

Workplace Stress and Burnout: A Qualitative Exploration of Respiratory Therapist Experiences in the Level II Private Hospitals in Cavite

Ronald Jezter Triñanes, RTRP¹, Prof. Erwin M. Faller, RPh., MSPharm., PhDEL., PhDPharm., MMPS., FRIPharm., FACP¹

¹Graduate School, Saint Bernadette of Lourdes College, Quezon City, Philippines

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Email of Corresponding Author: ronaldjezter27@gmail.com

Abstract

This study explored the lived experiences of respiratory therapists regarding workplace stress and burnout in selected Level II private hospitals in Cavite. Anchored on the Job Demands–Control Theory and Maslach’s Burnout Theory, the study examined how respiratory therapists perceived workplace stress and burnout, the workplace factors contributing to these experiences, the coping mechanisms they used, and the effects of burnout on professional performance, personal well-being, and relationships with colleagues and patients. A qualitative phenomenological research design was employed. Eighteen licensed respiratory therapists were selected through stratified purposive sampling from a population of 35 respiratory therapists across six hospital groups. Data were gathered using a researcher-developed semi-structured interview guide validated by three senior respiratory therapists and were analyzed through thematic analysis. Findings revealed that workplace stress and burnout were mainly caused by understaffing, excessive workload, inadequate resources, long working hours, low compensation, limited career growth, poor leadership support, interpersonal conflicts, and role devaluation. These conditions resulted in physical exhaustion, emotional strain, cognitive fatigue, reduced motivation, compromised care quality, strained workplace relationships, and challenges in patient interaction. Despite these difficulties, participants used coping strategies such as rest, family and peer support, teamwork, cognitive reframing, spirituality, mindfulness, hobbies, and professional commitment. The study concludes that while individual coping strategies help respiratory therapists manage stress temporarily, institutional, and policy-level interventions are needed to address the structural causes of burnout. The study supports SDG 3 on Good Health and Well-Being, SDG 8 on Decent Work and Economic Growth, and, to a limited extent, SDG 16 on Strong Institutions. Its sustainability impact lies in promoting healthcare workforce well-being, improving institutional support systems, and sustaining quality respiratory care services.

Keywords: Burnout, Coping Mechanisms, Respiratory Therapists, Workplace Stress, Philippines

1. Introduction

Respiratory therapists are essential healthcare professionals involved in managing patients with acute and chronic respiratory conditions. Their work requires frequent interaction with critically ill patients, heavy workloads, and the delivery of complex life-supporting respiratory therapies in demanding healthcare environments. Because of this, they are vulnerable to occupational stress, fatigue, and burnout. Miller *et al.* (2023) emphasized that burnout among respiratory therapists affects psychological well-being, job satisfaction, and career commitment, while Algarni *et al.* (2023) reported that extreme burnout among hospital-employed respiratory practitioners is associated with excessive workload, insufficient personnel, and limited organizational support. Burnout has become a continuing concern among respiratory therapists both internationally and locally. Internationally, stress and burnout are linked to high-acuity patient exposure and emotionally demanding clinical settings, even when compassion satisfaction remains present Pehlke, (2022). In the Philippine context, respiratory therapists are increasingly involved in complex postoperative and critical care situations, reflecting higher professional responsibility and performance expectations (Santos *et al.*, 2021). Locally in Manila, patterns have also emerged in professional conferences, according to the 2024 report by the Philippine Physical Therapy Association. The growing demand for respiratory therapists highlights persistent workplace challenges such as workload pressure, inadequate staffing, and weak management support. Tucker (2024) noted that inadequate management strategies and poor implementation of plans contribute to burnout in respiratory therapy. Burnout was also demonstrated by Alhaykan (2021) to be related to inadequate supervisory support. Patterson’s (2024) Perspective on Care in Critical Settings further emphasized that limited resources in critical units, extended work shifts, and exposure to high-risk patients intensify daily occupational distress.

The reviewed literature consistently establishes that workplace stress and burnout are significant concerns in the professional practice of respiratory therapists. These concerns are not limited to emotional tiredness or temporary work fatigue; rather, they influence how respiratory therapists perform their roles, make decisions, engage with patients, interact

with colleagues, and sustain their long-term commitment to the profession. Since respiratory therapists are directly involved in managing patients with respiratory problems, including those in critical or high-acuity conditions, their work requires accuracy, alertness, patience, and emotional stability. When workplace stress becomes prolonged and unmanaged, it may weaken these essential professional qualities and affect both the worker and the quality of care delivered. Miller *et al.* (2023) reported that burnout negatively affects workplace engagement, decision-making, and job satisfaction. This suggests that respiratory therapists who experience burnout may become less motivated, less focused, and less confident in performing their duties. In clinical settings, this is especially important because respiratory therapists are expected to make timely decisions related to patient assessment, oxygen therapy, airway management, ventilatory support, and emergency care. A decline in engagement and decision-making may therefore create risks not only for the professional but also for patient safety. Pehlke (2022) also emphasized that burnout, secondary traumatic stress, compassion satisfaction, emotional exhaustion, and patient care participation are related to respiratory therapists' quality of life at work. This indicates that the work experience of respiratory therapists is shaped by both the burden and meaning of patient care. While some may continue to find fulfillment in helping patients, repeated exposure to critical cases may gradually reduce emotional energy and increase vulnerability to burnout. Leadership and organizational support also appear as major elements in the experience of workplace stress. According to Alhaykan's findings in (2021), poor supervisory leadership, lack of guidance, and lack of employee recognition contribute to burnout and weaken workplace collaboration, professional confidence, and commitment. This implies that burnout is not purely an individual problem but is also influenced by how the workplace is managed. When respiratory therapists feel unsupported or unrecognized, they may experience lower morale and reduced sense of belonging in the organization. In contrast, supportive supervision, proper acknowledgment, and clear guidance may help lessen emotional exhaustion and improve professional confidence. Patterson (2024) further linked critical care environments to emotional withdrawal and reduced task efficiency. This finding is relevant because respiratory therapists often work in emotionally intense areas where they deal with unstable patients, emergencies, and life-support interventions. Emotional withdrawal may become a coping response, but it may also affect patient interaction, communication, and care sensitivity.

The reviewed literature also shows that workload and work conditions are among the most direct contributors to stress and burnout. Asiri *et al.* (2023) identified excessive workload, long working hours, and repeated interaction with critically ill patients as key contributors to burnout. These findings suggest that respiratory therapists are exposed to both physical and emotional demands. Long shifts may reduce rest and recovery time, while high patient volume may force therapists to perform multiple tasks within limited periods. This situation becomes more difficult when patients require urgent or continuous respiratory care. Omar *et al.* (2022) emphasized leadership and organizational culture, particularly lack of communication, support, and acknowledgment, as important determinants of burnout among ICU respiratory therapists. This means that even when clinical workload is heavy, stress may be reduced if the organization promotes communication, teamwork, and employee support. However, when the workplace culture is unsupportive, the same workload may feel more overwhelming. The studies also indicate that burnout may begin even before full professional practice. Siraj *et al.* (2022) showed that academic pressure, clinical workload, performance demands, and limited coping resources may expose respiratory therapy students to emotional exhaustion even before entering full professional roles. This suggests that the risk of burnout can start during training, especially when students are exposed to demanding clinical environments without sufficient emotional preparation or coping support. Similarly, Piccuito and De Santis Santiago (2023) highlighted role ambiguity, lack of mentoring, high work expectations, and fear of error among transitioning graduate respiratory therapists. These findings point to the importance of mentoring and proper orientation, especially for new professionals. Without guidance, new respiratory therapists may feel uncertain about their responsibilities and may develop anxiety about committing mistakes in patient care. This can affect their confidence, professional adjustment, and long-term commitment to the field. Systemic workplace issues also contribute significantly to burnout. Strickland *et al.* (2021) identified staffing shortages, workload overlap, and limited resources as contributors to burnout. These factors are important because respiratory therapists often work across several hospital units and attend to different types of patients. When staffing is inadequate, one therapist may be expected to handle multiple responsibilities at the same time. This may result in rushing, fatigue, delayed care, and increased pressure. Limited resources may further intensify stress because therapists may struggle to provide quality care using insufficient equipment, supplies, or institutional support. These findings show that burnout is closely linked to organizational capacity and resource management.

The literature also highlights the importance of coping strategies in managing workplace stress and burnout. Kentish-Barnes *et al.* (2021) emphasized emotional expression and peer support among healthcare professionals. This shows that having people to talk to, especially colleagues who understand the realities of clinical work, may help respiratory therapists process difficult experiences. Colbenson *et al.* (2021) also showed that social support and cognitive coping help interprofessional ICU clinicians reduce emotional strain. This suggests that coping is not only about rest or relaxation but also about how healthcare workers mentally process stressful situations. When respiratory therapists are able to reframe challenges, focus on purpose, and rely on supportive teams, they may be better able to manage emotional pressure. Internal coping strategies are also important. Tosi *et al.* (2023) highlighted resilience, acceptance, and adaptive problem-solving as useful strategies for managing stress. These strategies may help respiratory therapists remain functional despite demanding

conditions. However, resilience should not be understood as simply enduring poor working conditions. Instead, resilience becomes more effective when supported by fair workload, adequate staffing, and proper leadership. Rak *et al.* (2021) emphasized that organizational and educational support, interprofessional education, and structured team training strengthen communication and shared responsibility. This reinforces the idea that coping should not be placed solely on the individual. Healthcare institutions also have the responsibility to create systems that support workers and prevent burnout. Öztaş *et al.* (2023) also identified problem-focused coping, support-seeking, and professional boundary-setting as common strategies used by healthcare workers in demanding environments. These strategies are relevant to respiratory therapists because they help them manage workload pressure, seek help when needed, and protect their personal well-being. The effects of stress and burnout extend beyond the individual worker. Sreedharan *et al.* (2022) found that academic stress and future development concerns reduce motivation and satisfaction among respiratory therapy students and may affect readiness for clinical practice. This implies that stress has developmental consequences because it may influence how prepared and confident future respiratory therapists become. Rubin *et al.* (2021) linked burnout and psychological distress among allied health personnel to exhaustion, reduced job satisfaction, and lower work engagement. This is significant because reduced engagement may affect teamwork, patient interaction, and willingness to participate in professional improvement. Johnson & Rohde (2022) further associated job stress and emotional exhaustion with reduced satisfaction and intention to leave. When respiratory therapists consider leaving the workplace or profession, healthcare institutions may face retention problems, which can worsen staffing shortages and increase the burden on remaining employees. In terms of clinical practice, Jacobs *et al.* (2022) indirectly highlighted the cognitive and emotional demands of managing critically ill respiratory patients. Although their discussion focused on patient care, it supports the idea that respiratory therapy requires intense concentration, emotional control, and technical competence. Des Jardins & Burton (2023) also described the broad responsibilities of respiratory health practice, from patient assessment to critical decision-making. These responsibilities show that respiratory therapy requires sustained physical, mental, and emotional effort. Therefore, when respiratory therapists experience chronic stress and burnout, their ability to perform these responsibilities effectively may be affected.

Globally, the literature shows that respiratory therapists experience stress and burnout because of repeated exposure to critically ill patients, emotionally demanding clinical settings, and high-acuity care environments. Studies by Miller *et al.* (2023), Pehlke (2022), Alhaykan (2021), Patterson (2024), and Tucker (2024) collectively show that occupational stress affects engagement, decision-making, emotional well-being, professional development, and retention. These findings demonstrate that burnout is a widespread issue in respiratory care and allied health practice. International literature also confirms that respiratory care involves complex clinical tasks and high levels of responsibility, as described by Des Jardins & Burton (2023). In the Philippine context, Santos *et al.* (2021) noted that respiratory therapists are taking on broader roles in complex patient care, especially in postoperative and critical care contexts. This suggests that Filipino respiratory therapists may be expected to perform increasingly demanding roles within healthcare institutions. Such expectations may increase stress, especially when not matched with sufficient staffing, compensation, recognition, and institutional support. Locally, the focus on Level II private hospitals in Cavite is important because these hospitals provide a specific context where respiratory therapists work within similar service capacities, staffing patterns, and organizational structures. By examining this local setting, the study can provide more grounded insights into how respiratory therapists experience, interpret, and manage workplace stress and burnout in their actual professional environment. Overall, the literature supports the need for a qualitative exploration of workplace stress and burnout among respiratory therapists. Existing studies show that burnout is shaped by workload, leadership, organizational culture, staffing, mentoring, coping strategies, and clinical demands. However, there remains a need to understand how respiratory therapists themselves describe these experiences in their own words and within their specific workplace setting. This study therefore contributes to the literature by focusing on the lived experiences of respiratory therapists in Level II private hospitals in Cavite, giving attention to their perceptions, challenges, coping mechanisms, and the effects of burnout on their performance, well-being, and professional relationships.

This study is grounded in a phenomenological approach, which is suitable for examining the lived experiences of respiratory therapists regarding workplace stress and burnout. The approach allows participants to describe how they interpret work demands, emotional exhaustion, professional barriers, and coping within their own workplace realities. Qualitative healthcare research supports the use of this approach because it provides space for professionals to express how occupational stress is personally and professionally experienced (Kentish-Barnes *et al.*, 2021). The study is also aligned with an interpretivist-constructivist paradigm, which views stress and burnout as experiences shaped by personal meaning and professional context. Instead of merely measuring stress and burnout through predetermined categories, this perspective allows the study to understand how respiratory therapists construct meaning from workplace pressure, exhaustion, coping, and professional role demands. Conceptually, the study positions workplace stress and burnout as the central lived experience of respiratory therapists. Their stress is influenced by workplace conditions, professional roles, personal perceptions, coping strategies, and the effects of these conditions on performance, well-being, and relationships. The conceptual framework is therefore converted into a narrative understanding: respiratory therapists encounter workplace conditions that produce stress and burnout, respond through coping strategies, and experience consequences in their professional and personal functioning. The study is theoretically anchored on Job Demands–Control (JDC) Theory, first

put forth by Robert A. Karasek in (1979), which explains workplace stress as a result of the relationship between job demands and the worker's level of control over how work is performed. This theory applies to respiratory therapists in Level II private hospitals because they often experience heavy workload, emotional strain, time pressure, and institutional limitations while having limited control over staffing, resources, and organizational policies. The study is also supported by Maslach's Burnout Theory by Christina Maslach and Susan E. Jackson, (1981), which conceptualizes burnout through emotional exhaustion, depersonalization, and reduced personal accomplishment. This theory is relevant because it helps interpret how prolonged workplace stress may lead respiratory therapists to experience exhaustion, detachment, reduced motivation, and perceived decline in professional effectiveness.

Although existing literature has examined clinical procedures, disease management, physiological foundations of respiratory care, therapeutic approaches, and patient outcomes, fewer studies have focused on the subjective workplace experiences of respiratory therapists. Much of the available research emphasizes clinical effectiveness, therapeutic procedures, disease evaluation, and survival outcomes Alotaibi (2023), Des Jardins & Burton (2023), Beachey (2022), as well as developments in therapeutic approaches to increase survival and clinical outcome Dargaville *et al.*, (2021). These studies contribute to respiratory care knowledge, but they do not sufficiently explain how the workplace environment affects respiratory therapists' mental well-being, professional experience, coping strategies, and burnout. This gap justifies the need for a qualitative exploration of respiratory therapists' lived experiences in Level II private hospitals in Cavite. The study seeks to determine how respiratory therapists experience workplace stress and burnout, what workplace factors contribute to these experiences, how they cope, and how stress and burnout affect performance, health, well-being, and relationships within and outside the workplace. The study is important because respiratory therapists are often overlooked in occupational stress research despite their critical role in healthcare delivery.

This study is most directly aligned with SDG 3 – Good Health and Well-Being because it focuses on the well-being of healthcare workers and the indirect implications of burnout for patient care, healthcare quality, and institutional support systems. By examining workplace stress, burnout, coping, and professional functioning among respiratory therapists, the study contributes to a healthier healthcare workforce and a more supportive care environment. The study also aligns with SDG 8 – Decent Work and Economic Growth because it addresses working conditions, workload, staffing, leadership support, employee engagement, retention, and burnout prevention. Since respiratory therapists' stress and burnout may affect job satisfaction, professional commitment, and intention to remain in the profession, the study supports the broader goal of promoting decent work and sustainable employment conditions in healthcare. To a limited institutional extent, the study may also relate to SDG 16 – Peace, Justice, and Strong Institutions because it emphasizes the role of hospital administrators, organizational support, leadership, staffing strategies, and supportive policies in reducing burnout. This alignment is limited to institutional governance and healthcare administration, not broader legal or justice concerns.

The study contributes to public health sustainability by emphasizing that healthcare worker well-being is connected to consistent, safe, and quality patient care. When respiratory therapists experience unmanaged stress and burnout, their motivation, decision-making, emotional stability, and professional performance may be affected, which can indirectly influence patient and family experiences. It also contributes to institutional and workforce sustainability by providing insights that may guide hospital administrators in developing supportive policies, improving staffing strategies, strengthening supervisory support, and creating employee well-being programs. These interventions may help reduce burnout, improve morale, support retention, and sustain respiratory care services in Level II private hospitals. The study has relevance to healthcare administration, allied health education, organizational psychology, human resource management, and occupational health. From a healthcare administration perspective, it provides evidence for improving workplace systems. From an allied health perspective, it deepens understanding of respiratory therapists' professional realities. From an organizational and human resource perspective, it highlights the importance of leadership, recognition, communication, workload management, and support mechanisms. From an occupational health perspective, it contributes to burnout prevention and employee well-being.

This study is significant to respiratory therapists because it presents their experiences of workplace stress and burnout and may help identify personal and institutional strategies for managing these challenges. It is useful to hospital administrators because the findings may guide the development of supportive policies, staffing improvements, and better work environment strategies. Nursing and allied health professionals may also benefit because the study extends knowledge on occupational stress and burnout across healthcare roles. Healthcare institutions may use the findings to strengthen support systems, improve team morale, and promote quality patient care. Patients and families may indirectly benefit when healthcare personnel experience healthier and more sustainable working conditions. Future researchers may use the study as a basis for further investigation on stress, burnout, and coping mechanisms among respiratory therapists and other healthcare workers. The study is delimited to respiratory therapists working in selected Level II private hospitals in Cavite. It excludes respiratory therapists from government hospitals and Level I and Level III hospitals to maintain consistency in organizational context, service capacity, workload patterns, and resource conditions. It also focuses only on workplace-related stress and burnout, excluding non-work-related personal stressors. The qualitative phenomenological approach is

appropriate because the study seeks depth of understanding rather than statistical generalization.

This study examines workplace stress and burnout among respiratory therapists working in Level II private hospitals in Cavite. It focuses on how respiratory therapists perceive stress and burnout in their professional roles, the workplace factors that contribute to these experiences, the coping mechanisms they use, and the effects of burnout on their professional performance, personal well-being, and relationships with colleagues and patients. The introduction establishes that respiratory therapists perform essential functions in respiratory and critical care, yet their work environment exposes them to emotional, physical, cognitive, and organizational pressures that may affect both employee welfare and healthcare service delivery.

2. Material and methods

2.1 Research Design

The study employed a qualitative phenomenological research design to explore the lived experiences of respiratory therapists regarding workplace stress and burnout. This design was appropriate because the study focused on understanding their perceptions, meanings, coping practices, and the effects of stress and burnout on their work performance and relationships in Level II private hospitals in Cavite.

2.2 Locale of the Study

The study was conducted in selected Level II private hospitals in Cavite. These hospitals were chosen because they provide comparable healthcare services, particularly in respiratory and critical care, allowing the study to focus on similar workplace conditions, staffing patterns, and organizational settings.

2.3 Respondents of the Study

The respondents were licensed respiratory therapists employed in selected Level II private hospitals in Cavite. From a population of 35 respiratory therapists, participants were selected based on the following criteria: licensed, currently employed in the selected hospitals, with at least one year of work experience, had experienced workplace stress and burnout, and voluntarily agreed to participate. Those who did not meet these criteria were excluded.

2.4 Sample and Sampling Procedure

The study used stratified purposive sampling. The respondents were first grouped according to six hospital groups to ensure representation across the selected hospitals. From these groups, 18 participants were selected based on eligibility and their ability to provide meaningful information about workplace stress and burnout. The participants came from six hospital groups, ensuring varied but relevant experiences.

2.5 Research Instrument

A researcher-made semi-structured interview guide was used to gather data. The guide contained open-ended questions about the participants' experiences of workplace stress and burnout, contributing workplace factors, coping strategies, and the effects of these experiences on their professional performance and interpersonal relationships. The instrument was validated by three senior respiratory therapists to ensure clarity, relevance, and alignment with the study objectives.

2.6 Data Gathering Procedure

The researcher first secured approval from the Graduate School and the administrators of the selected hospitals. Qualified participants were then identified, informed about the purpose of the study, and asked to sign an informed consent form. Interviews were conducted either face-to-face or online, depending on participant availability and convenience. With consent, the interviews were audio-recorded and later transcribed for analysis.

2.7 Data Analysis Techniques

The interview transcripts were analyzed using thematic analysis. The researcher identified recurring patterns and meaningful themes related to workplace stress and burnout, contributing factors, coping mechanisms, and the effects of these experiences on performance, well-being, and workplace relationships.

2.8 Ethical Considerations

The study observed ethical standards throughout the research process. Participation was voluntary, and informed consent was obtained from all participants. Confidentiality and anonymity were maintained by removing names and identifying information from the transcripts and reports. Participants were allowed to withdraw at any time or skip questions they found uncomfortable. Audio recordings and transcripts were securely stored and used only for academic purposes.

3. Results and Discussion

3.1 Perceived Experiences of Respiratory Therapists Regarding Workplace Stress and Burnout

3.1.1 Resource Constraints

The findings showed that respiratory therapists experienced stress due to inadequate staffing, excessive patient loads, lack of equipment, insufficient supplies, and low compensation. Participants reported that only one respiratory therapist was often assigned per shift, requiring them to cover large hospital areas, manage multiple patients, and respond to emergencies with limited support. They also reported difficulty delivering proper procedures and medications because of limited ventilators, medicines, specialists, and other needed equipment. Low salary and feeling underappreciated further reduced morale and professional satisfaction. These findings indicate that stress and burnout are strongly rooted in institutional and resource-related conditions rather than individual weakness. The results support Chris *et al.* (2024), who emphasized that insufficient staffing and resources contribute to employee burnout, declining service quality, and increased operational strain. They also align with Miller *et al.* (2022), Strickland *et al.* (2022), and Miller *et al.* (2026), who associated respiratory therapist burnout with inadequate staffing, excessive workload, patient acuity, and high perceived workload. The findings are also consistent with Tucker (2024), Algani *et al.* (2023), and Asiri *et al.* (2023), who linked burnout to organizational factors, excessive workload, prolonged working hours, and continuous exposure to critically ill patients.

3.1.2 Physical and Emotional Exhaustion

The results showed that respiratory therapists experienced physical and emotional exhaustion due to long shifts, heavy workload, emergencies, sleep deprivation, and continuous exposure to critically ill patients. Participants described 16-hour shifts, work overload, and extended duty hours as physically and emotionally draining. They also experienced moral distress and compassion fatigue because their work often involved life-and-death situations and patients requiring urgent respiratory care. Cognitive fatigue was also evident, as participants reported difficulty concentrating and fear of committing errors during demanding shifts. These findings suggest that burnout affects respiratory therapists physically, emotionally, and cognitively. Prolonged shifts and forced overtime reduce recovery time, while repeated exposure to critically ill patients intensifies emotional strain. The findings align with Miller *et al.* (2026), who reported that emotional exhaustion among respiratory therapists was associated with workload, absenteeism, and turnover intentions. They also support Strickland *et al.* (2022), who found that excessive workload, elevated patient acuity, insufficient staffing, anxiety, depression, compassion fatigue, inadequate leadership support, and expanded scope of practice contributed to burnout. The emotional burden also supports Pehlke (2022), who emphasized the negative effect of burnout on emotional well-being, compassion satisfaction, and professional quality of life.

3.1.3 Workplace Environment and Interpersonal Stressors

The findings revealed that interpersonal conflicts added another layer of stress to respiratory therapists' clinical workload. Participants identified difficult interactions with patients' relatives, toxic coworkers, poor leadership, different staff attitudes, and ineffective department management as sources of workplace stress. They also described micromanagement and lack of managerial support as conditions that intensified pressure and isolation during critical situations. These results show that burnout is not only caused by workload but also by the social and leadership climate of the workplace. Difficult interactions with relatives and colleagues drain emotional energy that should otherwise be directed toward patient care. This finding is consistent with Olgun & Adibelli (2019), who noted that healthcare workers experience stress and violence related to interactions with patients' relatives. It also supports Rink *et al.* (2023), who identified hostile workplace relationships and poor supervisory support as workplace stressors, and Alhaykan (2021), who found that poor leadership, lack of guidance, and lack of employee recognition contribute to burnout and reduced professional commitment.

3.1.4 Professional Identity and Role Perception

The findings showed that respiratory therapists maintained a strong sense of professional responsibility despite workplace stress. Participants viewed themselves as patient safety advocates, clinical decision partners, and guardians of airway and ventilation stability. However, burnout also caused some participants to question whether respiratory therapy was a sustainable long-term career. Several expressed doubts about continuing in the profession, reduced motivation, and difficulty maintaining enthusiasm. These results indicate that respiratory therapists experience tension between professional commitment and occupational discouragement. Their identity as essential healthcare providers remain strong, but persistent structural problems weaken long-term career commitment. This supports Pehlke (2022), who highlighted the meaningful professional identity developed by respiratory therapists through patient care despite stressful working conditions. However, the findings also align with Tucker (2024), who found that unmanaged stress and burnout are associated with turnover intentions and reduced long-term engagement. Miller *et al.* (2022) and Algani *et al.* (2023) further emphasized that burnout among respiratory therapists is linked to leadership, staffing, workload, work environment, and the need for institutional intervention.

3.1.5 Coping Strategies, Resilience, and Dedication

The results showed that respiratory therapists relied on personal resilience, teamwork, professional dedication, and meaningful patient outcomes to continue functioning despite workplace stress. Participants reported that they coped more easily when they enjoyed their work, saw the value of critical care, learned patience, valued teamwork, and remained motivated by their professional pledge and responsibility to patients. These findings suggest that professional meaning acts as a protective factor against burnout. Respiratory therapists continue to serve because they associate their work with patient safety, recovery, and ethical responsibility. This supports Pehlke (2022), who noted that compassion satisfaction and meaningful involvement in patient care help improve professional quality of life. Tucker (2024) also emphasized that supportive workplace environments, teamwork, work-life balance, and workload management are essential to respiratory therapist retention and well-being. Miller *et al.* (2023) further showed that even when burnout affects job satisfaction and performance, respiratory therapists continue to value their professional responsibilities.

3.1.6 Work-Life Imbalance and Personal Well-Being

The findings revealed that work obligations often interfered with personal health, sleep, recovery, and work-life balance. Participants reported being unable to prioritize their own health because of heavy and toxic workload. Long shifts and irregular schedules caused sleep deprivation and bodily irregularities. Role overload was also evident among participants who held multiple responsibilities, such as clinical, leadership, and teaching roles. These findings indicate that burnout extends beyond the workplace and affects the personal lives and physiological recovery of respiratory therapists. Heavy workload, shifting schedules, and multiple professional roles blur the boundary between work and personal well-being. This supports Marilier *et al.* (2026), who found that healthcare professionals struggle with blurred work-life boundaries, extended work demands, emotional exhaustion, evolving roles, and prolonged working hours. The findings also align with Miller *et al.* (2026), who identified prolonged ICU working hours, excessive workload, and emotional exhaustion as major burnout factors among respiratory therapists.

Table 1: *Summary of Themes on the Perceived Experiences of Respiratory Therapists About Workplace Stress and Burnout*

Themes	Summary of Findings	Quotations
Resource Constraints	Participants experienced stress due to understaffing, broad workload coverage, and insufficient personnel per shift.	“you’re the only one handling an entire hospital” (P1); “Only require 1 RT on duty per shift” (P2)
Physical and Emotional Exhaustion	Long working hours, high patient load, and emergency cases caused fatigue, sleep deprivation, and emotional burden.	“16-hour shifts and heavy workload are physically and emotionally exhausting” (P18); “Sleep deprivation due to having to extend my duty hours” (P4)
Workplace Environment and Interpersonal Stressors	Stress was worsened by toxic coworkers, poor leadership, patient relatives, and lack of management support.	“workplace stress often stems from toxic coworkers and poor leadership” (P17); “management’s lack of support create constant pressure” (P14)
Professional Identity and Role Perception	Some participants viewed their role as meaningful and critical, while others experienced doubts about career sustainability.	“I now view my role as A patient safety advocate...” (P11); “I had doubted of continuing my career” (P4)
Coping Strategies, Resilience, and Dedication	Despite burnout, participants remained committed through patience, teamwork, responsibility, and professional dedication.	“Stress has made me value resilience and teamwork more” (P7); “It’s my responsibility...” (P18)
Work-Life Imbalance and Personal Well-being	Multiple responsibilities and demanding schedules affected personal wellness and balance.	“I sometimes get tired of my duty because I travel a lot but I have to be excellent...” (P6)

As shown in Table 1, respiratory therapists experienced workplace stress and burnout mainly because of limited staffing, heavy workloads, long shifts, and emotionally demanding patient care. The findings show that stress was not only physical but also emotional and interpersonal. However, despite these challenges, several participants still demonstrated resilience and professional commitment, especially when they viewed their work as important to patient safety and recovery.

3.2 Workplace Factors Contributing to Stress and Burnout

3.2.1 Primary Stress Contributors

The findings showed that the main workplace factors contributing to stress and burnout were understaffing, workload imbalance, high patient volume, complex clinical procedures, long working hours, night shifts, toxic work environments, interpersonal conflict, and lack of managerial support. Participants reported that one respiratory therapist often handled

multiple patients, procedures, units, and responsibilities at the same time. They also identified overtime without pay, irregular schedules, and weak administrative advocacy as sources of stress. These findings confirm that respiratory therapist burnout is largely driven by organizational structures. Staffing shortage, poor task distribution, rigid schedules, and lack of support create conditions where individual effort alone cannot resolve stress. The findings support Strickland *et al.* (2021), who identified inadequate staffing, overlapping workloads, and insufficient resources as major contributors to burnout. They also align with Asiri *et al.* (2023), who linked excessive workload and prolonged exposure to demanding healthcare tasks to emotional exhaustion. Omar *et al.* (2022) similarly emphasized organizational culture, ineffective communication, lack of support, and inadequate acknowledgment as determinants of burnout. Karaferis *et al.* (2022), Saragosa *et al.* (2024), and Almutairi *et al.* (2024) further support the importance of supervision, organizational support, recognition, workplace demands, and psychological strain in healthcare work.

3.2.2 Motivation Barriers

The findings revealed that motivation was weakened by low wages, limited career growth, lack of recognition, and role devaluation. Participants reported that their salary did not match the risks, responsibilities, and specialized skills required in respiratory care. They also expressed concern over limited opportunities for promotion and professional growth. One participant noted that respiratory therapy duties were sometimes shared with nurses due to understaffing, which made the profession appear easy and reduced recognition of respiratory therapists' specialized expertise. These findings suggest that burnout is intensified when respiratory therapists perceive their work as undervalued, underpaid, and professionally stagnant. Compensation, advancement, recognition, and role clarity are therefore important factors in sustaining motivation. This supports Karaferis *et al.* (2022), who emphasized that financial incentives, recognition, job training, organizational support, and professional growth influence healthcare employee motivation and job satisfaction. It also aligns with Piccuito & De Santis Santiago (2023), who found that role ambiguity, lack of mentoring, and high workplace expectations contributes to stress and burnout among transitioning respiratory therapists. Siraj *et al.* (2022) also emphasized that work burden, performance pressure, and insufficient coping resources contribute to emotional exhaustion. Buabeng & Adomah-Afari (2023) further identified achievement, personal satisfaction, incentive packages, equipment availability, job security, interpersonal relationships, recognition, salary improvements, and workload as factors affecting health worker performance.

Table 2: Summary of Themes on Workplace Factors Contributing to Stress and Burnout

Themes	Summary of Findings	Quotations
Primary Stress Contributors	Understaffing, high patient volume, emergency cases, workload imbalance, and clinical complexity were the main stressors.	"Understaffing is a major factor... only one respiratory therapist per shift" (P3); "High volume of patients, and a large number of nebulization treatments per shift" (P18)
Motivation Barriers	Low salary, limited growth opportunities, lack of recognition, and blurred job roles reduced motivation and professional satisfaction.	"Low wage" (P9); "Limited opportunities for career growth" (P17); "Right compensation for my service would keep me motivated" (P4)

As presented in Table 2, the workplace factors that contributed most to stress and burnout were organizational in nature. Participants emphasized that inadequate staffing and excessive workload increased their physical and mental burden. In addition, low compensation and limited professional growth weakened motivation. These findings suggest that burnout among respiratory therapists is not simply caused by individual weakness, but by structural and administrative issues within the workplace.

3.3 Coping Mechanisms of Respiratory Therapists in Managing Workplace Stress and Burnout

3.3.1 Physiological Recovery Strategies

The findings showed that respiratory therapists used rest, sleep, personal time, family visits, walking, driving, comfort food, hydration, and off-duty recovery to manage stress and burnout. Participants emphasized the importance of disconnecting from work after long shifts and using rest days for physical and emotional recovery. They also used simple daily routines and personal activities to reduce emotional numbness and regain balance. These results show that recovery is a basic coping response to chronic physical and emotional exhaustion. Rest, sleep, family contact, and self-care activities help respiratory therapists restore energy and preserve their personal identity outside the hospital. This supports Vieten *et al.* (2023), who explained that recovery allows psycho-physiological systems activated during work to return to baseline functioning. Zhang *et al.* (2023) also emphasized that sleep disturbances and work-family conflict significantly contribute to stress and depression among healthcare workers. Kentish-Barnes *et al.* (2021) and Öztas *et al.* (2023) further support the importance of emotional support, self-care practices, problem-focused coping, and boundary-setting in managing occupational stress.

3.3.2 Relational Support Systems

The findings revealed that coworkers, family members, friends, and supportive colleagues helped respiratory therapists cope with workplace stress. Participants described coworkers as sources of assistance, emotional validation, and practical support during stressful shifts. Family and friends also helped them reset emotionally outside the workplace. Teamwork was important because it allowed shared responsibility and reduced the risk of errors caused by exhaustion. These findings indicate that social support reduces isolation and strengthens emotional resilience. Peer support helps respiratory therapists manage the stress of being alone in demanding clinical situations, while family support protects self-worth from the effects of workplace underappreciation. This supports Carbone *et al.* (2022), who explained that peer support functions as psychological aid grounded in mutual respect and voluntary assistance. It also aligns with Colbenson *et al.* (2021), who emphasized that clinicians who rely on team-based support are better able to manage emotional strain and burnout. Kentish-Barnes *et al.* (2021) likewise emphasized emotional support systems, while Schot *et al.* (2019) highlighted collaboration, shared responsibility, and teamwork as strategies for improving workplace functioning and reducing stress.

3.3.3 Cognitive and Purpose Strategies

The findings showed that respiratory therapists used cognitive reframing, focus management, professional purpose, passion for respiratory care, and emotional boundaries to cope with stress. Participants reminded themselves that toxic situations were not permanent, focused on one concern at a time, and maintained motivation by remembering the importance of respiratory care in patient outcomes. They also separated personal life from professional life and avoided bringing workplace stress home. These findings suggest that cognitive coping helps respiratory therapists regulate emotional reactions and sustain performance in stressful environments. Reframing workplace difficulties as temporary, focusing on manageable tasks, and maintaining professional purpose reduce emotional escalation and protect against disengagement. This supports Paslan & Kamil (2025), who highlighted cognitive restructuring as useful in reducing emotional, cognitive, and behavioral stress symptoms. Tosi *et al.* (2023) also emphasized resilience, adaptive problem-solving, and internal coping styles as strategies for enduring emotional pressure. Öztas *et al.* (2023) further identified professional boundary-setting and active coping behaviors as effective approaches in managing occupational stress.

3.3.4 Transcendent and Lifestyle Practices

The findings revealed that spirituality, prayer, church attendance, Bible study, hobbies, personal interests, studies, learning activities, mindfulness, and short breaks helped respiratory therapists manage stress. Participants used faith-based practices for emotional stability and engaged in hobbies and learning activities to maintain identity beyond clinical work. Mindfulness helped them slow down, manage anxiety, and reduce cognitive overload during stressful shifts. These findings show that coping among respiratory therapists is not limited to physical rest or workplace support; it also includes spiritual, lifestyle, and reflective practices. Faith provides stability during uncertainty, while hobbies and mindfulness help preserve emotional balance and concentration. This aligns with Rak *et al.* (2021), who emphasized that supportive practices strengthen coping capacity and reduce workplace stress. Maresca *et al.* (2022) also highlighted mindfulness, cognitive reframing, and stress-management techniques as effective strategies for improving resilience and reducing chronic occupational stress among healthcare workers.

Table 3: Summary of Themes on Coping Mechanisms Used by Respiratory Therapists

Themes	Summary of Findings	Quotations
Coping Strategies	Participants coped through rest, sleep, hydration, separation of work and personal life, and relaxing activities.	“Prioritize sleep and separating work life from personal time” (P8); “I try to manage stress by giving myself time to rest...” (P3)
Relational Support Systems	Support from coworkers, family, and friends helped participants recover emotionally and continue working.	“Co-workers, I feel, are supportive” (P2); “The support from family and friends outside of work also helps me reset” (P3)
Cognitive and Purpose Strategies	Participants used positive reframing, mindfulness, professional purpose, and emotional boundaries to manage stress.	“Remind myself to slow down and focus...” (P3); “Reminding myself of the importance of respiratory care in improving patients’ outcomes” (P18)
Transcendent and Lifestyle Practices	Prayer, church attendance, hobbies, family time, mindfulness, and personal interests helped participants maintain balance.	“go to church and talk to God” (P2); “pray, bible study and family time” (P6); “Taking short breaks, practicing mindfulness” (P14)

As reflected in Table 3, respiratory therapists used both personal and social coping strategies to manage workplace stress and burnout. Rest and sleep were important for physical recovery, while family, friends, and coworkers served as emotional support systems. Participants also used cognitive strategies such as reframing, mindfulness, and reconnecting with their professional purpose. These coping mechanisms helped them sustain their performance despite the pressures of hospital work.

3.4 Impact of Stress and Burnout on Performance, Well-Being, and Relationships

3.4.1 Cognitive Impairment

The findings showed that stress and burnout reduced focus, slowed response time, caused fatigue, weakened concentration, and affected memory. Participants reported difficulty maintaining alertness during demanding shifts and concern about making mistakes. One participant recalled forgetting to endorse a medication after a toxic shift, showing how exhaustion may affect communication and continuity of care. These results indicate that burnout directly affects cognitive functioning in critical respiratory care tasks. Fatigue and cognitive overload reduce attention, accuracy, memory, and clinical responsiveness. This supports Rubin *et al.* (2021), who found that burnout and workplace stress are associated with psychological distress, emotional exhaustion, reduced job satisfaction, and decreased work engagement. It also aligns with Jacobs *et al.* (2022), who emphasized that managing critically ill respiratory patients contributes to emotional stress and cognitive burden. Miller *et al.* (2022) further identified burnout, understaffing, excessive workload, and poor work environments as contributors to impaired professional functioning.

3.4.2 Care Quality Compromise

The findings revealed that understaffing and high workload delayed treatments, made it difficult to juggle multiple tasks, and limited patient interaction. Participants reported that insufficient staff prevented immediate response to patient needs, especially during emergencies and patient surges. Multitasking under pressure also reduced their ability to maintain consistent care quality across all units. These findings show that burnout affects not only workers but also the quality and timeliness of patient care. When responsibilities exceed available personnel, respiratory therapists are forced to prioritize urgent tasks, which may delay other care needs. This supports Schwenker (2022), who emphasized that inadequate staffing and overtime increase patient mortality risk and negatively affect patient safety and care quality. It also aligns with Des Jardins & Burton (2023), who emphasized that respiratory healthcare practice requires sustained physical, mental, and emotional effort, increasing vulnerability to stress and compromised performance.

3.4.3 Emotional Detachment

The findings showed that burnout reduced patience, emotional energy, and the ability to comfort patients during stressful encounters. Participants acknowledged that although they continued to perform clinical duties, emotional fatigue made it harder to remain empathetic and emotionally present. Emotional withdrawal became a coping response to chronic stress and overload. These findings suggest that burnout weakens the relational aspect of healthcare delivery. Technical competence may continue, but emotional engagement becomes more difficult when therapists are exhausted. This aligns with Al-Hassan *et al.* (2025), who found that healthcare providers experiencing burnout and moral distress often withdraw emotionally due to overwhelming workplace expectations and negative work environments. Schwenker (2022) also supports the finding that staffing shortage and overtime compromise patient safety and quality of care.

3.4.4 Physical Exhaustion

The findings revealed that prolonged shifts, high patient loads, understaffing, and sleep deprivation caused persistent physical exhaustion. Participants reported fatigue even after rest, disrupted sleep, chronic tiredness, and difficulty recovering during days off. Physical symptoms often appeared immediately and extended beyond the workplace. These findings show that physical exhaustion is one of the most visible consequences of workplace stress. Lack of recovery time and disrupted sleep cycles reduce alertness, endurance, and overall well-being. This supports Miller *et al.* (2023), who emphasized that burnout among respiratory therapists is associated with excessive workload, inadequate staffing, poor leadership, and unfavorable work environments. It also aligns with Miller (2026) and Miller *et al.*, (2022), who linked emotional exhaustion, absenteeism, burnout, inadequate staffing, high workload, poor leadership, and poor work culture to respiratory therapist burnout.

3.4.5 Emotional Strain

The findings showed that burnout increased irritability, emotional sensitivity, withdrawal, and reduced communication. Participants reported becoming easily irritated, less patient, less communicative, and more distant when stressed. Some withdrew from conversations at work to conserve emotional energy. These findings indicate that emotional exhaustion affects self-regulation and workplace interaction. Irritability and withdrawal may temporarily protect the individual but can also weaken peer support and communication. This supports Rubin *et al.* (2021), who found that burnout contributes to emotional exhaustion and reduced psychological well-being among healthcare professionals. It also aligns with Miller (2026), who found that emotional exhaustion among respiratory therapists is associated with burnout, absenteeism, workplace disengagement, intention to leave, and incivility-related strain.

3.4.6 Colleague Relations

The findings revealed that stress and fatigue made communication with colleagues more tense and difficult. Participants reported unnecessary tension among staff and the need to set boundaries with colleagues to avoid involvement in workplace conflict. Stress affected teamwork, handovers, coordination, and the emotional climate of the workplace. These findings

show that burnout affects professional relationships and collaborative care. Boundaries may protect therapists from further emotional strain, but excessive distancing may also reduce teamwork and peer support. This supports Al-Hassan *et al.* (2025), who found that burnout and moral distress are influenced by organizational stressors and negative workplace environments. It also aligns with Layne *et al.* (2019), who emphasized that negative workplace behaviors and interpersonal tension affect staff well-being and organizational functioning.

3.4.7 Patient Relations

The findings showed that emotional exhaustion affected respiratory therapists' empathy, emotional presence, facial expression, and interaction with patients. Participants reported being less compassionate at times, finding it harder to be emotionally present, appearing grumpy or serious, and not showing their usual cheerful personality during patient care. These findings indicate that burnout may alter how patients perceive care, even when technical procedures are properly performed. Exhaustion may unintentionally reduce warmth, reassurance, and emotional connection during respiratory distress. This supports Johnson and Rohde (2022), who found that emotional exhaustion negatively affects workplace performance and emotional functioning among healthcare professionals. It also aligns with Layne *et al.* (2019), who emphasized that negative workplace behaviors and emotional demoralization affect healthcare worker well-being and the quality of patient interactions.

Table 4: Summary of Themes on the Impact of Stress and Burnout on Respiratory Therapists

Themes	Summary of Findings	Quotations
Cognitive Impairment	Stress and fatigue reduced focus, slowed response time, and increased the risk of forgetfulness or errors.	"Workplace stress and burnout reduce focus..." (R3); "I once forgot to endorse a medication after a toxic shift" (R4)
Care Quality Compromise	Understaffing and excessive workload delayed treatment and limited time for patient interaction.	"because of understaff it can delay treatments" (R6); "Hard to juggle all the tasks at once that causes quality care issues" (R1)
Emotional Detachment	Burnout reduced patience, energy, and emotional presence in patient care.	"Burnout affects my patience and energy" (R3)
Physical Exhaustion	Long shifts and high patient loads caused tiredness, sleep problems, and fatigue even after rest.	"Periods of sustained stress have led to Fatigue even after rest" (R11); "Stress and long shifts have affected my personal well-being..." (R18)
Emotional Strain	Participants became irritable, withdrawn, and less communicative due to stress and burnout.	"I get irritated easily... become so mataray" (R13); "less patient, less communicative, more distant" (R15)
Colleague Relations	Stress created tension, communication problems, and the need to set boundaries with coworkers.	"Stress can make communication more tense" (R3); "Unnecessary tension between staff" (R12)
Patient Relations	Burnout affected compassion, emotional availability, and patient interaction.	"Harder to be emotionally present as I want" (R3); "Less compassion on our patients at times" (R9)

As shown in Table 4, stress and burnout affected respiratory therapists in several areas of professional and personal functioning. Cognitively, participants experienced reduced concentration, slower responses, and occasional forgetfulness. In terms of patient care, understaffing and workload pressure caused delays and reduced quality interaction. Emotionally, burnout led to irritability, withdrawal, and reduced compassion. These findings indicate that workplace stress does not only affect the individual therapist but also influences patient care, teamwork, communication, and overall workplace relationships.

4. Conclusion & Recommendations

The study concludes that workplace stress and burnout among respiratory therapists in Level II hospitals in Cavite are mainly caused by systemic workplace conditions, including understaffing, limited resources, long working hours, inadequate compensation, poor interpersonal relations, role dilution, and insufficient organizational support. These conditions result in emotional, cognitive, and physical exhaustion, which negatively affect professional performance, quality of patient care, workplace relationships, motivation, and long-term retention. Although respiratory therapists use coping strategies such as physiological recovery, relational support, cognitive reframing, spirituality, mindfulness, and boundary-setting, these strategies only help them manage stress temporarily and do not fully address the structural causes of burnout.

Based on the findings, hospital administrators should improve staffing ratios, strengthen procurement of equipment and materials, provide leadership and debriefing training, and create supportive work environments that reduce interpersonal

strain. The Department of Health should standardize compensation systems that reflect the risks and qualifications of respiratory therapists, establish upward mobility guidelines, and protect respiratory therapy practice rights from non-specialists. Professional regulatory bodies should strengthen training on stress, burnout resilience, and boundary-setting, while hospital human resource departments should implement flexible scheduling, mandatory recovery periods, work-life balance incentives, peer mentoring systems, and accessible mental health support. Respiratory therapy associations should also develop practical coping toolkits and advocate for policy support and funding to address understaffing, low motivation, and operational inefficiencies.

The study was limited to respiratory therapists working in selected Level II private hospitals in Cavite and did not include respiratory therapists from government hospitals or Level I and Level III hospitals. It also focused only on workplace-related stress and burnout, excluding personal life stressors and non-work-related burnout. Since the study used a qualitative phenomenological approach, its purpose was to provide an in-depth understanding of participants' lived experiences rather than produce statistically generalizable findings.

Compliance with ethical standards

This study was conducted in accordance with institutional ethical standards, with prior approval from the concerned academic and hospital authorities. Participation was voluntary, informed consent was obtained, and confidentiality was maintained by protecting the identities and responses of the respiratory therapists. The data were used solely for academic purposes. The authors acknowledge all contributors, declare no conflict of interest, and affirm responsibility for the manuscript and its copyright.

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