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Improving Work-Life Integration Among Emergency Room Physicians in a Level 1 Government Hospital in Jolo, Sulu: A Basis for Institutional Support Model

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Abstract

This study examined the work-life integration of Emergency Room physicians in a Level 1 Government Hospital in Jolo, Sulu as basis for developing an institutional support model. It focused on the physician's lived experiences, factors influencing work-life integration, challenges and barriers encountered, and recommended institutional support mechanisms. The study was anchored on the Job Demands-Resources Model, Conservation of Resources Theory, and Spillover Theory. A qualitative descriptive research design was employed using semi-structured interviews with twelve licensed Emergency Room physicians selected through purposive sampling. Data were gathered through a self-made interview guide questionnaire and analyzed using thematic analysis. Findings revealed that ER physicians experience heavy professional demands, 24-hour shifts, high patient volume, unpredictable schedules, physical fatigue, emotional strain, limited recovery time, and reduced personal and family time. Despite these difficulties, physicians demonstrated adaptive strategies such as boundary-setting, intentional time use, peer support, and meaning-making through saving lives and serving the Tausug community. Major barriers included understaffing, solo night duties, geographic isolation, long commute, limited consultant support, management-staff communication gaps, disrupted religious practice, emotional numbing, and mental health stigma. The study concluded that effective work-life integration requires balancing high job demands with adequate institutional resources. The proposed Work-Life Integration Institutional Support Model emphasizes workforce and staffing, scheduling and systems reform, wellness and emotional support, leadership responsiveness, and GIDA-specific incentives. The study aligns with SDG 3, SDG 8, and SDG 11 by supporting healthcare worker well-being, decent work conditions, and sustainable healthcare access in underserved communities. Its sustainability impact lies in strengthening institutional support, physician retention, workforce resilience, and quality emergency care delivery in a geographically isolated and disadvantaged area.

Keywords: Burnout, Emergency Room Physicians, Geographically Isolated and Disadvantaged Areas, Institutional Support Model, Jolo Sulu, Level 1 Government Hospital, Physician Well-Being, Thematic Analysis, Work-Life Integration

1. Introduction

Health workers play a critical role in delivering medical services and serve as the backbone of a functional healthcare system. Emergency Room physicians perform critical roles in fast-paced and unpredictable settings where they handle medical conditions ranging from minor injuries to life-threatening emergencies. Their work involves high-pressure decision-making, extended and irregular shifts, substantial patient volume, emotional and physical demands, administrative work, documentation, communication with patients' relatives, and collaboration with multidisciplinary teams (Abhishek HN, et al., 2023). These work conditions create pressure that may lead to stress, burnout, reduced productivity, increased medical errors, and negative effects on patient care. Work-life integration is the balance that professionals maintain between their job duties and other aspects of life, including personal time, family, and leisure activities. Work is generally associated with tasks performed within the employment setting, while life includes family and personal dimensions (Guest, 2002). When this integration is disrupted, physicians may experience reduced personal time, weakened family relationships, poor mental and physical health, and lower job satisfaction. Globally, work-life integration has become a major concern in high-pressure professions, especially healthcare. Burnout is a widespread concern among healthcare professionals worldwide, affecting a significant proportion of the workforce. Emergency room physicians are especially vulnerable due to extended working hours, heavy patient workloads, and the emotionally demanding nature of their responsibilities. Many emergency room physicians also struggle to maintain a healthy work-life balance, which can contribute to lower job satisfaction and increased intentions to leave their positions. To address these challenges, many institutions have introduced support programs that include flexible work arrangements, mental health services, peer support networks, and wellness initiatives.

These measures have been associated with improvements in employee well-being, work-life integration, job satisfaction, and reduced levels of burnout.

The literature consistently showed that emergency room physicians face difficulty achieving work-life integration because of long working hours, stress, and the emotional burden of life-and-death situations (Shanafelt, et al., 2015). They have higher burnout risks compared with other medical specialties, with burnout rates ranging from 60% to 70% (Dyrbye et al., 2017). Lack of control over work schedules and the unpredictability of emergency cases further weaken their ability to balance professional and personal life (West, et al., 2018). These challenges are often more pronounced in rural and resource-constrained settings, where healthcare professionals frequently face shortages in staffing, limited access to essential resources, and inadequate infrastructure. These conditions contribute to poor work-life integration and high turnover rates (Rotenstein, et al., 2018). Work-life balance among emergency physicians remains less studied compared with other specialties, although emergency medicine is strongly affected by unpredictable workloads and work-life interference (Pudasaini, et al, 2022). Work-life balance was associated with well-being, job satisfaction, and life satisfaction, and negatively associated with anxiety, depression, and mental health problems (Haar et al, 2014, Hoffmann-Burdzińska & Rutkowska (2015); Kotera, et al, 2020). Burnout was linked to lower career satisfaction, depression, hopelessness, reduced work effort, lower quality of care, and increased risk of medical errors (Govardhan, et al. 2012, Shanafelt, et al., 2009, Pompili, et al., 2010); (Klein, et al., 2010, Shanafelt, et al., 2016, Tawfik, et al., 2018). Improving physician work-life balance may therefore reduce burnout, strengthen healthcare systems, and attract future physicians (Bodendieck, et al, 2022).

Healthcare workers are especially affected by shift work, overtime, and family-work conflict. Work-life balance plays a significant role in overall well-being, as individuals often need to manage the demands and responsibilities of both their professional and family lives. Late shifts and overtime reduce motivation and interfere with family responsibilities. Devoting the majority of one's time to work-related responsibilities can contribute to increased stress and reduced overall happiness. Healthcare workers, who are expected to care for others, often struggle to find time for self-care and may be among those least able to maintain healthy work-life balance. Poor work-life balance affects not only employees but also the organizations where they work. Studies further connected workload, workflow, and scheduling to burnout and poor work-life balance. Burnout and satisfaction with work-life balance among U.S. physicians worsened from 2011 to 2014, with more than half experiencing symptoms of professional burnout (Shanafelt, et al, 2015). Workload, workflow, and scheduling issues were major factors affecting work-life balance (Thimmapuram et al, 2019). Burnout also affects patient satisfaction, turnover, and patient safety, with emergency room doctors among the physicians at highest risk. Emergency physician burnout has been associated with medical errors, dissatisfaction, turnover, and worse mental health, while institutional factors such as workload, work processes, clerical demands, organizational support, and leadership culture influence burnout (Kase & Doolittle, 2023).

Several studies have indicated that physicians' work-life balance is often disrupted by factors such as fatigue, insufficient sleep, extended working hours, and limited opportunities to spend time with family or engage in personal activities. Many doctors experience ongoing exhaustion and difficulty maintaining a healthy balance between their professional and personal lives. Adequate sleep, quality family time, and personal time have been associated with greater overall satisfaction among medical professionals, whereas longer working hours tend to negatively affect work-life balance. Heavy workloads have also been linked to increased stress and lower job satisfaction among physicians. Prolonged working hours can contribute to heightened stress and exhaustion, while improvements in working conditions, compensation, workload management, and medical education may help strengthen healthcare workforce policies. Furthermore, emotional exhaustion can significantly affect physicians' ability to maintain a healthy work-life balance, particularly when demanding work schedules, personal responsibilities, and limited opportunities for self-care are present. Institutional support was identified as a major factor in improving work-life integration. Flexible scheduling, mental health resources, and professional development opportunities can reduce burnout and strengthen work-life integration (Shanafelt et al., 2019). Dyrbye et al. (2019) found that counseling services and peer support groups were associated with better job satisfaction and work-life integration. A culture of wellness and resilience can be built through leadership training, work-life balance promotion, and recognition of physicians' contributions (West et al., 2018). In resource-limited settings, support programs should include context-specific interventions such as transportation, housing, and financial incentives. Other strategies included flexible scheduling (Shanafelt et al., 2019), mental health support (Dyrbye et al., 2019), leadership training (West, et al., 2018), recognition and rewards (Rotenstein, et al., 2018), and rural support such as transportation and housing. Work and family factors, including dependents, household responsibilities, hobbies, social expectations, working hours, peer support, poor policies, low pay, patient-related stress, travel, and multiple responsibilities, also shaped doctors' work-life balance.

Recent literature reinforced these insights. Work-life balance challenges among emergency personnel have been associated with factors such as occupational stress, imbalances between effort and rewards, conflicts between work and family responsibilities, shift-based schedules, staffing shortages, and insufficient support from colleagues and teams. The same

review noted links between work-life balance disturbance, burnout, somatic and mental health problems, sleep disorders, and job dissatisfaction. Research has shown that employees may develop intentions to leave their jobs when high workplace demands are not adequately matched by the resources and support needed to manage them effectively. Research has shown that demanding work conditions can contribute to emotional exhaustion both directly and indirectly by increasing stress and placing greater demands on emotional regulation. In contrast, factors such as a healthy lifestyle and strong self-efficacy can help reduce the risk of emotional exhaustion. Studies have also found that emergency department personnel often experience elevated levels of exhaustion, with organizational factors, including satisfaction with compensation and workplace conditions, playing an important role in the development of burnout. Mental health stigma and help-seeking behavior have emerged as significant concerns among healthcare professionals. Physicians experiencing burnout often face emotional exhaustion, detachment, mental and physical health challenges, identity-related struggles, feelings of guilt, and social isolation. Persistent stigma surrounding mental health within the medical profession may further discourage individuals from seeking assistance despite increasing levels of stress and anxiety. Research has also shown that healthcare workers' willingness to seek psychological support can be influenced by social expectations and perceived public stigma. Furthermore, higher levels of burnout have been associated with a reduced likelihood of seeking professional support, suggesting that emotional exhaustion can negatively affect attitudes toward help-seeking and mental health care utilization.

In the Philippines, healthcare workers continue to face significant challenges in achieving a healthy integration between their professional and personal lives, particularly in resource-limited settings. Emergency room physicians are especially vulnerable due to factors such as understaffing, inadequate infrastructure, and demanding work environments. Many of these professionals work extended hours each week, which can contribute to physical exhaustion, mental fatigue, and difficulties in maintaining overall well-being. Institutional support for work-life integration remains limited in many healthcare settings across the country. Programs that promote employee well-being, such as flexible scheduling, mental health services, and wellness initiatives, are not consistently available, particularly in government hospitals serving rural and underserved communities. This lack of support can make it more difficult for healthcare professionals to balance their personal and professional responsibilities. Emergency room physicians working in resource-constrained environments often face high levels of stress due to demanding workloads, limited resources, and challenging workplace conditions. These pressures can also extend beyond the workplace, affecting personal well-being and relationships, as many physicians report difficulties maintaining healthy personal and family connections because of their professional responsibilities.

his local concern reflects a broader challenge related to healthcare workforce shortages. Many low- and middle-income countries face significant gaps in the availability of healthcare professionals, placing additional pressure on existing personnel and healthcare systems. In the Philippines, rural healthcare services continue to experience shortages and an uneven distribution of physicians, limiting access to healthcare and increasing the workload of those serving in underserved communities. The World Health Organization recommends a doctor-to-population ratio of 1:1,000, yet remote areas in the country may have only one physician for every 20,000 people (Abrigo and Ortiz, 2019). The Philippines also ranked 59th out of 60 countries in work-life balance in 2024, with an index score of 27.46 out of 100. Recent evidence has further underscored the physician workforce challenges in the Philippines. The country continues to have a relatively low doctor-to-patient ratio compared with many of its regional neighbors, while the uneven distribution of physicians between urban and rural areas remains a persistent concern. These disparities are particularly evident in underserved regions, where the availability of doctors is far below the level needed to adequately meet healthcare demands. As a result, many communities face limited access to medical services, and existing healthcare professionals often carry heavier workloads to compensate for workforce shortages. Collado (2024) also showed that physical accessibility is often ignored in the public health paradigm in geographically isolated and disadvantaged areas, where public health facilities may not be immediately accessible to residents who need care.

The study was grounded in work-life balance and work-life integration concepts. Work-life balance refers to the ability to manage work responsibilities while maintaining personal well-being. Work-Life Integration was also defined as the harmonious blending of professional and personal life, where individuals can manage work responsibilities while maintaining personal well-being and relationships (Clark, 2000). The main theoretical foundation was the Job Demands-Resources Model. Bakker and Demerouti (2007) explained that every job includes specific demands, such as workload and emotional stress, and resources, such as institutional and peer support. When demands are high and resources are insufficient, employees become vulnerable to burnout and poor work-life integration. When resources are adequate, employees can manage job demands more effectively. Bakker and Demerouti (2017) further emphasized that job resources such as flexible scheduling, mental health support, and peer networks can buffer the effects of high job demands. The JD-R Model (Demerouti et al., 2001) was especially useful in explaining how workload, emotional labor, night shifts, autonomy, peer support, and resilience training affect emergency room physicians' well-being.

The study also used Conservation of Resources Theory. Hobfoll's (1989) COR Theory suggests that individuals seek to acquire, maintain, and protect resources such as time, energy, and social support. When emergency room physicians face excessive work demands without recovery time, they may experience resource depletion, burnout, and work-life balance

struggles. Adequate recovery, sleep, vacations, mentorship, and professional support networks are therefore important for sustainability (Maslach & Leiter, 2016). Spillover Theory also supported the study. Spillover Theory (Edwards & Rothbard, 2000) explains how experiences in one domain, such as work, affect another domain, such as home. Negative spillover occurs when work stress, fatigue, and exhaustion affect personal life, while positive spillover occurs when job satisfaction improves personal life. For emergency room physicians, chronic exposure to trauma and high-pressure decision-making may lead to emotional exhaustion at home (West et al., 2018). Structured recovery time, psychological counseling, family support, and flexible scheduling can reduce negative spillover and improve work-life integration.

Despite global recognition of the importance of work-life integration in healthcare, there is limited qualitative research focusing on the lived experiences of emergency room physicians in resource-limited settings such as Jolo, Sulu. Existing studies discussed burnout, workload, shift work, institutional support, and physician well-being, but fewer studies focused on emergency room physicians in Level 1 government hospitals located in geographically isolated and disadvantaged areas. The lack of formal institutional support programs in many Philippine hospitals also shows a practical gap. Emergency room physicians in Jolo, Sulu face long duty hours, high patient loads, limited manpower, inadequate infrastructure, emotional stress, personal-life disruption, and limited access to support services. Without context-specific institutional support, these challenges may continue to affect physician well-being, retention, job satisfaction, and quality of emergency care. This study was therefore necessary to understand the experiences, challenges, and support needs of emergency room physicians in a Level 1 Government Hospital in Jolo, Sulu. It also aimed to provide a basis for an institutional support model that may improve work-life integration, reduce burnout, strengthen retention, enhance job performance, and sustain quality emergency care for the community.

This study aligns most strongly with SDG 3 – Good Health and Well-Being because it focuses on protecting the well-being of emergency room physicians and improving the quality of emergency healthcare services. By addressing burnout, mental health concerns, workload pressure, and lack of support, the study contributes to a healthier healthcare workforce and safer patient care. The study also supports SDG 8 – Decent Work and Economic Growth because it promotes better working conditions, fairer workload distribution, improved retention, and institutional support for physicians working in demanding healthcare environments. Improving work-life integration is part of creating decent, humane, and sustainable work conditions for healthcare professionals.

The study is also related to SDG 4 – Quality Education because its findings may inform healthcare education, curriculum development, stress management training, and preparation of future medical and nursing professionals. It may guide academic institutions in integrating work-life integration, resilience, and institutional support concepts into health-related programs. The study contributes to SDG 10 – Reduced Inequalities because it focuses on a Level 1 Government Hospital in Jolo, Sulu, a context affected by geographic isolation, physician maldistribution, and limited healthcare resources. Addressing the support needs of physicians in underserved areas can help reduce healthcare workforce inequities between urban and rural settings. The study also supports SDG 16 – Peace, Justice, and Strong Institutions because it emphasizes institutional responsibility, responsive leadership, and stronger hospital support systems. A structured institutional support model can improve governance, communication, workforce protection, and service continuity within the hospital. Finally, the study relates to SDG 17 – Partnerships for the Goals because improving physician work-life integration requires collaboration among hospital administrators, policymakers, healthcare organizations, academic institutions, communities, and professional groups. These partnerships are important in developing policies and programs that support healthcare workers in underserved areas.

The study is important to public health sustainability because emergency room physicians are essential to the delivery of urgent and life-saving care. When physicians are exhausted, unsupported, or burned out, patient safety and quality of care may be affected. Improving their work-life integration helps sustain the capacity of the hospital to provide reliable emergency services. The study also contributes to institutional sustainability by providing administrators with evidence-based insights for improving scheduling systems, workload management, mental health support, wellness programs, and leadership responsiveness. These strategies may reduce turnover, improve job satisfaction, and strengthen the hospital's human resource management. The study supports socio-economic sustainability by helping retain physicians in underserved areas. Physician shortages and turnover create service gaps, increase costs, and weaken healthcare access. A support model that promotes retention can help stabilize healthcare delivery in Jolo, Sulu and other similar settings.

The study also has educational sustainability value because it can inform medical and nursing curricula, professional development programs, and training on stress management, work-life balance, resilience, and help-seeking behavior. Preparing future healthcare workers to understand these issues may strengthen long-term workforce readiness. The study contributes to policy and governance sustainability because its findings can guide policymakers, professional organizations, and healthcare institutions in designing context-specific programs for physicians in geographically isolated and disadvantaged areas. Support for transportation, housing, workload redistribution, wellness leave, and mental health services may be considered as part of broader health workforce policy. Finally, the study supports community sustainability

because the well-being of emergency room physicians directly affects the quality and continuity of healthcare services available to the people of Jolo, Sulu. A healthier and better-supported physician workforce can provide more stable, compassionate, and effective emergency care for the community.

2. Material and methods

2.1 Research Design

A descriptive qualitative design was utilized, enabling in-depth exploration of ER physicians' experiences. The semi-structured interview protocol ensured that questions were clear, non-leading, and open-ended to facilitate discussion about work-life integration challenges, coping strategies, and institutional support needs. This design allowed participants to articulate their thoughts, feelings, and perspectives in their own words, providing rich qualitative data for thematic analysis.

2.2 Locale of the Study

The study was conducted in a Level 1 Department of Health-retained government hospital located in Upper San Raymundo, Province of Sulu. This facility has a 75-bed capacity and serves nineteen municipalities in Sulu, supplementing other district and public hospitals. Its size, patient load, and resource constraints make it representative of the challenges faced by physicians in rural, resource-limited settings.

2.3 Respondents of the Study

The study involved twelve licensed ER physicians who had been employed at the hospital for a minimum of six months, either on permanent or contractual status. Inclusion criteria ensured participants had sufficient experience to provide meaningful insights regarding their work-life integration. Physicians without ER tour of duty were excluded to maintain relevance to emergency care practice.

2.4 Sample and Sampling Procedure

Purposive sampling was employed to recruit twelve ER physicians meeting the inclusion criteria. This approach facilitated the selection of participants most knowledgeable about work-life integration in the local emergency care context. The sample size was adequate for capturing diverse experiences while maintaining feasibility for in-depth qualitative inquiry.

2.5 Research Instrument

A self-developed semi-structured interview guide was used to collect data. Questions were open-ended to allow participants flexibility in describing their experiences, perceptions of factors affecting work-life integration, challenges encountered, barriers, and recommendations for institutional support programs. The instrument was designed to support the hospital administration and human resource officers in developing evidence-based interventions to improve physician work-life integration.

2.6 Data Gathering Procedure

Ethical approval was obtained from the hospital's Medical Center Chief prior to data collection. Interviews were scheduled at convenient times in private settings within the hospital. Participants received detailed information about the study purpose, procedures, confidentiality measures, potential risks, and benefits, and provided signed informed consent. Interviews were audio-recorded for accurate transcription, lasting approximately 20–30 minutes each. Probing questions clarified responses as necessary. After each interview, participants were debriefed, and follow-up contact information was recorded for clarification if needed. Transcripts were anonymized and securely stored to ensure confidentiality.

2.7 Data Analysis Techniques

The study employed a phenomenological approach with thematic analysis to identify patterns and themes from the interview data. Transcriptions were repeatedly reviewed to generate initial codes reflecting key aspects of participants' experiences, challenges, and recommendations. Codes were refined into overarching themes and sub-themes, with consistency and individuality maintained across data. A narrative report was created, integrating direct quotations to contextualize findings. This analysis informed the development of a Work-Life Integration Institutional Support Model, providing evidence-based insights for human capital framework design, workforce retention, and improved quality of emergency healthcare delivery.

2.8 Ethical Considerations

Participant welfare, dignity, and rights were rigorously safeguarded. Informed consent ensured voluntary participation, and participants had the opportunity to ask questions. Privacy was maintained by anonymizing data and using participant codes. Interview questions were carefully constructed to avoid distress, and any potential physical, psychological, or social harm was prevented throughout the study.

3. Results and Discussion

3.1 Lived Experiences of ER Physicians in Work-Life Integration

3.1.1 Heavy Professional Demands

ER physicians reported intense and unpredictable workloads characterized by long duty hours, high patient volumes, rapid decision-making, and multiple responsibilities across clinical, administrative, and patient-family communication tasks. Participants described significant physical and emotional strain due to these high demands. These findings align with prior literature indicating that emergency medicine is associated with higher burnout rates than other specialties, driven by workload intensity and lack of schedule control (Shanafelt, et al., 2015; Dyrbye et al., 2017; West, et al., 2018). In resource-limited settings like Jolo, inadequate staffing and limited resources amplify stress and impair work-life integration (Rotenstein, et al., 2018).

3.1.2 Exhaustion with Adaptation

Physicians described coping mechanisms including time management, prioritization, and intermittent breaks to mitigate fatigue and stress. Despite adaptation, chronic emotional exhaustion and physical fatigue persisted, affecting personal life, sleep, and family interactions. These adaptations reflect the Conservation of Resources Theory, which suggests that individuals attempt to preserve energy and resources to cope with high job demands (Hobfoll, 1989). Similar studies confirm that healthy lifestyle practices and self-efficacy buffer emotional exhaustion and support work-life balance.

3.1.3 Institutional Support and Wellness Practices

Participants identified flexible scheduling, counseling services, peer support, and wellness initiatives as critical to sustaining work-life integration. They emphasized the need for leadership responsiveness, recognition of contributions, and practical support such as transportation or housing in resource-limited contexts. Institutional support has been shown to reduce burnout, improve job satisfaction, and facilitate work-life integration (Shanafelt et al., 2019; Dyrbye et al., 2019; West et al., 2018). These strategies are essential in high-pressure healthcare environments, especially in geographically isolated and disadvantaged areas.

3.2 Challenges and Barriers to Work-Life Integration

3.2.1 Structural and Systemic Barriers

Participants reported insufficient staffing, inadequate resources, and irregular scheduling as key structural barriers. These conditions increase workload pressure, limit recovery time, and exacerbate burnout. These findings corroborate global studies showing that systemic constraints, rather than individual factors, are primary contributors to physician burnout (Kase & Doolittle, 2023). Application of the Job Demands-Resources (JD-R) framework confirms that imbalance between high job demands and inadequate resources drives negative outcomes, including turnover intention and reduced job satisfaction.

3.2.2 Emotional and Psychological Barriers

Emotional exhaustion, depersonalization, mental health stigma, and reluctance to seek help were commonly reported. Physicians described feelings of guilt, shame, and social isolation, which further impaired recovery and work-life integration. Literature highlights that burnout undermines help-seeking behaviors, with emotional exhaustion negatively influencing attitudes toward mental health support. Persistent stigma, even in high-income contexts, emphasizes the need for confidential and destigmatized mental health services within institutional support models.

3.3 Recommendations for an Institutional Support Model

Participants recommended an integrated support system including four domains: workforce and staffing, scheduling and systems, wellness and emotional support, and leadership with GIDA-specific incentives. Strategies included flexible scheduling, mental health resources, leadership training, recognition and rewards, and context-specific incentives such as housing and transportation for rural ER physicians. These recommendations are consistent with prior research emphasizing institutional responsibility in reducing burnout, promoting wellness, and sustaining work-life integration (Shanafelt et al., 2019; Dyrbye et al., 2019; West et al., 2018). Empirical evidence from the JD-R framework supports the efficacy of such multi-domain interventions in mitigating stress, supporting resilience, and improving professional performance and retention.

3.4 Integration with Literature

The findings reinforce the global patterns observed in emergency medicine: high occupational stress, shift-work demands, and limited resources predict work-life balance impairment and burnout. Qualitative evidence from the current study confirms that context-specific institutional support is critical for sustaining physician well-being, particularly in resource-constrained and geographically isolated healthcare settings. Strategies targeting emotion regulation, self-efficacy, and lifestyle support are empirically validated to buffer the negative effects of high job demands.

4. Conclusion & Recommendations

ER physicians in a Level 1 Government Hospital in Jolo, Sulu experience work-life integration as a dual reality of exhaustion and meaning, where 24-hour shifts, high patient volume, unpredictable schedules, resource constraints, solo night duties, geographic isolation, lack of consultant support, management-staff communication gaps, religious practice disruption, and mental health stigma contribute to physical, emotional, and psychological strain. However, physicians also sustain commitment through adaptive strategies, peer support, cultural belonging, and the intrinsic reward of saving lives and serving the Tausug community. These findings align with the JD-R Model's health impairment pathway (Bakker & Demerouti, 2017), the Conservation of Resources Theory's resource depletion cycle (Hobfoll, 1989), the motivational pathway of the JD-R Model and job crafting literature, career calling research, and relational coordination literature (Ali et al., 2023). The primary barriers appear to be structural and systemic in nature rather than solely attributable to individual factors, aligning with the perspective of Maslach and Leiter (2016), who emphasized the importance of organizational and workplace conditions in shaping employee well-being and burnout. Overall, the Work-Life Integration Institutional Support Model provides a comprehensive framework grounded in the Job Demands-Resources Model (Bakker & Demerouti, 2017), Conservation of Resources Theory (Hobfoll, 1989), and Spillover Theory (Edwards & Rothbard, 2000; Ali et al., 2023), addressing staffing, scheduling, wellness support, leadership, GIDA-specific incentives, cultural and religious sensitivity, stigma-free mental health culture, collective responsibility, and participatory implementation.

Based on the findings and the institutional support model, hospital administrators should prioritize increasing physician and nurse staffing to reduce workloads, eliminate solo night duties, and enhance work-life integration. They should also transition from 24-hour duty schedules to rotating 8–12-hour shifts that ensure adequate rest periods and protected off-duty time (Shanafelt et al., 2019; Ali et al., 2023). In addition, healthcare institutions should provide confidential counseling services and peer support groups (Dyrbye et al., 2019; West et al., 2018), allow flexible scheduling to accommodate religious practices such as prayer breaks (Edwards & Rothbard, 2000), establish wellness facilities and mechanisms for staff participation in decision-making (Abrigo and Ortiz, 2019; Balita, 2024; West et al., 2018), and strengthen workplace security measures (Balita, 2024). Policymakers and the Department of Health should address physician maldistribution in BARMM and implement recruitment programs for geographically isolated and disadvantaged areas. They should also expand funding for confidential mental health services (Bodendieck et al., 2022), improve infrastructure in underserved hospitals (Abhishek et al., 2023; Ali et al., 2023), and provide housing or transportation subsidies for healthcare workers assigned to remote locations (Abhishek et al., 2023). Academic institutions should integrate work-life integration, stress management, resilience building, burnout prevention, culturally responsive care, and mental health awareness into medical education programs (Bodendieck et al., 2022). Future research should focus on measuring burnout prevalence using validated tools, evaluating the proposed institutional model through intervention studies, comparing regional differences, conducting longitudinal and mixed-methods research, examining accommodations for religious practices, and assessing the cost-effectiveness of institutional support programs.

Compliance with ethical standards

The authors declare no conflict of interest. This study complied with recognized ethical standards for human-participant research by ensuring voluntary participation with informed consent, the right to withdraw without penalty, and strict confidentiality through anonymous, secure, and aggregated data handling. Given the focus on psychological well-being, procedures were non-invasive, and safeguards were observed to minimize discomfort, with guidance to appropriate support services when needed, and required institutional permissions were secured for instrument use and access to academic records.

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