in the Philippines or phenomenological studies involving the COVID-19 experiences of other healthcare professionals who played a key role during the COVID-19 pandemic are conducted due studies regarding the stigmatization of registered medical technologists being limited and difficult to find.

Ethical Considerations:
The study was approved by the Research Ethics Committee of the University of Santo Tomas with REC Approval no. FOP-REC-2021-02-159.

Conflict Of Interest:
The authors declare that the study was conducted with no conflict of interest.

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