

Challenges and Coping Strategies of Lone Physicians in Community Government Hospitals in Pangasinan

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Abstract—*The study aimed to identify the challenges and coping strategies of lone physicians working in primary government hospitals in Pangasinan. This study is a descriptive quantitative research that utilized survey questionnaire as a tool to gather data. The study has 24 respondents that came from primary hospitals in Asingan, Bolinao, Mapandan, Manaoag, Pozorrubio, and Umingan, Pangasinan. The study identified challenges encountered related to physiological, patient-care and colleague's relationship. The respondents utilized different types of problem-focused and emotion-focused coping strategies to cope up with encountered challenges. The study recommends to create programs base from the results and conducted in secondary and tertiary hospitals in local government hospitals of Pangasinan to draw bigger picture on the scenario of other doctors working in the Province of Pangasinan.*

Indexed Terms—*Challenges, Coping Strategies, Government Hospitals, Lone Physicians*

I. INTRODUCTION

Inside the healthcare team, physicians are considered the leader who leads the unit and decides for patient's wellbeing. In addition, they reflect as communicators, educators, and agents of change to better their patients. However, just like ordinary people, physicians are at greater risk of experiencing high levels of challenges and difficulties in their day-to-day work. Working as a doctor is considered one of the most stressful jobs in the world.

Challenges, stress, and difficulties share a common denominator and mainly negatively impact a person's wellbeing. It can manifest either through physical, mental, and emotional responses. When it occurs, it indicates that the demands placed upon the person have surpassed the person's resources, whether this

resource is physical, emotional, economic, social, or spiritual. Thus, when the challenges and demands at work become excessive, the workplace pressures exceed the worker's ability to handle them, and job satisfaction turns to frustrations and exhaustion (Ramos, 2010). When these responses are experienced and exceed physicians' ability to counteract, there is a higher chance of putting more risk to their patients and committing medical errors instead of improving their health. For example, it reveals in one study published in Mayo Clinic Proceeding by Tawfik et al. (2018) that physicians who experience burnout or extreme physical, mental, and emotional exhaustion at the workplace area double the odds of self-reported medical errors (White, 2018).

Moreover, the 2019 study of Medscape, across 15 000 physicians in 29 different specialties of medicine, found that 44% of physicians experienced physical, mental and emotional exhaustion in their workplace. These challenges experienced by the physicians such as but not limited to increase in the administrative tasks, extended long hours of work, improve electronic practice, lack of respect across the unit and patients, insufficient compensation, lack of autonomy, government regulation, emphasis on profits over patients and feeling like a cog in a wheel (Kane, 2019).

In the Philippines, physicians also experience work and work-personal-related challenges. In detail, the World Health Organization (2017) refers to Filipino Healthcare System as fragmented. There is a long history of unfair and unequal access to health services that significantly affects the poor. The Philippines government employs a tiny amount of money on the activities, which sources high out-of-pocket expenditure and further broadens the gap between rich and poor (Kenworthy, 2017). Likewise, healthcare in the Philippines agonizes from a lack of human resources, especially doctors. The healthcare system runs slower and less proficiently, and the government

hires only 30 percent of healthcare professionals to attend to the health needs of the Filipinos. Healthcare in the Philippines suffers because the remaining 70 percent of health professionals work in the more exclusive privately run areas (Kenworthy, 2017). In this statement alone, we can conclude that Filipino doctors experience challenges in their workplace, same with other doctors across the globe ranging from a shortage of medical professionals, limited resources to the scattered healthcare system.

There are many ways to cope with challenges that can be utilized by physicians. It can be emotion-focused strategies or problem-focused strategies. Emotion-focused coping includes reducing the negative emotional responses related to stress, such as embarrassment, fear, anxiety, depression, excitement, and frustration. This approach may be the only correct choice when the person cannot control the stress by itself. On the other hand, problem-focused coping strategies aim to stress in practical ways that challenge stressful situations that are causing anxiety, consequently unswervingly reducing the burden (McLeod, 2015).

Moreover, a study published in the US National Library of Medicine in 2010 using mixed-method research supported that physicians experienced workplace stress and drew on different coping strategies. Those identified coping strategies used during and after work as claimed by the respondents. During the work schedule, the respondents admitted that to surpass stress at work, they usually emphasize, talk to their co-workers, and take time-out using humor. The coping responses they used outside work are exercising and having quiet time and spending time with family. Thus, the self-reported coping strategies of physicians are not equally created and should adopt more practical stress reduction intervention (Lemaire and Wallace, 2010).

With the situation mentioned above in the ongoing inquiry on identifying the challenges and utilization of coping strategies by the lone Physician in community government hospitals, data shows that challenges encountered in the workplace directly affect the quality of care received by the patients. Hence, the pursuant of this study will enable the research to understand the undertakings of lone physicians

towards providing medical services at the primary level. Furthermore, the study intends explicitly to offer a better picture of the physicians' working conditions at the lower level and help establish evidence-based information that will help deliver healthcare services with the execution of the Universal Health Care law as the founding basis.

II. METHODOLOGY

The study utilized a descriptive type of quantitative research. Descriptive research aims to precisely, and orderly describe the population, situation, and specific phenomenon. This type of analysis can accurately answer what, when, where, and how questions but not why (McCombes, 2019). The study used a survey questionnaire encompassing lone physicians' predetermined challenges and coping strategies in community government hospitals. The use of a survey questionnaire, particularly in a descriptive study, is valuable. First, it will enable the researcher to describe the reality of lone physicians in providing medical services at the primary level (Mathers et al., 2009, p.5).

The participants considered came from six community government hospitals in Pangasinan. The sample size is composed of twenty-four (24) physicians who work and provide medical services in the emergency room, out-patient, in-patient, and delivery room during a 24-hour duty alone. It took place in (1) Bolinao Community Hospital in Bolinao, (2) Manaoag Community Hospital in Manaoag, (3) Umingan Community Hospital in Umingan, (4) Asingan Community Hospital in Asingan, (5) Mapandan Community Hospital in Mapandan, and (6) Pozorrubio Community Hospital in Pozorrubio.

Table I. Population of the Study

Name of Primary Government Hospital	Number of Respondents
Asian Community Hospital	4
Bolinao Community Hospital	4
Mapandan Community Hospital	4
Manaoag Community Hospital	4
Pozorrubio Community Hospital	4
Umingan Community Hospital	4
Total	24

The data that were gathered in the study was analyzed using different kind of statistical tools. To answer subproblem number 1, the study used frequency percentage distribution to determine the profile of the lone physicians in terms of age, sex, civil status,

highest educational attainment, monthly income, years in service, position, and residency/training or specialization. To answer subproblems 2 and 3, the weighted mean and rank was used to describe the challenges encountered by the lone physicians in providing medical services and the coping strategies utilized by the lone physicians when they encounter challenges. To interpret the results in the challenges encountered by the respondents, the following scale of interpretation was utilized.

Table II.

Numerical Value	Range	Descriptive Rating	Transmuted Rating
5	4.50-5.00	Strongly Agree	Highly Challenging
4	3.50-4.49	Agree	Moderately Challenging
3	2.50-3.49	Undecided	Challenging
2	1.50-2.49	Disagree	Slightly Challenging
1	1.00-1.49	Strongly Disagree	Not Challenging

The following Likert scale was used to measure the utilization of coping strategies of the respondents.

Table III.

Numerical Value	Range	Descriptive Rating	Transmuted Rating
5	4.50-5.00	Always	Highly Utilized
4	3.50-4.49	Often	Moderately Utilized
3	2.50-3.49	Sometimes	Utilized
2	1.50-2.49	Seldom	Slightly Utilized
1	1.00-1.49	Never	Not Utilized

To answer subproblem 4, Pearson r correlation was used to determine the significant relationship between the profile and the encountered challenges of lone physicians.

III. RESULTS AND DISCUSSION

A. Profile of Lone Physicians in Primary Government Hospitals.

The profile of the respondents is categorized as age, gender, civil status, highest educational attainment, years in service, position, monthly income, and training.

1) Age: Most of the respondents of the study fall under age 31-35 years with a total number of 12 (50.0%) followed by above 40 years old, 26-30 years old, and 36-39 years old with a frequency of 25.0%, 12.5%, and 12.5% respectively. According to Abrigo and Ortiz (2019), the average median age employed by the Department

of Health-Human Health Resources is 30-39 years old. Therefore, this study supports the result of the above research in terms of age group.

- 2) Gender: The majority of the lone physicians in primary government hospitals in Pangasinan were males (16), followed by females (8) with frequencies of 66.7% and 33.3%, respectively. In the same light, under the report of Abrigo and Ortiz in 2019, the human health resource of the department of health are primarily male.
- 3) Civil Status: Under the civil status of the respondents, it shows that single and married are the highest and got the same number (11) with a frequency of 45.8%. To support the above statement, according to the report of Abrigo and Ortiz in 2019, the majority of the physicians employed by the Department of Health are married.
- 4) Highest Educational Attainment: The majority of the lone physicians in primary government hospitals in Pangasinan are doctors' degree holders with a frequency of 95.8%. The minimum requirement for a doctor to practice medicine in the Philippines is a doctor's degree holder with a valid license given by the Professional Regulatory Board Commission. Position All of the respondents have the position of a medical officer with a frequency of 100.0%.
- 5) Years in Service: The majority of the respondents working in selected primary government hospitals in Pangasinan have 2-5 years (62.8%) in service followed by 0-1year (20.8%) and 6 years and above (16.7%) respectively.

Table IV. Profile of Lone Physicians in Primary Government Hospitals

PARTICULARS	FREQUENCY (n=24)	PERCENTAGE (100%)
AGE		
26-30	3	12.5
31-35	12	50.0
36-39	3	12.5
above 40	6	25.0
GENDER		
Male	16	66.7
Female	8	33.3
CIVIL STATUS		
Single	11	45.8
Married	11	45.8
Annulled	2	8.3
Highest Educational Attainment		
Doctors' Degree	23	95.8
With Masters Unit	1	4.2
Position		
Medical Officer	24	100
Years in Service		
0-1year	5	20.8
2-5 years	15	62.5
6 years & above	4	16.7
Monthly Income		
Php 20,000- Php 30,000	12	50.0
Php 31,000- Php 40,000	6	25.0
Php 41,000- Php 50,000	3	12.5
Php 51,000 & above	3	12.5
TRAINING		
Obstetric	1	4.2
Surgery	1	4.2
General Practitioner	6	25.0
None	16	66.7

- 6) Monthly Income: Most of the study respondents have a monthly income of Php 20,000-Php 30,000, and only a few of them have Php51,000 and above salary per month with frequencies of 50.0% and 12.5%, respectively. According to Salary Explorer (2021), doctors or physicians working in the Philippines usually got an average of Php 105,000 per month. However, to compare the result, there is a big gap because the respondents are employed contractually.
- 7) Training: The majority of the study respondents do not have or did not undergo training before entering or working as a Physician in a primary government hospital with a frequency of 66.7% (16). However, a small number of respondents have Trained in General Practice, Obstetrics and Surgery with 6 (25.0%), 1 (4.2%) and 1(4.2%) respectively. This statement supports that to get hired as medical doctors in primary government hospitals, you only need a license issued by the PRC to practice medicine in the Philippines.

B. Challenges Encountered by Lone Physicians in Primary Government Hospitals

Table 5 presents the challenges encountered by the lone physicians in primary government hospitals in Pangasinan under physiological-related factors. According to the table, solo physician community government hospitals considered the change in sleeping patterns as highly challenging with a weighted mean of 4.5. Followed by having short rest

periods, feeling tired and drain most of the time, poor management of stress due to increase workload, feeling of tiredness that doesn't get a response to rest, and physical stress with a mean of 4.42, 3.92, 3.76, 3.63, 3.92 respectively. The slightest considered encountered challenge by the lone physicians is experience problems with attention and concentration with a weighted mean of 2.38. The average weighted means is 3.53 that falls under moderate challenge. According to the study of Patel et al. (2018) regarding related factors to Physician's burnout found out that one of the causes of burnout in the medical field is sleep deprivation that can lead to severe personal and professional consequences if not addressed.

Table V. Physiological-Related Challenges Encountered by Lone Physicians

INDICATORS	WEIGHTED MEAN (n=24)	TRANSMUTED EQUIVALENT
PHYSIOLOGICAL-RELATED		
1. Having short rest periods	4.42	MC
2. Change in appetite and eating habits	3.21	C
3. Feeling tired and drained most of the time	3.92	MC
4. Change in sleeping pattern	4.50	HC
5. Poor management of stress due to increase in workload	3.76	MC
6. Experience burnout at the workplace	3.63	MC
7. Feeling of tiredness that does not respond to adequate rest	2.88	C
8. Always irritable and quickly get pissed off by patients and other health care provider	2.38	SC
9. Experience problems with concentration and attention	2.67	SC
10. Starting to experience physical stress such as back pain, headache, and muscle pain for having a 24-hour duty alone.	3.92	MC
Overall Weighted Mean	3.53	MC

Table 6 shows the challenges encountered by the lone physicians in primary government hospitals in Pangasinan under patient care related. The table shows that uncooperative patients considered by the solo physicians as moderately challenge encountered with a weighted mean of 4.42. The least likely they thought of as challenging is poor decision-making with a weighted mean of 2.33. The overall weighted means under patient care is 3.37 and translated as challenging. A study conducted by An, P., et al. (2013) regarding physicians' higher frequency of complex patient encounters leads to lower quality of care to alleviate the result of the above table. The researchers concluded that increased encounter of complex patients was not associated with worse quality of patient care and more medical errors. However, they suggested that future researches should be conducted on whether other patient outcomes, including acute care and patient satisfaction, are

affected by the increased encounter of complex patients.

Table VI. Patient Care-Related Challenges Encountered by Lone Physicians

INDICATORS	WEIGHTED MEAN (n=24)	TRANSMUTED EQUIVALENT
PATIENT CARE RELATED		
1. Decrease Doctor to patient interaction	2.96	C
2. Incomplete or quick physical examination	2.96	C
3. Conflict regarding medical care due to personal beliefs of patients	3.29	C
4. Uncooperative Patients	4.42	MC
5. Decrease patient's health management	3.25	C
6. Decrease establishment of Doctor to patient Relationship	3.63	MC
7. Poor decision making	2.33	SC
8. Too much number of patients catered the whole 24 hours of duty	3.83	C
9. Limited resources for patient's management	4.00	MC
10. Poor Doctor to patient Relationship	3.00	C
Overall Weighted Mean	3.37	C

Furthermore, dissatisfaction and burnout were higher among physicians reporting higher frequencies of meetings of complex patients. The researcher concludes that physicians encountered daily challenges in hospitals, primarily in dealing with their assigned patients.

Table VII. Doctor-to-Doctor/ Staff-related Challenges Encountered by Lone Physicians

INDICATORS	WEIGHTED MEAN (n=24)	TRANSMUTED EQUIVALENT
DOCTOR TO DOCTOR/OTHER HEALTHCARE PROVIDED		
1. Having a conflict with another healthcare provider like co doctors, nurses, midwives, or others at the workplace	2.46	SC
2. Decrease collaboration at the workplace	2.21	SC
3. No proper endorsement with outgoing doctor/s	2.63	C
4. Manage all hospital units	2.92	C
5. Doing extra administrative work other done medical services	2.67	C
6. Doing other work of other healthcare providers	2.42	SC
7. Doing unfinished work of other doctors	3.17	C
8. Poorly compensated work	3.08	C
9. Lack of support from colleagues and other healthcare providers	2.50	C
10. Unwholesome Relationship with colleagues	2.38	SC
Overall Weighted Mean	2.64	C

Table 7 indicates the challenges encountered by lone physicians in primary government hospitals under Doctor to doctor/ other healthcare provider related. It shows that solo physicians in community government hospitals in Pangasinan considered doing unfinished work of other doctors as challenging with a weighted mean of 3.17. The least likely they believe as challenging is decreased collaboration at the workplace with a weighted mean of 2.21. The overall weighted mean is 2.64, and its equivalent translated rating is challenging. To compare the results of the

above table, according to the National Academies of Science, Engineering and Medicines in the United States, an increase in doing the unfinished task of colleagues may lead to burnout in nurses (Sochalski, 2001). These results would reflect that the study results were supported by different pieces of literature gathered by the researcher and conclude that challenges encountered by healthcare professionals affect the quality of care they are providing to their patients.

C. Coping Strategies of Lone Physicians in Primary Government Hospitals

Table 8 presents the coping mechanisms used by the lone physicians when they encountered challenges in primary government hospitals in Pangasinan under problem-focused strategies.

Table VIII. Coping Mechanisms of Lone Physicians: Problem-focused Strategies

INDICATORS	WEIGHTED MEAN (n=24)	TRANSMUTED EQUIVALENT
PROBLEM-FOCUSED STRATEGIES		
1. Manage time to have adequate rest periods	4.13	MU
2. Set time of eating pattern	3.42	U
3. Doing exercise, medication, and other diversional activities	3.00	U
4. Increase in decision making	4.00	MU
5. Triaging patients base on their presenting signs and symptoms	4.58	HU
6. Carefully doing a physical examination	4.29	MU
7. Setting regular visits on patients	4.42	MU
8. Talking to patient's relatives in an area where they can express adequately their emotions	3.92	MU
9. Setting realistic goals in accomplishing assigned tasks or work	3.96	MU
10. Providing professional boundaries to colleagues, other healthcare providers, patients, and relatives.	4.17	MU
11. Being creative in the use of available resources for patient care	4.13	MU
12. Asking help from other healthcare providers	4.17	MU
13. Accepting responsibilities in the workplace	4.21	MU
14. Response politely to supervisor colleagues and other healthcare providers having conflict with.	4.42	MU
15. Getting advice from senior doctors who has vast experience in the unit of responsibility	4.75	HU
16. Use standard operating procedures of the hospitals when conflict arises with patients and relatives.	4.63	HU
17. Seek clarification to a specific problem not understood with regards to patient care	4.71	HU
Overall Weighted Mean	4.47	MU

It shows that physicians in primary government hospitals highly utilized getting advice from seniors who have vast in the unit of responsivity, seek clarification to a specific problem not understood with regards to patient care, use of standard operating procedures, and triaging of patients with weighted means of 4.75, 4.71, 4.63 and 4.48 respectively to cope up with challenges encountered. To support the above result, according to the Study of Shawn, Brown, and Dunn (2013) about stress and coping strategies of doctors shows that senior doctors appeared to engage

in more problem-focused and meaning-focused coping strategies than junior doctors, and this may have been due to their more significant experience and control over the patient selection and work structures.

Table 9 shows the coping mechanisms used by the lone physicians in primary government hospitals in Pangasinan under emotion-focused strategies. It indicates that sole physicians in primary government hospitals in Pangasinan highly utilized emotional support from family and friends (4.5) to cope with encountered challenges at the workplace. To support this, people who spend time with family and friends find healthier ways to cope with stress. For example, a study conducted by Carnegie Mellon University found that people use their family and friends as a stress buffer, talking about their problems instead of seeking harmful coping mechanisms like drinking alcohol, smoking, or doing drugs (Piedmont Healthcare, n.d.).

Table IX. Coping Mechanisms of Lone Physicians: Emotion-focused Strategies

INDICATORS	WEIGHTED MEAN (n=24)	TRANSMUTED EQUIVALENT
EMOTION-FOCUSED STRATEGIES		
1. Workout relationship with superiors, colleagues, and other healthcare providers having conflict with	4.29	MU
2. Use emotional support from family and friends	4.50	HU
3. Verbalizing feelings to other healthcare providers you are comfortable with	4.25	MU
4. Setting regular meetings with colleagues to talk about issues in the workplace and managing patients	4.00	MU
5. Express feelings and politely ask help from other healthcare providers when experiencing exhaustion at work	4.00	MU
6. Establish open communication with superiors, colleagues, other healthcare providers, patients, and relatives.	4.21	MU
7. Verbalize feelings to family and friends	4.25	MU
8. Providing time to talk to other doctors regarding lack of endorsement	3.67	MU
9. Expressing politely when in need of help in managing patients to colleagues	4.08	MU
10. Expressing opinions openly and constructively to others	3.96	MU
Overall Weighted Mean	4.12	MU

D. Significant Relationship between the Profile and Challenges Encountered by the Lone Physicians in Primary Government Hospitals

Table X. Significant Relationship between Profile variables and Challenges Encountered

		Physiological Related		Patient Care Related		Doctor to Doctor/ other Healthcare Provided			
		Q2	Q4	Q16	Q17	Q23	Q26	Q27	Q29
Age	Pearson Correlation	-0.228	0.289	0.083	-0.168	0.066	-0.312	0.081	-0.137
	Sig. (2-tailed)	0.285	0.171	0.700	0.433	0.760	0.137	0.706	0.523
	N	24	24	24	24	24	24	24	24
Sex	Pearson Correlation	-0.248	0.000	-0.117	-0.158	-0.186	-0.221	-0.229	-0.387
	Sig. (2-tailed)	0.243	1.000	0.585	0.461	0.384	0.300	0.281	0.062
	N	24	24	24	24	24	24	24	24
Civil Status	Pearson Correlation	0.106	0.129	-0.025	-.421*				
	Sig. (2-tailed)	0.622	0.549	0.909	0.040	0.564	0.719	0.970	0.527
	N	24	24	24	24	24	24	24	24
Highest Educational Attainment	Pearson Correlation	0.212	-0.181	-0.104	0.093	-0.082	-0.065	0.237	0.343
	Sig. (2-tailed)	0.320	0.398	0.629	0.665	0.702	0.762	0.265	0.101
	N	24	24	24	24	24	24	24	24
Years in Service	Pearson Correlation	0.217	-.413*	0.215	-0.030	-0.045	-0.170	-0.011	0.112
	Sig. (2-tailed)	0.308	0.045	0.313	0.887	0.835	0.426	0.959	0.602
	N	24	24	24	24	24	24	24	24
Income	Pearson Correlation	.511*	0.377	0.112	0.372	-0.036	0.037	0.327	.412*
	Sig. (2-tailed)	0.011	0.069	0.604	0.074	0.866	0.863	0.118	0.046
	N	24	24	24	24	24	24	24	24
Training	Pearson Correlation	0.366	0.154	-.433*	-0.252	-.469*	-.436*	-.510*	-0.260
	Sig. (2-tailed)	0.079	0.472	0.034	0.235	0.021	0.033	0.011	0.220
	N	24	24	24	24	24	24	24	24

*. Test of significant correlation at 0.5 (2 tailed)
Q- Question

Table 10 presents the significant relationship between the profile and encountered challenges of lone physicians in primary government hospitals in Pangasinan. It shows that there is a relationship between income and change in appetite and eating habits (r=0.55), years in service and sleeping pattern (r=0.413), Training and Doctor to patient relationship (r=-0.433), civil status and decision making (r=-0.421), training and proper endorsement (r=-0.469), training and doing other work (r=-0.436), training and doing unfinished work (r=-0.510), and income lack of support from colleagues and other healthcare providers (r=0.412).

IV. CONCLUSIONS AND RECOMMENDATIONS

A. Conclusions

Lone physicians in primary government hospitals in Pangasinan possessed good credentials. The respondents are qualified to practice and provide adequate quality of care in their respective hospitals and encountered different challenges like physiological, patient care, and colleagues related to providing quality care to their patients. From the encountered challenges, the respondents utilized problem-focused and emotion-focused coping strategies to cope with encountered workplace

challenges. Moreover, the difficulties faced by the lone physicians in primary government hospitals directly affect the provision of care they provided to their patients. Lastly, there is a significant relationship in the profile and encountered challenges of physicians working alone.

B. Recommendations

The researcher formulated five recommendations based from the analysis of the study. First, the upper management like directors and administrators of the hospitals should create programs based on the result of the study to minimize burnout experiences of health professionals. Second, the Provincial Government of Pangasinan should deploy or hire more physicians to primary hospitals to reduce work overload and burnout. Third, conduction of the Study to secondary and tertiary hospitals under the local government of Pangasinan is recommended to draw a bigger picture on the scenario of other doctors working in the province of Pangasinan. Forth, qualitative studies are needed to explore thoroughly the challenges encountered and coping strategies of lone physicians in government hospitals. Lastly, the Association of Physicians can use the research study results in Pangasinan to picture how the doctors will utilize the universal healthcare law at the primary level.

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