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Lived Experiences of Blue-Collar Workers: A Phenomenological Study on Barriers, Coping Strategies, and Community-Based Interventions for Health Equity

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ABSTRACT

This phenomenological study explored the lived experiences of blue-collar workers in Mayantoc, Tarlac, Philippines regarding healthcare access barriers and community-based interventions for health equity. Using a qualitative phenomenological design, in-depth interviews were conducted with 15 purposively selected blue-collar workers engaged in informal and manual occupations. Data were analyzed using Braun and Clarke's six-phase thematic analysis supported by NVivo software. Findings revealed that structural barriers—such as financial constraints, geographic distance, long waiting times, and incompatible work schedules—were the primary obstacles to healthcare access, rather than cultural or stigma-related factors. Participants reported coping strategies including self-medication, home remedies, and consulting traditional healers as pragmatic responses to limited access. They strongly recommended community-based solutions such as barangay clinics, mobile health services, extended clinic hours, free essential medicines, and workplace-based health programs. The study concludes that addressing healthcare access for blue-collar workers requires decentralized, worker-centered, and community-based interventions to promote health equity in provincial contexts in the Philippines.

Keywords: *Blue-collar workers, Healthcare access, Health equity, Community-based interventions, Lived experience*

INTRODUCTION

Blue-collar workers are very important to the economy, especially in rural and semi-rural areas in the Philippines. They help with infrastructure, services, and people's daily lives. Even though they are important, many blue-collar workers do not have good access to healthcare. They often have to work without health insurance, paid leave, or health programs to prevent illnesses.

Many blue-collar workers have unstable jobs. They work every day or have contracts, which makes it hard for them to get health insurance. Because of this, they are more likely to get hurt at work, develop muscle and bone problems, and feel stressed. This is because their work is physically demanding (Pedraz Marcos & Garcia Haro, 2021; Venancio et al.,2024). For example, blue-collar workers in the Philippines have a hard time getting to the hospital because it is far, transportation is expensive, and they have to work irregular hours. They also do not have much money, which makes it even harder for them to access healthcare.

Around the world, about 2 billion people work without protection or access to healthcare (International Labor Organization, 2023). In the Philippines, 42 percent of workers lack stable jobs (Philippine Statistics Authority, 2024). The government enacted the Universal Health Care Law (Republic Act No. 11223) to ensure everyone has access to healthcare.

However, there are still problems, such as insufficient hospitals, insufficient doctors, and low utilization of healthcare services (Pepito et al., 2025; PhilHealth, 2023).

This study looks at the lives of blue-collar workers in Mayantoc, Tarlac, to understand the problems they face in accessing healthcare, how they cope with these challenges, and what the community can do to help them.

Objectives

This study aimed to:

1. To explore the **lived experiences of blue-collar workers** regarding healthcare access in a provincial setting.
2. To identify key **structural barriers** (e.g. financial, time, and constraints) affecting healthcare utilization.
3. To examine **coping strategies and health-seeking behaviors** among workers when access is limited.
4. To propose **community-based interventions** that can improve healthcare access and promote health equity

Theoretical Framework

The study is guided by three nursing theories to explain healthcare access, coping strategies, and health equity among blue-collar workers in Mayantoc, Tarlac.

The study uses **Roy's Adaptation Model** to understand how workers adapt to physically demanding jobs, health risks, and limited access to healthcare. **Abdellah's 21 Nursing Problems Theory** helps identify healthcare needs, occupational health concerns, and barriers to care. **Orlando's Nursing Process Theory** supports the phenomenological approach by examining workers' expressed needs and focusing on what's happening to them, helping ensure that proposed interventions are patient-centered and responsive to their problems.

METHODOLOGY

This study was used to explore the lived experiences of blue-collar workers in Mayantoc. Tarlac regarding health equity using a qualitative phenomenological design. Data were collected through semi-structured interviews conducted online via Zoom or Google Meet with fifteen participants. The interview data were analyzed using **thematic analysis**, with support from **NVivo software**.

Research Design

A qualitative phenomenological research design using thematic analysis was employed in this study to explore the lived experiences of blue-collar workers regarding their healthcare access and health equity. The study concentrated on exploring the participants' experience of accessing healthcare, while thematic analysis was conducted according to Braun and Clarke's (2006) methodology.

Participants and Data Collection

The study involved fifteen blue-collar workers in Mayantoc, Tarlac Philippines, selected through purposive sampling. Participants were aged 18 years and above at least one year of experience. Currently employed in manual and service-oriented occupations. Data were collected using semi-structured, in-depth interviews using a researcher development guide.

Data Analysis

Data were analyzed using:

- Braun and Clarke's six phase thematic analysis: to identify patterns and themes related to healthcare access, coping strategies, and health equity.
- Nvivo software: to organize, code, and manage qualitative data, ensuring systemic analysis, rigor, and credibility.

Ethical Considerations

The researcher adhered to ethical principles to protect the rights, welfare, and dignity of all the participants. By obtaining Informed Consent, Voluntary Participation, Confidential and Anonymity, Non-Maleficence, Respect for Persons, Data Security and Privacy and Ethical Clearance and Used of Data and complying with the Data Privacy Act of 2012.

Results and Discussion

Theme 1: Diverse Occupational Identities and Employment Tenure of Local Community Workers

Sub-themes: Length of service and experience in respective occupations; Spectrum of fixed, flexible, and demand-driven work schedules- Workers exhibited varied employment duration and scheduling arrangement, experience level influenced healthcare navigation competence and schedule flexibility significantly impacted healthcare access opportunities

Theme 2: Logistical Barriers and Time Constraints in Accessing Healthcare Services

Sub-themes: Satisfactory health center care offset by distance and wait times, Patient anxiety over financial costs and staff shortages delaying medical consultations – Geographic distance, transport costs, staff shortages, and financial constraints limited access and treatment adherence.

Theme 3: Time Constraints as Barriers to Healthcare Access

Sub-themes: Absence of perceived cultural and social barriers to healthcare access, flexible work schedules and prioritizing rest and self-medication to manage illness recovery- Supportive management improved healthcare access, while workers relied on rest and self-medication when formal care was unavailable.

Theme 4: Balancing Traditional Home Remedies and OTC Medicines for Family Healthcare

Sub-themes: Financial constraints drive patient reliance on traditional alternative healers- These practices represented adaptive strategies.

Theme 5: Demand for Accessible Barangay Clinics and Free Medical Services

Sub-themes: Improved healthcare access through community outreach, extended clinic hours, and free medication- Preference for workplace and community-based healthcare, including preventive education, outreach, extended clinic hours, and free medications.

Synthesis of Findings

The analysis of 15 blue-collar workers showed that healthcare access is shaped by occupational demands, financial constraints, and service availability. Key barriers included distance, long wait times, staff shortages, work schedules, and limited financial resources, causing many workers to rely on rest and self-medication. Findings highlight the need for community and workplace-based interventions, such as barangay clinics, mobile health services, free essential medicines, and extended clinic hours, to improve healthcare access among blue-collar workers.

CONCLUSIONS

- Healthcare access among blue-collar workers in Mayantoc, Tarlac, is primarily limited by structural barriers, including financial constraints, distance, work schedules, long wait times, and health system inefficiencies.
- Economic vulnerability and limited insurance coverage further restrict access, highlighting the need for community-based, worker-friendly healthcare services that promote equitable care.

RECOMMENDATIONS

Based on the findings and conclusions, the following recommendations are offered:

1. **Nursing Practice**
   Establish workplace health programs in blue-collar sites like construction areas, market, and transport hubs to reach workers directly. Train barangay health workers in occupational health issues and provide nurse-led mobile clinics during evenings and weekends for treatment and health education. Include financial and health insurance guidance to address cost barriers and deliver practical health education that encourages early care-seeking and self-care when needed.

2. **Policy and Local Government**
   Extend barangay health station hours to evenings and weekends. Expand health coverage for informal and contractual workers through subsidies and community-based insurance schemes. Deliver preventive care through workplace community health workers, provide subsidized medicines for chronic illness, and improve access via better transport links or satellite clinics in underserved areas.

3. Education and Research
   Integrate occupational health and social determinants of health into nursing curricula to better prepare future nurses. Conduct longitudinal and intervention studies to examine health outcomes and test community-based care models. Expand research to other provincial areas to assess the wider applicability of findings.

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AI DECLARATION STATEMENT

AI tools were used only for grammar and formatting assistance. All data collection, analysis, and interpretation were conducted independently by the authors.

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