

The Level of Performance of Health Personnel in the Bureau of Quarantine at Clark International Airport: Basis for Proposed Intervention Measures

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Abstract — This study aimed to assess the level of performance of health personnel in the Bureau of Quarantine at Clark International Airport focusing on medical and health services, screening of arriving passengers, and international health surveillance.

The descriptive correlational design was used in the study. Total enumeration was selected health personnel of the Bureau of Quarantine at Clark International Airport and 30 passengers to assess the level of performance of the health personnel in the areas of medical and health services, screening of arriving passengers, and international health surveillance.

The study revealed very satisfactory performance of the health personnel in the annual performance rating while very satisfactory in medical and health services, aligning with regulatory standards, while excellent in screening arriving passengers from, highlighted adherence to international health protocols and international health surveillance indicated efficient monitoring, of health personnel in safeguarding public health and international travel as rated by the passengers. The study further revealed that demographic profiles have no significant relationships with performance, indicating that factors like age, years of experience, and education do not exert a notable influence on effectiveness or work performance..

Furthermore, there were problems encountered by the health personnel of the Bureau of Quarantine, hence interventions were proposed.

Finally, the study recommends tailored training programs and support systems to optimize the health personnel performance.

Keywords — *Performance Evaluation, Health Personnel, Bureau Of Quarantine For International Airport*

I. Introduction

In the dynamic landscape of global mobility and the persistent threat of emerging infectious diseases, the Bureau of Quarantine at Clark International Airport (CIA) played a pivotal role in ensuring public health and safety. This research was inspired by the findings of Andiani et al. (2023), highlighting the challenges faced by health personnel in airport settings. The constant influx of passengers from diverse locations exposed health personnel to unique health risks, emergencies, and public health concerns, underscoring the need to understand the nuances of this environment.

The global significance of CIA as a gateway for individuals from various regions further emphasized the necessity for effective health personnel performance to prevent the cross-border spread of infectious diseases, aligning with the insights provided by Sharma et al. (2023). Medical and health services, screening of arriving passenger, and international health surveillance at the airport were critical components ensuring public safety, as emphasized by Abdel-Razik et al. (2023).

In the Philippines, Section 3 of Republic Act No. 9271, the BOQ international commitments and a national scope of duty, as mandated by the International Health Regulations (IHR) of the World Health Organization (WHO). The responsibilities and jurisdiction of the Bureau extend to conducting surveillance and inspecting arriving and departing ships and aircraft at Philippine ports of entry and exit.

Moreover, the effectiveness of the BOQ in implementing its surveillance and response capabilities, as per the modified protocols derived from Republic Act No. 9271 and the 2004 Quarantine Act Revised Implementing Rules and Regulations, is essential. The performance of health personnel can directly contribute to assessing how well the Bureau is carrying out its responsibilities, particularly in maintaining international trade and travel flow at ports of entry, airports, and seaports with minimal interruption.

The level of performance of health personnel at the Bureau of Quarantine at Clark International Airport is crucial given the significance of the Bureau's responsibilities outlined in Republic Act No. 9271, the Quarantine Act of 2004. The Act clearly designates the Bureau of Quarantine (BOQ) as a first-class line bureau under the Department of Health (DOH), emphasizing its role in ensuring security against the introduction and spread of infectious diseases, emerging diseases, and public health emergencies of international concern.

By focusing on the health personnel's performance, the study aligns with the proactive stance of the Bureau on matters related to traveler safety, food safety, sanitation, and vector control, all of which contribute to the overall goal of protecting public health. It serves as a critical assessment of the Bureau's effectiveness in fulfilling its duties and highlights potential areas for improvement or intervention measures to enhance its capabilities in safeguarding public health in the context of international travel and trade.

The significance of this research lay in its potential to improve health personnel performance, not only benefiting the Bureau of Quarantine but also positively impacting the wider passenger's public health community and to the Nursing service administration that highlighted the critical role of healthcare professionals in safeguarding health in the airport. The proposed interventions had the potential to strengthen the airport's health system, ensuring a more robust response to emerging health challenges and safeguarding the well-being of both airport personnel and the community at large.

It specifically sought to address the following questions:

1. How may the respondents be described in terms of?
 - 1.1 age
 - 1.2 gender
 - 1.3 marital status
 - 1.4 years in service
 - 1.5 designation/ rank
2. How is the respondent's level of performance described in terms of?
 - 2.1 Annual Performance Rating
 - 2.2 Services Provided in the Bureau of Quarantine
 - 2.3 Medical and Health Services
 - 2.4 Screening of Arriving Passengers
 - 2.5 International Health Surveillance
3. Is there a significant relationship between respondents' demographic profile and their performance at CIA in terms of ?
 - 3.1 Medical Health Services
 - 3.2 Screening of Arriving Passengers
 - 3.3 International Health Surveillance
4. What are the problems encountered by the health personnel in the performance of their duties and responsibilities at Bureau of Quarantine at Clark International airport?
 - 4.1 Medical Health Services
 - 4.2 Screening of Arriving Passengers
 - 4.3 International Health Surveillance
5. What intervention measures to be proposed to enhance the performance of the health personnel in the Bureau of Quarantine at Clark International Airport?
6. What are the implications of the study for Nursing Service Administration?

HYPOTHESIS

Null Hypothesis (H₀): *There is no significant relationship between the demographic profiles of health personnel at the Bureau of Quarantine (BOQ) at Clark International Airport (CIA) and their levels of performance in providing medical and health services, screening an arriving passenger and international health surveillance*

Literature Review

A major factor in safeguarding the safety and well-being of passengers, airport health personnel, and the general public is the ***performance level of the health personnel in airports***. Due to the threats posed to the world by infectious illnesses and medical catastrophes, the significance of this topic has recently been emphasized. Due of this, a significant number of research has been done to analyze and assess several aspects of health personnel performance in airport settings.

The ***performance of health personnel*** in airport settings is critical for ensuring the safety and well-being of passengers and the general public. Several studies have emphasized the need for continuous evaluation and improvement in this area.

Kok et al. (2015) research provides a valuable foundation for understanding how the broader contextual landscape can shape the effectiveness of interventions and programs involving health personnel, while Ousman et al. (2022) revealed that factors such as sex, marital status, working hours, and job happiness were strong predictors of job performance, indicating the need for attention from regional health offices, zonal health offices, and hospitals in improving working conditions and job satisfaction to boost overall performance.

Medical and Health Services encompass the essential healthcare activities that included health screening of travelers, assessing potential infectious diseases, and ensuring health conditions while ***Screening of Arriving Passengers*** refers to the systematic assessment conducted by health personnel such as temperature checks, health questionnaires, and symptom assessments to detect any signs of infectious diseases.

Screening of Arriving Passengers refers to the systematic assessment conducted by health personnel, this process involves the use of various screening measures such as temperature checks, health questionnaires, and symptom assessments to detect any signs of infectious diseases. Focuses on evaluating the efficiency and challenges of this screening process, contributing to the understanding of its role in preventing the spread of diseases at ports of entry.

According to Sujatha et al. (2021) the effectiveness of thermal and symptom screening in confirming COVID-19 cases was limited. However, entry screening served as a valuable means to identify travelers at risk of COVID-19 infection, heighten awareness, enforce quarantine measures, and ultimately aid public health authorities in preventing community transmission.

Notably, the proactive approach of the Bureau of Quarantine, mandated by Republic Act No. 9271, encompasses comprehensive surveillance and response capabilities while minimizing disruptions to international trade and travel (Bureau of Quarantine, 2012). Health personnel's involvement in initial assessments of travelers, focusing on potential infectious diseases and the overall sanitation conditions, highlights their critical role in safeguarding public health (Bureau of Quarantine, 2012).

Moreover, the measures taken by the Philippines, including the establishment of the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID), as discussed by Lidasan (2023), highlight the proactive role of health personnel in managing and mitigating the impact of pandemics on public health. The active involvement of health personnel in implementing national strategies and protocols is crucial for ensuring the efficient and effective management of health crises and safeguarding the well-being of the population.

International Health Surveillance refers to the systematic monitoring and tracking of health-related data and events on an international scale which includes the surveillance of global health threats, tracking the spread of infectious diseases, and implementing preventive measures to ensure public health safety.

In ensuring compliance with international health regulations, Blišťanová et al. (2021) discuss the adaptation of airports worldwide to the pandemic, emphasizing the key role of health personnel in enforcing health screenings and ensuring adherence to the International Health Regulations (2005).

Additionally, the active surveillance conducted at points of entry has proven vital in early detection and containment efforts Ho et al. (2017) the contributions of health personnel at the Bureau of Quarantine to this surveillance are significant in safeguarding public health.

Moreover, in the implementation of local quarantine measures, Hapal (2021) describes the execution of local quarantine measures in the Philippines during the COVID-19 pandemic, accentuating the critical role played by Bureau of Quarantine personnel at ports of entry.

Finally, in asserting the authority in health control, the 2004 Quarantine Act highlights the authority of the Bureau of Quarantine in inspecting and controlling sanitary conditions at ports of entry, including airports. This underscores the pivotal role of health personnel in enforcing health regulations and maintaining public health security.

II. Methodology

The study used quantitative descriptive correlational design study was appropriate to conduct the assessment of the level of performance of health personnel at the Bureau of Quarantine in Clark International Airport.

This study was conducted at the Bureau of Quarantine unit within Clark International Airport, in Angeles, Pampanga, Philippines.

Total enumeration was used to determine the population of the study that included the 30 Health Personnel and 30 passengers passengers/travelers arriving at the airport were selected as participants.

This study employed a structured questionnaire based on key sections and guidelines from the Bureau of Quarantine Manual ("Implementing Rules and Regulations of R.A.9271 of 2004 (Revised 2012)"). The questionnaire was divided into three sections: demographic profile, services offered and problems encountered.

The instrument underwent rigorous validation procedures. Experts from the field of public health and survey methodology reviewed the content for relevance, clarity, and alignment with the research objectives. Their assessment yielded a Content Validity Index (CVI) of 0.91, indicating a high level of agreement on the instrument's quality. Consent and written permission were secured. Collected data were analyzed using descriptive statistics such as frequency, percentage and mean. For the correlation, Pearson was used to measure the relationship between the variables under study.

III. Results and Discussion

Demo graphic Profile of the Health Personnel and Passenger

Table 1 reveals significant age and marital status differences between passengers and health personnel, while years of service and designation show distinct patterns within each group. Similar age distributions for passengers and health personnel, with both groups concentrated in the 30-39 age range.

Passengers skew younger than health personnel, with both groups predominantly female and in their 30s, and most health personnel having longer service and supervisory roles.

Table 1
Demo graphic Profile of the Passenger and Health Personnel

Demographics	Categorical Data	Passenger		Health Personnel	
		Frequency	Percentage	Frequency	Percentage
Age	20 to 29	8	26.67	1	3.33
	30 to 39	15	50.00	20	66.67
	40 to 49	4	13.33	6	20.00
	50 to 59	1	3.33	1	3.33
	60 to 69	2	6.67	2	6.67
	Total	30	100.00	30	100.00
Gender	Male	10	33.33	12	40.00
	Female	20	66.67	18	60.00
	Total	30	100.00	30	100.00
Marital Status	Single	12	40.00	9	30.00
	Married	18	60.00	19	63.33
	Separated/Divorced	0	0.00	2	6.67
	Total	30	100.00	30	100.00
Years Service in	Less than 1 year	0	0.00	0	0.00
	1 to 10 years	28	93.33	23	76.67
	More than 10 years	2	6.67	7	23.33
	Total	30	100.00	30	100.00
Designation	Rank and File	30	100.00	22	73.33
	Supervisory	0	0.00	8	26.67
	Total	30	100.00	30	100.00

Level Of Performance

Table 2
Annual Performance Rating of Health Personnel CY 2022

Component	Mean	Verbal Description
Team work	4.55	E
Planning & Organization	4.54	E
Communication	4.49	VS
Analytical	4.43	VS
Innovation	4.43	VS
Behavioral Factors	4.42	VS
Initiative	4.41	VS
Job Knowledge	4.41	VS
Overall Mean	4.46	VS

Legend: Excellent 4.50 - 5.00, Very Satisfactory 3.50 - 4.49, Satisfactory 2.50 - 3.49, Fair 1.50 - 2.49, Poor 1.00-1.49.

Table 2 indicates that the annual performance rating of the health personnel obtained an overall mean of 4.46 with a verbal description of very satisfactory among the components of the annual performance ratings, teamwork has the highest mean of 4.55 with a verbal description of very satisfactory.

Services Provided in the Bureau of Quarantine: Level of Performance of the Health Personnel in their duties and responsibilities as rated by the Passengers in Terms of Medical and Health Services

Table 3
Level of Performance in Terms of Medical and Health Services

Statement	Level of Performance	
	Mean	Verbal Description
Collaboration with the airport's medical team in providing medical assistance to all inbound passengers with medical problems.	4.57	E
Assessment of a departing passenger referred by airline personnel for evaluation prior to boarding due to a suspected contagious illness.	4.50	E
Administering MMR, Polio, and Yellow Fever vaccine immunizations, as well as granting international certificates of vaccination for COVID-19 and polio certification to international travelers.	4.43	VS
Initial examination and intervention of all arriving passengers with medical concerns, those who died on board, and so on.	4.37	VS
Prior to deployment, all food handlers at the airport's food service establishment are subjected to a physical examination as well as laboratory/diagnostic interpretation.	4.33	VS
Overall Mean	4.44	VS

Table 3 indicates that the level of performance of the respondent on medical and health services obtained an overall; mean of 4.44 with verbal description of very satisfactory. The statement on collaboration got the highest mean of 4.57 with a verbal description of very satisfactory.

Level of Performance of the Health Personnel in their duties and responsibilities as rated by the Passengers in Terms of Screening of Arriving Passengers

Table 4
Level of Performance in terms of Screening of Arriving Passengers

Statement	Level of Performance	
	Mean	Verbal Description
Thermal scanning of passengers and airline personnel	4.77	Excellent
All international travelers with indications and symptoms of an infectious disease or sickness will be subjected to further medical evaluation.	4.67	E
Immediate isolation of inbound passengers suspected of having an infectious disease/illness or exhibiting signs and symptoms.	4.67	E
Infected travelers are transported to a specialized referral hospital for further evaluation and management.	4.67	E
Verification and clearance of passengers' E-Travel red QRcode and registration for compliance with their Health Declaration, Covid 19 immunization, and swab test, if applicable.	4.60	E
Overall Mean	4.68	E

Table 4 shows that the level of performance of the health personnel on the screening the arriving passengers obtained an overall mean of 4.68 with a verbal description of excellent. Among the statements, performing thermal scanning has the highest mean of 4.77 with a verbal description of excellent.

Table 5
Level of Performance in terms of International Health Surveillance

Statement	Level of Performance	
	Mean	Verbal Description
Accurate and timely reporting of all health incidents to the BOQ's international Health Surveillance unit, including the total number of arriving aircraft, passengers, and crew.	4.70	E
Permit/clearance is issued for all outbound biological specimens.	4.50	E
Permit/clearance is issued to all arriving/departing human remains on international/domestic air transport.	4.47	VS
Clearance of all other chartered flights/aircraft that are not on the list of commercial flights.	4.47	VS
All aircraft sanitation and disinfection methods are monitored upon arrival.	4.43	VS
Overall Mean	4.51	E

Table 5 shows that the performance of the health personnel on the international health surveillance obtained an overall mean of 4.51 with verbal description of excellent. Among the statements performing the accurate and timely reporting of all health incidents to the BOQ's international Health Surveillance unit, including the total number of arriving aircraft, passengers, and crew has a highest mean of 4.70 with verbal description of excellent.

Relationship between respondents' demographic profile and Health Personnel at Clark International Airport

Table 6
Correlation between the Demographic Profile and Performance of Health Personnel in terms of Medical Health Services

Profile	Pearson <i>r</i>	<i>p</i>-value	Decision	Result
Age	0.030	0.818	Accept Ho	Not significant
Gender	-0.060	0.651	Accept Ho	Not significant
Marital Status	0.168	0.201	Accept Ho	Not significant
Years in Service	-0.177	0.176	Accept Ho	Not significant
Designation	0.092	0.487	Accept Ho	Not significant

Significant relationship with health personnel demographic profile and their performance this study investigated the relationship. The table 6 shows the data on correlation between the profile variables and the performance indicates that there is no significant relationship between health personnel's performance in medical health services and their demographic profile. Specifically, age, gender, marital status, years in service, and designation show correlation coefficients close to zero, and their *p*-values are all above conventional significance levels (such as 0.05).

Table 7

Correlation between Demographic Profile and Performance of Health Personnel in terms of Screening of Arriving Passengers

Profile	Pearson <i>r</i>	<i>p</i>-value	Decision	Result
Age	0.074	0.576	Accept Ho	Not significant
Gender	0.082	0.533	Accept Ho	Not significant
Marital Status	0.112	0.396	Accept Ho	Not significant
Years in Service	-0.214	0.101	Accept Ho	Not significant
Designation	0.000	1.000	Accept Ho	Not significant

Table 7 shows the data on correlation between the profile variables and the performance indicates that there is no significant relationship between health personnel's performance in

screening arriving passengers and their demographic profile. Specifically, age, gender, marital status, years in service, and designation show correlation coefficients close to zero, and their p-values are all above conventional significance levels (such as 0.05).

Table 8
Correlation between Demographic Profile and Performance of Health Personnel in in terms of International Health Surveillance

Profile	Pearson <i>r</i>	<i>p</i> -value	Decision	Result Remarks
Age	-0.099	0.452	Accept Ho	Not significant
Gender	0.009	0.944	Accept Ho	Not significant
Marital Status	-0.060	0.648	Accept Ho	Not significant
Years in Service	-0.207	0.113	Accept Ho	Not significant
Designation	-0.096	0.643	Accept Ho	Not significant

Table 8 suggest that there is no significant relationship between health personnel's performance in international health surveillance and their demographic profile. Specifically, age, gender, marital status, years in service, and designation show correlation coefficients close to zero, and their p-values are all above conventional significance levels (such as 0.05).

Problems Encountered by the Health Personnel in the Performance of their duties and responsibilities and the Passengers at Bureau of Quarantine at Clark International Airport

Table 9
Problems Encountered in Medical Health Services

Situation	Frequency	Percentage
Failure of passengers to declare medical conditions and health concerns	21	35.00
Passengers' resistance to undergo medical examination	17	28.33
The passenger is unable to carry or show their attending physician's medical clearance.	15	25.00
Disembarkation of passengers prior to quarantine medical officer clearance	3	5.00
Others (please specify)	4	6.67
Total	60	100

Table 9 shows the data gathered on the problems encountered in medical health services among the statements, the failure of passengers to declare medical conditions and health concerns has the highest frequency of 21 with equivalent to 35 %.

Table 10
Problems Encountered in Screening of Arriving Passengers

Situation	Frequency	Percentage
Failure of passengers to comply with E-Travel registration requirements	26	43.33
Failure to declare the passenger's COVID-19 and other symptoms of infectious disease	19	31.67
Passengers' travel documentation are incomplete.	6	10.00
Inadequate coordination of passengers from the airline to bureau of quarantine health personnel	5	8.33
Others (please specify)	4	6.67
Total	60	100

Table 10 shows that the problems encountered in screening of arriving passengers. Among the statements, the failure of passengers to comply with E-Travel registration has the highest frequency of 26 or 43.33%.

Table 11
Problems Encountered in International Health Surveillance

Situation	Frequency	Percentage
Incorrect health declarations made by passengers and airline personnel	27	ii
Inability of the passenger to provide reliable and complete human remains documentation prior to departure.	21	35.00
Others (please specify)	5	8.33
Failure to obtain the necessary bio-specimen documentation from the authorized hospital laboratories	4	6.67
Failure to declare only a portion of human remains entering and exiting the country	3	5.00
Total	60	100

The table 11 shows that among the components of problems encountered in international health surveillance was the incorrect health declarations made by passengers and airline personnel has the highest frequency of 27 that is equivalent to 45 %.

DISCUSSION

On the Level of Performance of the Health Personnel at Clark International Airport

The Bureau of Quarantine (BOQ) health personnel at Clark International Airport annual performance and medical and health services obtained an overall very satisfactory rating. In the screening of arriving passengers, and international health surveillance obtained an overall excellent. Notably, teamwork, planning & organization rated excellent ratings, highlighting the strengths in working effectively together.

These findings were aligned with Gile et al.'s (2018) emphasis on team and patient outcomes in healthcare settings, suggesting that the BOQ personnel excel in collaborative care. **Services Provided:** In the medical and health services very satisfactory rating. The screening of arriving passenger and international health surveillance rated excellent. This reflects efficient and vigilant monitoring, aligning with Onyango and Wanyoike's (2020) emphasis on employee satisfaction's influence on organizational success.

On the significant relationship between the demographic profile of health personnel.

The study investigated the potential relationship between health personnel's demographic profile and their performance in various airport duties. The findings is that no significant correlations were found between demographic factors (age, gender, marital status, years of service, designation) and performance in medical health services, passenger screening, or international health surveillance. These findings suggest that factors beyond demographics, such as individual skills, training, motivation, and work environment, may play a more significant role in determining health personnel performance.

This aligns with studies of Heidarian et al. (2015) and Zaman et al. (2022) they emphasize the importance of considering non-demographic factors in understanding employee performance.

The problems encountered by the personnel in the performance of their duties and responsibilities at Bureau of Quarantine at Clark International airport: The most significant problem encountered by Bureau of Quarantine personnel, regardless of their area (medical services, passenger screening, and international health surveillance), is the prevalence of inaccurate or incomplete information provided by passengers and airline personnel. This includes: **Medical and health Services:** Failure to declare health conditions (35%), incomplete medical clearance documentation (25%), and resistance to examinations (28%) hinder accurate health assessments and risk management.

Screening of arriving passenger : Non-compliance with E-Travel registration (43%), undisclosed COVID-19/infectious disease symptoms (32%), and missing travel documents (10%) create vulnerabilities and hamper effective disease control efforts.

International Health Surveillance: Incorrect health declarations by passengers and airline personnel (45%), lack of complete human remains documentation before departure (35%), and incomplete bio-specimen documentation (6%) pose significant public health risks. These information gaps and communication problems not only impact public health but also contribute to: increased workload: personnel spend additional time verifying and dealing with inaccurate information can be emotionally taxing for personnel, potentially affecting their morale and performance. Inaccurate or incomplete information hinders accurate risk assessments and timely interventions, potentially jeopardizing public health. Align with findings from studies like Jaeger et al. (2018) on healthcare worker motivation. Addressing information discrepancies, improving communication, and implementing effective documentation and compliance protocols can enhance healthcare worker effectiveness and wellbeing.

Furthermore, the Bureau of Quarantine personnel, similar to community health workers, play a crucial role in ensuring adherence to regulations and effective communication between passengers and the health system. By equipping personnel with appropriate training and support, the Bureau can leverage their unique position to improve adherence and information exchange.

IV. Conclusion

The following were the conclusions drawn from the study:

The respondents *level of performance* were described and assessed in terms of their annual performance rating: of health personnel at the Clark International Airport Bureau of Quarantine consistently demonstrated high performance in CY 2022, as evidenced by their annual performance ratings of very satisfactory. In the field of services provided in the Bureau of Quarantine in terms of Medical and Health Services obtained an overall rating of very satisfactory. In the Screening of Arriving Passengers an overall excellent rating across all aspects of screening then under International Health Surveillance the health personnel obtained an overall excellent rating.

On the *significant relationship between respondents' demographic profile and their performance* at Clark in terms of Medical Health Services the demographic profile which of are health personnel at the Clark International Airport Bureau of Quarantine do not significantly influence their performance in providing medical health services. Then the same profile variables do not significantly relate with their performance of Screening of Arriving Passengers the demographic characteristics of health personnel at the Clark International Airport Bureau of Quarantine do not significantly influence their performance in screening arriving passengers. Lastly, the demographic characteristics of health personnel at the Clark International Airport Bureau of Quarantine do not significantly influence their performance in international.

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