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| RESEARCH ARTICLE

Burnout Among Healthcare Workers in Government Hospitals

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| ABSTRACT
This study investigated the levels of burnout felt by healthcare workers in selected hospitals in Bohol Province to create a plan that answers their burnout-related issues. The researchers used a standardized questionnaire to survey seventy (70) healthcare workers using a descriptive-correlational research design. Three hospitals were chosen for selecting participants: President Carlos P. Garcia Municipal Hospital, Francisco Dagohoy Memorial Hospital, and Garcia Memorial Provincial Hospital. Staff reported moderate burnout, although the most significant signs were emotional exhaustion and mental distancing in high-stress departments like those in Emergency Rooms and in areas for adults. There was no correlation between respondents' demographics and their degree of burnout. According to the study, healthcare workers found their job meaningful, but continuous stress and exhaustion had a major impact on their well-being. It calls for a total action plan that included stress management, health promotion, training for leaders, and communication improvements. The research adds more knowledge about burnout among healthcare professionals and emphasizes that institutions have a key role in keeping frontline workers mentally healthy. The proposed action plan focused on addressing the causes of burnout.

| KEYWORDS
Burnout, healthcare workers, emotional exhaustion, depersonalization, personal accomplishment, stress management, Bohol, Philippines

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1. Introduction

Workplace burnout among healthcare workers is a significant public health concern both locally and globally. Incidence rates are higher today than ever before. Even prior to the COVID-19 pandemic, more than half of healthcare professionals reported experiencing symptoms of burnout. Although burnout had long affected the healthcare workforce, the pandemic further exposed and intensified the problem on a national scale. As a result, addressing burnout has become a major priority for healthcare organizations (Koontalay et al., 2021).

Globally, healthcare workers comprise approximately 12% of the total workforce. These professionals belong to various disciplines that provide essential services for the promotion and maintenance of public health. Due to the demanding nature of their work, healthcare workers often continue thinking about their responsibilities even after duty hours, making them highly vulnerable to stress and exhaustion (Boniol et al., 2022). Caring for patients requires long working hours, exposure to high-stress situations, and the immense responsibility of safeguarding human lives. Furthermore, limited opportunities for rest, personal time, and vacations place additional strain on healthcare teams, thereby increasing the likelihood of burnout (Kelly, 2020).

At the same time, many healthcare workers are burdened with excessive workloads, making them more susceptible to burnout. Heavy work demands often leave little opportunity for rest or recovery, which may reduce the quality and efficiency of healthcare delivery, increase the likelihood of medical errors, and negatively affect patient outcomes. Maintaining a supportive and healthy work environment is therefore essential to ensure the long-term wellbeing and effectiveness of healthcare workers. For this

reason, duties and responsibilities must be distributed fairly to foster a positive work experience, especially during challenging periods (Trinh et al., 2024).

The rapid advancement of healthcare technology has also contributed to the pressures experienced by healthcare professionals. Many workers struggle to stay updated and effectively utilize new tools, systems, and procedures. Although technological innovations greatly benefit patients, doctors and nurses must receive adequate training to use them safely and effectively. These advancements can significantly improve patient care when supported by sufficient resources and professional development opportunities. Consequently, healthcare workers must continuously update their technological competencies to meet the evolving demands of the healthcare system (Navarro-Martínez et al., 2023).

In addition to technological pressures, healthcare workers are routinely exposed to emotionally taxing situations, including witnessing suffering, confronting death, managing grief, and coping with feelings of helplessness. These experiences place considerable strain on their mental and emotional wellbeing. Supporting the psychological health of healthcare workers is therefore essential, as their mental condition directly influences the quality of care they provide to patients (Bamforth et al., 2023).
Moreover, healthcare providers often face inadequate resources due to limited funding, resulting in challenges in maintaining patient safety and delivering high-quality care. Many healthcare workers report that ensuring patient wellbeing under resource-constrained conditions is a significant challenge. Despite these limitations, healthcare professionals are still expected to uphold high standards of service while working under intense time pressures. Consequently, healthcare teams must continuously seek improved methods of delivering care despite serious financial and operational constraints (Akinleye et al., 2019).

Burnout remains a widespread issue affecting healthcare workers worldwide. One major factor contributing to staffing difficulties is the global shortage of nurses, which increases pressure on existing healthcare personnel to care for more patients. Delivering quality healthcare becomes even more difficult in resource-limited settings, a situation commonly observed in developing countries. In addition, diversity within healthcare teams may create communication challenges among staff. The increasing healthcare demands of an aging population and the growing complexity of healthcare technologies further intensify the demand placed on nurses and other healthcare professionals (Britnell, 2019).

In the United States, healthcare workers experience high levels of burnout on a daily basis. Contributing factors include ineffective leadership styles, poor communication systems, and conflicts involving patients, families, and members of multidisciplinary teams (Choi et al., 2022). Healthcare workers are expected to supervise support staff, interact with diverse groups of individuals, and manage and train healthcare personnel. These responsibilities place them in multiple roles as leaders, coordinators, and mentors, which may create interpersonal and professional challenges. Furthermore, nursing education and training are highly demanding because the profession requires a broad range of competencies and substantial emotional and physical effort (Srulovici et al., 2023).

Similarly, in the United Kingdom, many healthcare workers leave their jobs because of demanding working conditions and inadequate compensation. Nursing shortages continue to affect healthcare systems worldwide, requiring institutions to constantly adapt to the loss of experienced personnel. Consequently, healthcare management faces the added burden of supporting and training newly hired nurses as they transition into professional practice (Leary et al., 2023). Studies further reveal that healthcare workers commonly report concerns regarding staff safety, infection risks, stress, fear, anxiety, and work overload. Research indicates that low wages, unsafe staffing ratios, and burnout are among the primary factors contributing to the continuing strain on national healthcare systems (Khajuria et al., 2021).

The Philippines remains one of the leading exporters of nurses worldwide, with thousands of Filipino nurses employed overseas. However, the country's healthcare system continues to face significant challenges, including low salaries, inadequate healthcare facilities, workforce shortages, and limited opportunities for professional growth. Filipino nurses frequently report concerns such as understaffing, unsafe working conditions, insufficient compensation, and restrictions on deployment.
One of the country's most pressing concerns is the severe shortage of nurses, which increases workloads and compromises the quality of patient care. Another major issue is the lack of adequate healthcare infrastructure, as many facilities struggle with outdated equipment, limited technological support, and insufficient resources. These conditions negatively affect healthcare delivery and contribute to the physical and emotional exhaustion of healthcare workers. Additionally, many Filipino nurses receive limited employment benefits despite the demands of their profession (Robredo et al., 2022).

Given these concerns, this study was conducted to shed light on the issue of burnout among healthcare professionals working in hospitals. Specifically, the study seeks to understand how burnout influences the work performance of healthcare workers. Examining data related to healthcare staff enables institutions to evaluate organizational effectiveness and identify areas

requiring support and intervention. Ensuring that healthcare workers are provided with adequate resources and support systems is essential in promoting high-quality patient care. Their dedication to safeguarding the wellbeing of others remains invaluable and commendable. Thus, this study aims to measure the levels of burnout experienced by healthcare workers and examine its relationship with sociodemographic, occupational, and personal factors among healthcare staff in the participating hospitals.

2. Literature Review

The study is anchored on the Multidimensional Theory of Burnout by Maslach and Jackson (1981) and is supported by the Transactional Model of Stress and Coping Theory by Lazarus and Folkman (1984) and the General Adaptation Syndrome Theory by Selye (1936).

The Multidimensional Theory of Burnout is one of the most widely used frameworks for understanding occupational burnout, especially in human service fields such as healthcare and education. This theory explains that burnout is not a single emotional experience but a syndrome composed of three interconnected dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment (Baugh et al., 2020).

Emotional exhaustion refers to feelings of being overwhelmed and depleted by work demands. Depersonalization involves adopting a detached, impersonal, or cynical attitude toward patients or colleagues. Reduced personal accomplishment describes a decline in one's sense of competence and achievement at work. Together, these dimensions illustrate how prolonged work-related stress can gradually diminish empathy, motivation, and professional engagement (Baugh et al., 2020).

The theory stresses that burnout arises from extended exposure to emotionally demanding situations and structural conditions in the workplace, rather than from individual shortcomings. In healthcare settings, for instance, continuous encounters with patient suffering, heavy workloads, and inadequate organizational support can steadily deplete a caregiver's emotional reserves.

The model also underscores the cyclical nature of burnout: emotional exhaustion can lead to depersonalization, which then reduces one's sense of personal accomplishment. This downward progression ultimately harms both the wellbeing of healthcare workers and the quality of care provided to patients (Kovbuz, 2024).

Moreover, the Multidimensional Theory of Burnout underscores the need for organizational and individual interventions. According to Maslach and Jackson (1981), preventing burnout requires addressing the mismatch between the person and key aspects of the work environment, such as workload, control, reward, community, fairness, and values. Strategies like promoting supportive work cultures, ensuring manageable workloads, and recognizing employee contributions can mitigate burnout risks. This framework remains widely used today, particularly through the Maslach Burnout Inventory (MBI), which measures the three dimensions of burnout and guides both research and practical approaches to improving employee wellbeing.

Grounded in the Multidimensional Theory of Burnout, the MBI measures three key components: emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion reflects feelings of being emotionally depleted from one's work; depersonalization involves developing negative, detached, or impersonal attitudes toward those whom one serves; and reduced personal accomplishment refers to a decline in feelings of competence and success at work. The inventory consists of a series of statements rated on a Likert scale that captures the frequency and intensity of these experiences, providing a comprehensive profile of an individual's burnout level (Maslach & Jackson, 1981).

Over time, the MBI has been adapted into several versions to suit different professional groups, including the MBI-Human Services Survey (MBI-HSS) for healthcare workers, the MBI-Educators Survey (MBI-ES) for teachers, and the MBI-General Survey (MBI-GS) for employees in other fields. The MBI not only serves as a diagnostic and research tool but also as a foundation for developing interventions aimed at reducing burnout. By identifying which dimension is most affected, organizations can design targeted strategies, such as stress management training, peer support programs, or organizational reforms that address workload and fairness. The MBI remains a gold standard for measuring burnout, helping institutions better understand the psychological toll of work and promote employee wellbeing (Soares et al., 2023).

One of the supporting theories for this study is the Transactional Model of Stress and Coping Theory. This theory explains stress as a dynamic process that occurs between an individual and their environment. The model emphasizes that stress is not simply a direct response to an external event, but rather a transaction, meaning that stress is a continuous interaction between the person and the situation. According to this theory, people evaluate or appraise situations in terms of how threatening or challenging they are and whether they have the resources to cope. This approach highlights that the way individuals perceive and interpret events determines the level of stress they experience, making stress a subjective experience influenced by personal beliefs, past experiences, and coping abilities (Obbarius et al., 2021).

A key component of the model is cognitive appraisal, which consists of two stages: primary appraisal and secondary appraisal. In the primary appraisal stage, individuals assess whether an event poses a threat, harm, or challenge to their wellbeing. In the secondary appraisal stage, they evaluate their available coping resources and options such as skills, support systems, and personal resilience to manage the situation. If a person perceives that they have adequate resources to handle the stressor, the event is less likely to be experienced as overwhelming. However, if coping resources are viewed as insufficient, stress levels increase, potentially leading to psychological or physical strain (Lazarus & Folkman, 1984).

The model also distinguishes between two major coping strategies: problem-focused coping and emotion-focused coping. Problem-focused coping aims to address the cause of stress by taking direct action, such as seeking information or making practical changes. Emotion-focused coping, on the other hand, involves managing emotional responses to stress, such as seeking social support or practicing relaxation techniques. The model remains widely used in health psychology, nursing, and behavioral sciences because it provides a flexible framework for understanding how people respond to stress in real-life situations. It underscores that effective coping depends not only on the nature of the stressor but also on the individual's perception, adaptability, and environment (Avcıoğlu et al., 2019).

The General Adaptation Syndrome (GAS), proposed by Selye (1936), is a foundational theory that explains the body's physiological response to stress. Selye described stress as the nonspecific response of the body to any demand placed upon it, whether caused by positive or negative stimuli. According to the theory, when the body perceives a threat or challenge, it initiates a predictable sequence of biological reactions aimed at restoring balance, or homeostasis. The theory was groundbreaking because it established that prolonged or chronic stress can lead to physical illness and that the body's adaptive systems have limits.

The General Adaptation Syndrome consists of three stages: the alarm reaction, the stage of resistance, and the stage of exhaustion. The alarm reaction is the body's initial response to a stressor, often referred to as the "fight-or-flight" response. During this stage, the hypothalamus activates the sympathetic nervous system, releasing stress hormones such as adrenaline and cortisol, which increase heart rate, blood pressure, and energy availability. This immediate response prepares the body to face or escape the stressor. However, if the stress continues beyond this initial phase, the body enters the resistance stage, where it attempts to adapt to the ongoing challenge and restore internal balance (Das et al., 2022).

In the resistance stage, the body's physiological systems remain activated but at a lower intensity compared to the alarm stage. The individual may feel more capable of coping, and outwardly, normal functioning might resume. However, the body continues to use energy to maintain this state of adaptation. Over time, if the stress persists without adequate recovery, the body's resources become depleted, leading to the exhaustion stage. In this final phase, the adaptive mechanisms begin to fail, and the individual becomes more vulnerable to illness, fatigue, and burnout. Chronic exposure to stress at this stage can result in long-term health consequences, including hypertension, weakened immunity, and mental health problems such as anxiety and depression (Rochette et al., 2023).

The theory remains highly influential in understanding the link between stress and health outcomes. It highlights that while stress is a natural and sometimes beneficial response that helps the body adapt, excessive or prolonged stress can be harmful. This theory has been widely applied in psychology, medicine, and nursing to guide stress management interventions and promote wellbeing. It underscores the importance of recognizing early signs of stress, allowing individuals to apply coping strategies before exhaustion occurs. The model thus provides a biological foundation for understanding how continuous exposure to stress can impact both physical and psychological health (Breitenbach et al., 2021).
Together, the Multidimensional Theory of Burnout, the Transactional Model of Stress and Coping, and the General Adaptation Syndrome provide the study's theoretical foundation by explaining how stress develops, how individuals appraise and respond to it, and how prolonged demands lead to burnout, thereby guiding the interpretation of healthcare workers' experiences.

A career in healthcare demands significant personal sacrifice and involves numerous challenges, difficulties, and meaningful rewards. It is a path shaped by critical decisions and life-altering situations that can influence a professional's outlook, attitudes, and overall wellbeing (Bridgeman et al., 2019). Caring holds a central place in healthcare practice, as the ability to heal is deeply grounded in compassion. Beyond addressing patients' care needs, healthcare workers have long regarded caring as a fundamental value and guiding principle of professional practice (Boniol et al., 2022).

3. Methodology

3.1 Research Design

This study utilized a descriptive-correlational research design to systematically describe the characteristics of the population and determine the relationship between the variables under investigation. This quantitative research design was considered most

appropriate for identifying possible associations between the demographic profiles of the respondents and the degree of burnout they experience.

According to Sandra L. Siedlecki (2020), a descriptive-correlational design aims to measure the extent of the relationship between two or more variables and, in the process, provide insights into possible predictive patterns. Through this design, researchers are able to examine correlations using appropriate statistical methods without manipulating or intervening in the variables involved, thereby preserving the natural setting and conditions under which the data are obtained.

3.2 Research Participants

The respondents of the study were healthcare workers such as nurses, midwives, and nursing attendants in selected government hospitals in Bohol Province. A sample size of 70 healthcare workers was determined as respondents of the study, distributed as follows: twenty (20) respondents from President Carlos P. Garcia Municipal Hospital, twenty (20) respondents from Francisco Dagohoy Municipal Hospital, and thirty (30) respondents from Garcia Memorial Provincial Hospital.

The respondents' profile included age, gender, marital status, area of assignment, work experience, and job position. The study also examined the extent of burnout among healthcare workers in terms of emotional exhaustion, depersonalization, and personal accomplishment. In addition, practices on infection control were considered as part of the variables included in the study framework.

The research process involved the formulation and adaptation of the questionnaire, followed by validity and reliability testing. After data collection, statistical tools were used for the treatment, analysis, and interpretation of data, leading to the development of a proposed action plan based on the findings.

In terms of sampling, the study employed a purposive sampling technique, wherein respondents were deliberately selected based on their relevance to the research objectives. The inclusion criteria required that participants be healthcare professionals who had been working for at least one (1) year or more in any of the three selected hospitals in Bohol Province and who were willing to participate in the study.

Healthcare workers with less than one (1) year of work experience and those who were not willing to participate were excluded from the study.

3.3 Research Instrument

Researchers utilized the validated standardized Maslach Burnout Inventory (MBI) questionnaire with established scoring guidelines for interpretation. The research instrument was divided into two main sections. The first section gathered the respondents' demographic profile, including age, gender, marital status, area of assignment, number of years of work experience, and job classification. The second section assessed burnout in terms of emotional exhaustion, depersonalization, and personal accomplishment.

Section A consisted of seven (7) items measuring emotional exhaustion by assessing feelings of being emotionally drained during work. Respondents rated the frequency of these experiences on a scale from 0 (never) to 6 (every day). Emotional exhaustion scores were interpreted as low (17 and below), moderate (18–29), and high/severe (30 and above).

Section B measured depersonalization through seven (7) items. Scores were interpreted as low burnout (5 and below), moderate burnout (6–11), and high burnout (12 and above).

Section C assessed personal accomplishment using eight (8) items. Scores of 33 and below indicated high burnout, scores between 34–39 indicated moderate burnout, and scores above 40 indicated low burnout.

Overall, high scores in emotional exhaustion and depersonalization, combined with low scores in personal accomplishment, were indicative of a higher level of burnout among respondents.

3.4 Data Collection

During data collection, the details of the informed consent as well as the objectives of the study were clearly explained to the respondents. Upon giving their consent to participate, the respondents were asked to accomplish the research instrument. Data collection was conducted through a face-to-face intercept approach. The researcher ensured that the respondents fully understood the statements in the questionnaire by clarifying items that were found to be ambiguous or difficult to comprehend.

After completion, all questionnaires were checked for completeness to ensure that there were no missing or unanswered items. The researcher verified that all responses were complete before concluding the data collection process. The gathered data were then collated, tabulated, and tallied, and subsequently subjected to both descriptive and inferential statistical analysis.

To ensure confidentiality, all accomplished questionnaires were securely stored in a locked cabinet accessible only to the researcher. A soft copy of the encoded and tabulated data was also maintained for reference purposes until statistical analysis was completed. Upon finalization of the study, the electronic data file was permanently deleted, and the printed questionnaires were properly disposed of through shredding to maintain strict confidentiality of the respondents' information.

3.5 Data Analysis

The responses of the respondents pertaining to their profile and level of burnout were statistically treated using different statistical tools. The computation of data was conducted with the assistance of a statistician, while the interpretation of results was done collaboratively by both the statistician and the researcher.

The following statistical tools were utilized in the study:
Relative Frequency was used to determine the distribution of the respondents' specific answers to items regarding their background information.

Simple Percentage was used to determine the proportion of respondents who shared similar responses relative to the total number of respondents.

Weighted Mean was used to determine the extent of burnout among healthcare workers in selected hospitals in Bohol Province in terms of emotional exhaustion, depersonalization, and personal accomplishment.

Pearson Correlation Coefficient was used to determine the significant relationship between the respondents' profile and their level of burnout.

3.5 Ethical Consideration

Ethical considerations were strictly observed in the conduct of this research. Four ethical principles guided the study, namely: respect for persons, confidentiality, beneficence, and justice.

The first principle, respect for persons, emphasizes the autonomy and self-determination of the respondents. Participation in the study was entirely voluntary, and respondents were not forced or coerced to take part in any way. They were informed about the purpose of the study, the nature of the information to be collected, and the possible implications of their participation. This allowed them to make an informed and rational decision regarding their involvement. Their willingness to participate was formally documented through a signed informed consent form.

The second principle is confidentiality. The researcher ensured that all personal and sensitive information provided by the respondents remained strictly confidential. Data collected were used solely for purposes of tabulation, analysis, and interpretation within the context of the study. All written and electronic records related to the research were securely stored and properly disposed of upon completion of the study to prevent any unauthorized access or disclosure.

The third principle, beneficence, requires that the study maximize possible benefits while minimizing potential risks to the respondents. The researcher ensured that no harm was inflicted on the participants throughout the data collection process. All procedures were designed and implemented in a manner that safeguarded the physical, emotional, and psychological well-being of the respondents.
The fourth principle is justice, which refers to the fair and equitable selection and treatment of research participants. This was ensured through the proper application of inclusion and exclusion criteria. All respondents were treated equally and subjected to the same data collection procedures using the standardized research instrument. The study also aims to ensure that the findings will ultimately benefit the respondents and contribute to improving healthcare workplace conditions.

4. Results and Discussion

Table 1 presents the profile of the respondents in terms of age, gender, marital status, area of assignment, length of work experience, and job position.

The table shows that among the 70 respondents, the majority were aged 25–30 years, accounting for 20 individuals (29%). The smallest group consisted of those aged 22–24 years (13%), indicating fewer newly entered professionals in the workforce, possibly due to delayed career entry or limited recruitment of fresh graduates in government hospitals.
The predominance of respondents aged 25–30 and 31–35 aligns with the view that healthcare workers are not only relatively young but are also in the process of transitioning into full professional roles. This age distribution suggests that burnout interventions should focus on early-career staff who are still adapting to clinical culture and developing stress-management skills. Their career and life stages may make them more vulnerable to role-related stress and emotional strain, underscoring the need for targeted psychosocial support and resilience-building programs (Alibudbud, 2022).

This suggests that the healthcare workforce in this setting is relatively young, with many employees in their late 20s to early 30s. Individuals within these age groups may still be developing effective coping skills and resilience strategies to manage work-related stress. Younger staff may be more vulnerable to burnout due to limited experience in high-pressure environments, whereas older workers may experience stress accumulated over years of service. Furthermore, the data reflects the intersection of two major trends: an aging population and increasing occupational risks in a rapidly changing healthcare environment, particularly the growing visibility of burnout among healthcare professionals. It also highlights how some older workers may face challenges in adapting to evolving expectations related to resilience, mindset, and self-assessment in professional practice.
With respect to gender, the majority of respondents were female, totaling 53 individuals (76%), while males comprised the remaining 24%. This distribution mirrors the common gender imbalance in caregiving professions, where roles such as nursing and midwifery are predominantly occupied by women. The strong female representation underscores the importance of gender-sensitive strategies in addressing burnout, as women in caregiving roles may experience higher emotional labor demands. This also highlights the value of a gender-informed perspective, as men and women may differ in strengths, vulnerabilities, and experiences in performing professional responsibilities.

In terms of marital status, the majority of respondents were married, accounting for 46 individuals (66%), followed by single respondents at 21 (30%). The widowed group represented the smallest proportion (1%), likely reflecting the relatively young age profile of the workforce.

Marital status can significantly influence the emotional and psychological support available to healthcare workers. Married individuals may benefit from spousal support that helps buffer against burnout, although family responsibilities may also contribute to stress. Conversely, single individuals may have greater personal flexibility but may lack consistent emotional support. From an academic standpoint, examining marital status helps explain the varying strengths and vulnerabilities associated with different social conditions in predicting and managing work-related stress. As such, healthcare workers may experience burnout differently depending on how their marital circumstances shape their responsibilities and coping mechanisms (Hill et al., 2022).

Regarding area of assignment, the largest group of respondents worked in the Emergency Room, totaling 17 individuals (24%). In contrast, the Family Planning/Pre-Natal unit had the fewest respondents, likely due to smaller staffing requirements or lower patient volume in specialized outpatient services. The high concentration of staff in high-acuity units such as the Emergency Room and adult wards suggests greater exposure to demanding and stressful clinical situations (Dayrit, 2020).

These units typically operate in fast-paced environments with frequent trauma cases and high patient turnover, all of which contribute to emotional exhaustion and increased risk of burnout. While some evidence suggests a relationship between service area and burnout, findings across studies remain mixed and context-dependent. Current literature does not provide conclusive evidence that department assignment independently determines burnout levels (Abumalik et al., 2024).

With respect to work experience, the largest proportion of respondents had 3–5 years of service, accounting for 21 individuals (30%). The smallest group consisted of those with only one year of experience (10%), which may indicate high turnover or limited recent hiring.
Most respondents belong to the early- to mid-career group, reflecting a workforce with moderate experience. While these individuals may have begun developing resilience, they may still be vulnerable to burnout as they adjust to increasing job demands. The smaller proportion of highly experienced staff may suggest attrition or career transitions possibly influenced by prolonged occupational stress. Although it is often assumed that experience improves performance, research findings are inconsistent. Some studies suggest a relationship between experience and service quality, but evidence remains inconclusive across contexts and time periods (Endeshaw, 2021).

In terms of job position, nurses constituted the largest group of respondents, totaling 47 individuals (67%). Midwives had the smallest representation (10%), likely due to fewer available positions and the specialized nature of their roles.

The high proportion of nurses underscores their critical role in patient care delivery. Given the demands of long shifts, high patient loads, and emotional labor, nurses are particularly vulnerable to burnout (Muller et al., 2020). Although nursing attendants and midwives are fewer in number, they also experience distinct stressors related to their specific responsibilities.

Career motivations are often considered in professional and organizational contexts; however, evidence suggests that individual interest alone does not necessarily predict job performance or perception (Cramer & Hunter, 2019).

It is also noteworthy that while healthcare work in government hospitals is highly demanding, remuneration is relatively competitive compared to private institutions or rural assignments (Dayrit, 2020). This financial incentive contributes to workforce retention and is often cited as a motivating factor for continued service (Ormel et al., 2019). Many respondents benefit from structured compensation packages such as hazard pay, night differentials, and government-mandated allowances. However, satisfactory salary does not necessarily translate into job satisfaction or emotional wellbeing (Muller et al., 2020).

Several participants emphasized that while compensation is acceptable, it does not offset high workloads, staffing shortages, limited organizational support, or lack of professional recognition. Thus, although financial compensation is important, it may obscure deeper psychosocial stressors if not accompanied by systemic reforms. These include improved staffing ratios, stronger communication systems, supportive leadership, and accessible mental health programs (Alibudbud, 2022). Salary alone is therefore insufficient to prevent burnout and must be integrated into a broader institutional support framework.

Table 2 shows the respondents' level of burnout in terms of emotional exhaustion. The composite mean of 3.25 corresponds to the verbal interpretation a few times per month, indicating a moderate level of burnout based on the Maslach Burnout Inventory (MBI) frequency scale. This suggests that emotional exhaustion is present among healthcare workers at a recurring but not daily frequency, reflecting a moderate level of occupational strain.

All seven indicators likewise reflect moderate levels of emotional exhaustion, indicating that respondents regularly experience emotional fatigue as a result of work demands. The uniformity of results across indicators suggests that emotional exhaustion is not an isolated experience but a common pattern among healthcare workers. Although the experience is not daily, its consistent recurrence signals a work environment characterized by sustained emotional demands and potentially insufficient recovery or coping mechanisms.

Among the indicators, "It stresses me too much to work in direct contact with people" obtained the highest weighted mean (3.43), suggesting that direct patient interaction is a significant source of emotional strain. In contrast, "Working with people all day long requires a great deal of effort" recorded the lowest mean (3.11), though it still falls within the same interpretive range.

These findings align with Rehder et al. (2021), who emphasized that healthcare workers' wellbeing significantly influences both clinical performance and operational outcomes. Emotional exhaustion, as a core dimension of burnout, may reduce healthcare workers' capacity to function effectively and adapt to evolving workplace demands. Accordingly, interventions such as counseling services, stress management programs, and workload adjustments are essential in promoting emotional resilience and sustaining workforce effectiveness (Søvold et al., 2021).

Table 3 presents the respondents' level of burnout in terms of depersonalization. The composite mean of 3.39 corresponds to a few times per month, indicating a moderate level of depersonalization among healthcare workers. This suggests occasional emotional distancing or detachment from patients.
The highest-rated indicator was "I feel tired when I get up in the morning and have to face another day at work" (3.48), reflecting emotional fatigue that may contribute to detachment. Meanwhile, "I have become more insensitive to people since I've been working" obtained the lowest mean (3.33), although it remains within the same interpretive range.

These findings are consistent with Kelly (2020), who noted that healthcare work involves significant emotional demands and personal sacrifice, which may influence how care and compassion are expressed. Similarly, Yehya et al. (2020) emphasized that repeated exposure to high-stakes clinical environments may lead healthcare workers to adopt emotional distancing as a coping mechanism. While empathy remains central to healthcare practice, sustained occupational stress may gradually weaken its expression, highlighting the importance of institutional support systems that reinforce emotional resilience and empathy preservation (Muller et al., 2020).

Table 4 presents the respondents' level of burnout in terms of personal accomplishment. The composite mean of 3.35 corresponds to a few times per month, indicating a moderate level of burnout in this dimension. This suggests that while respondents still perceive meaning in their work, their sense of energy and fulfillment may be gradually declining.

The highest-rated indicator was "I look after my patients'/clients' problems very effectively" (3.41), reflecting confidence in professional competence. The lowest mean was recorded for "I feel full of energy" (3.25), suggesting reduced vitality among respondents, which may influence overall job satisfaction and engagement.
This pattern is commonly observed in government healthcare settings, where chronic understaffing, high patient loads, and extended working hours contribute to reduced physical and emotional energy. While healthcare workers continue to find meaning in their roles, persistent workload pressures may limit their ability to fully experience job satisfaction.

Such conditions are often exacerbated in public hospitals by bureaucratic inefficiencies, limited professional development opportunities, and inadequate recognition (Dayrit, 2020). These factors can diminish the positive psychological rewards of caregiving. Thus, beyond individual coping strategies, institutional interventions such as workload redistribution, staff rotation, and recognition systems are necessary to sustain a sense of personal accomplishment.

These findings align with Conversano et al. (2020), who emphasized that self-care practices enhance emotional resilience and professional effectiveness. Similarly, Muller et al. (2020) noted that self-care is essential in reducing burnout and sustaining occupational satisfaction among healthcare professionals.

Table 5 shows the correlation between respondents' profile and their level of burnout. The results reveal no significant relationship between burnout and age, gender, marital status, area of assignment, length of work experience, and job position, as all p-values are greater than 0.05. Hence, the null hypothesis is accepted.
The absence of significant relationships suggests that burnout in this study is not influenced by individual demographic characteristics but is more likely driven by organizational and systemic factors. This may reflect the realities of government hospital settings, where staffing shortages, heavy workloads, and limited resources create a shared environment of occupational stress regardless of employee profile.

Furthermore, the findings indicate that burnout is a collective experience across the workforce rather than one shaped by specific roles or demographic categories. This suggests that variations in experience may be minimized in highly standardized or resource-constrained environments. Therefore, interventions should focus on system-wide strategies such as workload regulation, mental health support programs, improved leadership practices, and equitable staffing policies rather than targeting specific demographic groups.
Although statistical results show no significant differences, subtle or qualitative variations may still exist and warrant further exploration through mixed-methods approaches such as interviews or focus group discussions.

Rehder et al. (2021) emphasized that healthcare worker wellbeing is a key determinant of clinical and operational performance, underscoring the importance of monitoring emotional exhaustion as a predictor of both workforce and patient outcomes.
In the Philippine context, healthcare inequities further highlight the urgency of addressing burnout. Access to healthcare remains uneven due to socioeconomic disparities and geographic challenges, particularly in an archipelagic setting (Labrague et al., 2020). These systemic pressures further intensify demands on healthcare workers.

Additionally, healthcare professionals often prioritize patient care over self-care, which may exacerbate burnout risks. As Vidal-Blanco et al. (2019) noted, self-care is essential for sustaining wellbeing, managing workload demands, and maintaining work-life balance.

Ultimately, improving healthcare delivery requires not only patient-centered approaches but also workforce-centered strategies. Patient satisfaction remains a key indicator of healthcare quality (Larson et al., 2019), and it is closely linked to the wellbeing and performance of healthcare providers. Effective healthcare systems must therefore balance patient needs with sustainable working conditions to ensure long-term service quality and employee wellbeing (Prakash, 2020).

5. Conclusion

The study revealed that moderate burnout is prevalent among healthcare workers in government hospitals, particularly in high-stress units such as the emergency room, placing staff at risk of chronic stress and reduced job performance. With a workforce that is predominantly young and female, the findings underscore the need for gender-sensitive and early intervention strategies, including counseling services, stress management programs, and flexible work arrangements. If left unaddressed, burnout may adversely affect both physical and mental health, disrupt work-life balance, and shorten career longevity, ultimately contributing to absenteeism, compromised patient care, and increased turnover rates. Hence, strengthening support systems through a positive organizational culture, wellness initiatives, and institutional support mechanisms is essential in enhancing resilience, sustaining motivation, and ensuring the continued delivery of quality healthcare services in government health facilities.

Based on these findings, it is recommended that the proposed action plan aimed at mitigating burnout among healthcare personnel in selected hospitals in Bohol Province be adopted. This plan may include stress management interventions, regular mental health assessments, workplace wellness programs, and structured support systems tailored specifically for healthcare workers. Such initiatives are intended to provide both preventive and responsive measures that address the multidimensional nature of burnout and promote overall employee well-being.

Furthermore, it is recommended that related studies be conducted to further deepen and expand the understanding of burnout in the healthcare context. These may include a comparative study on the level of burnout between healthcare workers in government and private hospitals in Bohol Province, an evaluation of the effectiveness of mindfulness-based interventions in reducing burnout among nurses in emergency units, and a correlational study on work-life balance and burnout among healthcare frontliners in rural hospital settings. These studies may serve as a foundation for the development of more comprehensive and evidence-based interventions aimed at improving healthcare workers' well-being.

In addition, healthcare institutions are encouraged to adopt an integrated and systematic approach to burnout prevention and workplace well-being enhancement. This multi-domain strategy includes Workplace Professional and Personal Practice, Healthcare Leadership, Professional Development, Coordination and Communication, and Collaboration and Teamwork. Collectively, these components aim to foster a supportive environment that strengthens resilience, enhances competencies, and promotes a positive organizational culture. Through continuous engagement in professional training, continuing education, reflective practice, and collaborative learning, healthcare workers are empowered to acquire and apply knowledge that responds to the evolving demands of the healthcare system and the populations they serve.

Each component of the action plan is aligned with specific objectives. Workplace Professional and Personal Practice focuses on improving competencies and self-efficacy through training sessions, short courses, and community engagement activities. Healthcare Leadership emphasizes leadership development programs that enhance strategic thinking and collaborative problem-solving among healthcare workers. Professional Development utilizes digital platforms and modern learning approaches to strengthen adaptability in technology-driven healthcare environments. Coordination and Communication promotes research engagement, leadership development, and scholarly productivity, while Collaboration and Teamwork emphasizes reflective practice, clinical dialogue, and hands-on workshops that directly improve service delivery.

With the support of both online and offline learning platforms, as well as stakeholder collaboration and resource mobilization, the initiative aims to achieve full participation in all planned activities. This is expected to result in measurable improvements in workforce morale, performance, and overall healthcare delivery. The implementation of this action plan fosters a culture of continuous learning and collaboration among healthcare professionals. By integrating standardized best practices and structured development programs, it provides a sustainable mechanism for addressing burnout while simultaneously enhancing individual performance and strengthening the overall healthcare system.

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