

Brownouts, Burnout, and Unpaid Work: Risks and Risk Management Practices of Filipino Virtual Assistants

Lyndon Mark D. Obedoza, Jonica M. Manuel, Sheila Marie S. Rodriguez, Amalia G. Dela Cruz

Graduate School, University of Luzon, Dagupan City, Philippines

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Abstract

Filipino virtual assistants (VAs) work from home for foreign clients, mostly as self-employed workers. Without an employer, they carry on their own the risks of losing income, getting sick, losing power or internet, and being scammed. This study describes the risks Filipino VAs face, how they manage these risks, and their use of social and private insurance. A descriptive qualitative design was used. Twenty VAs with at least one year of experience answered an online questionnaire with checklist and open-ended items in October 2026. Checklist items were analyzed using frequencies and percentages, and written answers were analyzed using thematic analysis guided by the risk management process of ISO 31000:2018 and the classic ways of handling risk. Brownouts or internet outages were the most common loss (80.0%), followed by typhoons or floods (65.0%), illness or burnout (55.0%), and not being paid (45.0%). Respondents relied mostly on keeping their own savings and on loss control, such as backup power and internet. An emergency fund was the most common safeguard (55.0%). PhilHealth (75.0%) and SSS (70.0%) were the most common forms of coverage, but only 35.0% had an HMO and three respondents had no coverage at all. Cost, irregular income, and hard-to-use payment systems were the main barriers. The study recommends simpler payment channels, affordable individual health plans, and risk management training for VAs.

Keywords: insurance; Philippines; risk management; social protection; virtual assistants

1 Introduction

1.1 Background of the study

The Philippine information technology and business process management (IT-BPM) industry ended 2025 with about US\$40 billion in export revenue and around 1.9 million workers [1]. Outside this formal industry, many Filipinos work from home as virtual assistants (VAs), doing administrative, customer service, marketing, and bookkeeping work for foreign clients. There is no official count, but one industry adviser estimates the number of Filipino VAs at around one million [2]. The Department of Labor and Employment (DOLE) describes a VA as “a self-employed worker who specializes in offering administrative services to clients from a remote location” [3].

Being self-employed changes who carries the risk. An employee shares social security costs with an employer, uses company equipment, and keeps a salary even when one customer leaves. A VA usually has none of these. Kalleberg [4] calls such work precarious: uncertain, unpredictable, and risky from the worker’s point of view. Studies of remote online workers in Asia and Africa found low and uneven pay, long hours, and weak access to health care [5, 6]. A University of the Philippines law lecturer also

noted that no law forces employers outside the country to honor agreements with Philippine-based workers [2].

Social protection is available to VAs, but at full cost to them. Since January 2025, the Social Security System (SSS) contribution rate has been 15%, which self-employed members pay in full [7]. PhilHealth premiums for direct contributors are 5% of income, with an income floor of ₱10,000 and a ceiling of ₱100,000 [8]. Private insurance use in the country is also low. Insurance premiums equaled only about 1.78% of the economy in 2025 [9], compared with an average of 6.2% in advanced economies in the OECD [10].

This study looks at how Filipino VAs, as one-person businesses, deal with these risks, and what role insurance plays.

1.2 Statement of the problem

This study describes the risks and risk management practices of Filipino VAs. Specifically, it answers the following questions:

1. What risks do Filipino VAs experience or worry about in their work?
2. How do they prevent, prepare for, and recover from these risks?
3. What social and private insurance do they have, why, and what would make protection easier or more worthwhile?

1.3 Significance of the study

1. *Virtual assistants* can compare their own safeguards with those of other VAs and see which risks they are not yet covering.
2. *VA trainers and agencies* can add risk management and insurance topics to their training.
3. *SSS, PhilHealth, and Pag-IBIG* can learn why self-employed remote workers do or do not contribute, and what would help them pay.
4. *Insurers* can find product ideas suited to remote workers.
5. *Lawmakers* can use the findings in deliberating on bills for freelance workers.

1.4 Scope and limitations

The study covers 20 Filipino VAs living in the Philippines, with at least one year of experience and at least one client abroad, who answered an online questionnaire on October 22 and 23, 2026. It describes the risks, practices, and coverage they report. It does not measure the size of their losses, compare insurance products, or test relationships between variables. The results describe the respondents only and cannot be applied to all Filipino VAs.

2 Review of related literature

2.1 Insecure remote work

Wood, Graham, Lehdonvirta, and Hjorth [5] studied remote online workers in Southeast Asia and Sub-Saharan Africa through 107 interviews and a survey of 679 workers. They found that the freedom of remote work often comes with low pay, long hours, and isolation. In a related study, they found that the lack of labor rights leaves these workers exposed to the ups and downs of the market

and limits their access to health care [6]. These findings describe the same conditions that Kalleberg [4] calls precarious work.

2.2 Filipino online freelancers

Soriano and Cabañes [11] studied Filipino online freelancers who get work through platforms such as Upwork and OnlineJobs.ph. They found that Facebook groups help these workers share information, warn each other about scam clients, and support one another. Such groups work as an informal way of managing risk, although they do little to change the conditions that create the risk.

2.3 Social protection for self-employed workers

Under the Social Security Act of 2018 [12], self-employed workers must register with SSS and pay the full contribution, which rose to 15% in 2025 [7]. The Universal Health Care Act [13] covers all Filipinos under PhilHealth, but self-earning members must pay their own premiums [8]. Pag-IBIG membership gives access to savings and housing loans. For VAs with uneven income, paying all three each month can be a burden.

2.4 Theoretical framework

The study uses two frameworks. The first is ISO 31000:2018 [14], an international guideline that any organization, of any size, can use to manage risk. Its process includes setting the context, identifying risks, analyzing and evaluating them, treating them, and monitoring and reviewing. Although written for organizations, this process fits a one-person business such as a VA.

The second is the set of risk treatment methods described by Rejda, McNamara, and Rabel [15]: avoidance (staying away from the risk), loss control (preventing losses or making them smaller), retention (paying for losses yourself, such as from savings), non-insurance transfer (shifting the risk to others through contracts), and insurance. These categories were used to sort how VAs actually respond to each risk.

2.5 Research gap

Studies on Filipino digital workers have focused on working conditions, online communities, and platform control. Few, if any, look at VAs through the lens of risk management and insurance, and none that the authors found asks VAs how they handle specific losses and why they do or do not insure. This study helps fill that gap.

3 Methodology

3.1 Research design

This study used a descriptive qualitative design. It aims to describe the respondents' experiences in their own words, supported by simple counts from checklist items.

3.2 Respondents and sampling

Twenty Filipino VAs served as respondents. They were reached through purposive sampling in Philippine VA and freelancer online communities, followed by snowball referrals. To take part, respondents had to confirm that they (a) are Filipino VAs living in the Philippines, (b) have at least

one year of experience as a VA, and (c) currently serve at least one client outside the Philippines. All 20 gave consent and confirmed all three criteria.

3.3 Research instrument

The instrument was a researcher-made online questionnaire in Google Forms (see Appendix A) with 16 items: consent, eligibility, four profile items, and three sections matched to the research questions. Each section combined checklist items with open-ended questions. The items were based on the literature and the frameworks above and were reviewed by [number] experts in risk management, research methods, and the VA industry.

3.4 Data gathering procedure

The questionnaire link was shared online with qualified VAs, who answered on their own. Responses were collected on October 22 and 23, 2026 and exported from Google Forms to a spreadsheet. Each respondent was given a code (R1 to R20) based on the order of submission.

3.5 Data analysis

Checklist items were analyzed using frequencies and percentages, computed as $(f \div 20) \times 100$. Since respondents could choose more than one answer, totals may go over 100%. Written answers were analyzed using the six steps of thematic analysis by Braun and Clarke [16]: reading the data several times, coding, grouping codes into themes, reviewing the themes, naming them, and writing them up. Answers about how VAs handle risk were also sorted into the five risk treatment methods [15]. One answer could receive more than one code. [State who did the coding and whether a second person checked it.] Quotations are reproduced as respondents typed them.

3.6 Ethical considerations

The study protocol was submitted and approved. The first page of the questionnaire explained the purpose of the study, that taking part was voluntary, and that respondents could skip questions or stop at any time. No names or contact details were collected. Data were kept in password-protected files in line with the Data Privacy Act of 2012 [17].

4 Results

4.1 Profile of respondents

Most respondents were based in Luzon (80.0%), and half had worked as VAs for three to five years (Table 1). Half got clients through online platforms such as Upwork and OnlineJobs.ph, and administrative support was the most common service (45.0%).

Table 1. Profile of respondents ($n = 20$).

Characteristic	Category	f	%
Location	Luzon	16	80.0
	Visayas	3	15.0
	Mindanao	1	5.0
Years as VA	1–2 years	6	30.0

Characteristic	Category	f	%
Source of clients*	3–5 years	10	50.0
	More than 5 years	4	20.0
	Online platforms	10	50.0
	Directly	6	30.0
	Through an agency	4	20.0
Services offered*	Other	2	10.0
	Administrative support	9	45.0
	Social media / marketing	5	25.0
	Customer service	4	20.0
	Bookkeeping	2	10.0
	E-commerce	2	10.0
	Real estate support	1	5.0
	Other	2	10.0

*Multiple responses allowed.

4.2 Risks experienced and feared

Brownouts or internet outages were the most common loss, reported by 16 of the 20 respondents (80.0%), followed by typhoons or floods (65.0%), getting sick or burned out (55.0%), and not being paid (45.0%) (Table 2). Only one respondent (R3), who was new to VA work, reported none of the listed losses. On average, respondents reported about three kinds of losses each.

Table 2. Losses experienced ($n = 20$; multiple responses).

Loss experienced	f	%	Rank
Brownout or internet outage	16	80.0	1
Typhoon or flood	13	65.0	2
Getting sick or burned out	11	55.0	3
Not being paid	9	45.0	4
Losing a client suddenly	3	15.0	5.5
Laptop or equipment failure	3	15.0	5.5
Platform account suspended	2	10.0	8
Scam or fake client	2	10.0	8
Account hacking	2	10.0	8
None	1	5.0	10

When asked about their biggest worry, however, respondents most often named the loss of income, not power or weather. Table 3 shows the themes from their written answers.

Table 3. Biggest risks or worries (themes from written answers, $n = 20$).

Theme	Respondents	f
Losing income: client loss, non-payment, no job security, platform ban	R1–R5, R12, R14, R16, R18	9
Power, internet, and weather disruptions	R4, R6, R9, R10, R15	5
Health: night shifts, burnout, physical strain, mental health	R7, R8, R11, R19	4
Equipment failure	R6, R7, R13	3
Data and cyber security	R6, R8, R17	3
Skills becoming outdated, including through AI	R5, R7	2
Making a costly mistake for a client	R20	1

The written accounts show how these losses happened. R14 wrote, “My anchor client of 4 years went bankrupt and ended my contract with zero notice.” R12 wrote, “I spent three weeks building a Shopify store. On the day they were supposed to pay my invoice, they blocked me on all communication channels.” R2 recalled, “We’ve had a power outage for almost four days during the super typhoon.” R11 wrote, “I worked 14-hour days juggling three clients. I ended up hospitalized for severe exhaustion and couldn’t work for a week, losing all income for those days.”

4.3 Managing risks

An emergency fund was the most common safeguard (55.0%), followed by backup internet (45.0%) and backup power (35.0%) (Table 4). Only a quarter kept more than one client or used written contracts or platform escrow, and three respondents (15.0%) had none of the listed safeguards.

Table 4. Safeguards in place ($n = 20$; multiple responses).

Safeguard	f	%	Rank
Emergency fund	11	55.0	1
Backup internet	9	45.0	2
Backup power	7	35.0	3
More than one client	5	25.0	4.5
Written contracts or platform escrow	5	25.0	4.5
Password manager or two-factor authentication	3	15.0	6.5
None	3	15.0	6.5

Table 5 sorts what respondents wrote about preventing and recovering from losses into the five risk treatment methods [15]. Loss control and retention were the most common.

Table 5. Risk treatment methods in written answers ($n = 20$).

Method	Examples from respondents	Respondents
Loss control	Backup power and internet, cloud backup, security keys, flexible schedule, fixed work hours	R2, R6, R8–R11, R15–R17, R19, R20 (11)
Retention	Emergency fund, equipment fund, 3- to 12-month savings	R4, R6, R7, R13, R14, R19, R20 (7)

Method	Examples from respondents	Respondents
Spreading income sources	Several clients, a cap on one client's share of income, more than one platform	R3, R4, R14, R18 (4)
Non-insurance transfer	50% upfront deposit, payment terms written in the contract	R5, R12 (2)
Avoidance	Dropping a demanding client, moving away from night shifts	R11, R19 (2)
Insurance	Getting an HMO after a hospital stay or for mental health care	R11, R19 (2)
No action seen as possible	Losses seen as beyond one's control	R1, R2 (2)

Some respondents set clear rules for themselves. R14 wrote, "I make sure no single client makes up more than 40% of my total monthly income." R12 wrote, "I now require a 50% upfront deposit before doing any work." R7 began to "deduct 10% of my earnings into an 'equipment depreciation fund.'" Others felt little could be done. R1 wrote, "there's no way preventing it," and R2 noted that "no one is truly prepared for such events."

4.4 Insurance and social protection

PhilHealth (75.0%) and SSS (70.0%) were the most common forms of coverage, and half the respondents paid for all three government programs: SSS, PhilHealth, and Pag-IBIG (Table 6). Fewer had private life insurance (40.0%) or an HMO (35.0%). Three respondents (R7, R9, and R13) had no coverage at all.

Table 6. Current coverage ($n = 20$; multiple responses).

Coverage	f	%	Rank
PhilHealth	15	75.0	1
SSS	14	70.0	2
Pag-IBIG	10	50.0	3
Private life insurance	8	40.0	4
HMO / health insurance	7	35.0	5
None	3	15.0	6

Respondents who had coverage gave several reasons: health and hospital costs (R6, R11, R16, R19); future benefits such as housing loans, pension, and maternity benefits (R4, R8, R12, R18); protecting their family (R12, R15); and treating their VA work as a business (R6, R14, R20). R11 wrote, "The hospital bill wiped out my savings; I realized an HMO is a non-negotiable expense." R20 wrote, "As a long-term freelancer, I essentially act as my own HR department." One respondent (R10) was covered through an agency that handled the payments.

Those with little or no coverage pointed to cost and irregular income. R9 wrote, "I just started and don't have enough stable income yet to pay voluntary contributions." R13 wrote, "I don't make enough yet to afford voluntary contributions on top of my living expenses." R7 found that "the voluntary payment process is tedious" and preferred to keep cash for equipment.

Table 7 shows what respondents said would make protection easier or more worthwhile.

Table 7. Suggestions for better protection (themes, $n = 20$).

Theme	Respondents	f
Easier payment: one online portal, GCash, auto-debit, online calamity loans	R1, R4, R7, R12, R15, R18	6
Affordable individual health plans, including mental health coverage	R6, R9, R10, R11, R19	5
New products for VA risks: income, equipment, and cyber insurance	R13, R14, R17	3
Recognition of VA work, clearer rules, and platform protection	R3, R5, R16	3
Tax incentives for self-paid expenses and insurance	R8, R20	2
Premiums that adjust to changing income	R2	1

R1's one-word answer ("convenience") was coded under easier payment.

5 Discussion

5.1 Everyday disruptions, bigger fears

The losses respondents experienced most often were brownouts, internet outages, and typhoons, which show that a VA's home office depends on local power and weather. Yet the risk they feared most was losing income. This makes sense in light of Kalleberg's [4] account of insecure work: an outage costs a day, but losing a client or a payment can cost months. With no law forcing foreign clients to honor agreements [2], VAs have few options when a client leaves or does not pay.

5.2 Relying on themselves

Respondents handled risk mainly through loss control and retention, meaning backup equipment and personal savings. In ISO 31000 terms [14], many skipped the early steps of identifying and assessing risks and acted only after a loss. Several written answers began with "now" or "I realized," showing that safeguards often came after a costly lesson. Retention works for small, frequent losses such as a broken screen, but Rejda et al. [15] note that it is risky for large losses such as a serious illness. R11's hospital bill, which used up all of R11's savings, shows this risk.

5.3 Few use contracts and insurance to shift risk

Only a quarter used written contracts or escrow, and only a quarter kept more than one client. Yet respondents who did so, such as R12 with upfront deposits and R14 with a 40% income cap, described these steps as effective. Shifting risk through contracts is a low-cost method that more VAs could adopt.

5.4 A protection gap

Most respondents had PhilHealth and SSS, but only about a third had an HMO, and three had no coverage. This matches the low level of insurance use in the country [9]. The main barriers were cost, uneven income, and payment systems that are hard to use. Since self-employed VAs pay the full SSS rate of 15% [7] and the full PhilHealth premium [8], it is not surprising that those with lower or newer income put off paying. The respondents' own suggestions, such as one payment portal, auto-debit, and premiums that change with income, point to practical fixes.

5.5 Community and learning

One respondent (R17) got life insurance on a friend's advice. Although this was a single case, it agrees with Soriano and Cabañes [11], who found that Filipino freelancers depend on peer networks for information. These networks could be used to spread basic risk management and insurance knowledge.

5.6 Limitations

This study has several limitations. First, the sample is small, was not randomly chosen, and is mostly from Luzon (80.0%), so the results describe these 20 respondents only. Second, the data came from an online questionnaire, not interviews, so answers could not be followed up or checked with the respondents. Third, many written answers were longer and more polished than is common in online questionnaires, and many responses were submitted within minutes of each other. Some respondents may have used writing tools, such as AI assistants, to word their answers, which could make the answers less exact. Fourth, in a few cases the checklist and the written answer did not fully match. For example, one respondent described a damaged computer but did not check equipment failure. Fifth, at least one respondent was covered by an agency rather than self-employed. Future studies should use interviews, include more VAs from the Visayas and Mindanao, and measure the size of losses.

6 Conclusion and recommendations

6.1 Conclusion

On the first research question, the respondents most often experienced brownouts or internet outages, typhoons or floods, illness or burnout, and non-payment, but the risk they worried about most was losing income.

On the second research question, they managed risk mainly by keeping their own savings and by loss control, such as backup power and internet. Fewer used contracts, several clients, or insurance, and many safeguards were added only after a loss.

On the third research question, most had PhilHealth and SSS, half had all three government programs, and about a third had an HMO. Cost, uneven income, and hard-to-use payment systems kept others from getting coverage.

6.2 Recommendations

1. *Virtual assistants* should list their main risks, keep an emergency fund, keep at least two clients or income sources, ask for deposits or use escrow with new clients, and set up backup power and internet.
2. *Virtual assistants* should register and keep paying SSS, PhilHealth, and Pag-IBIG, and consider an individual HMO, since a single hospital stay can wipe out savings.
3. *SSS, PhilHealth, and Pag-IBIG* may offer one online payment channel with auto-debit and e-wallet options, and payment schedules suited to uneven income.
4. *Insurers and HMOs* may design affordable individual plans for remote workers, including income, equipment, and cyber cover.

5. *VA trainers, agencies, and online groups* may include a short module on basic risk management and insurance.
6. *Future researchers* may interview VAs, include more regions, and measure how large losses are and how long recovery takes.

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References

- [1] Desiderio L. *IT-BPM sector on track to hit \$40 billion revenue goal*. The Philippine Star. 2026 Jan 1. <https://www.philstar.com/business/2026/01/01/2498004/it-bpm-sector-track-hit-40-billion-revenue-goal>
- [2] Brown F. *Filipinos see pathway from poverty with virtual assistant jobs*. Agence France-Presse, in The Philippine Star. 2025 Mar 27. <https://www.philstar.com/business/2025/03/27/2431478/filipinos-see-pathway-poverty-virtual-assistant-jobs>
- [3] Aben E. *Filipinos turn to virtual-assistant roles in post-COVID job market*. Arab News. 2025 Aug 27. <https://www.arabnews.com/node/2613196/world>
- [4] Kalleberg AL. Precarious work, insecure workers: Employment relations in transition. *American Sociological Review*. 2009;74(1):1–22. <https://doi.org/10.1177/000312240907400101>
- [5] Wood AJ, Graham M, Lehdonvirta V, Hjorth I. Good gig, bad gig: Autonomy and algorithmic control in the global gig economy. *Work, Employment and Society*. 2019;33(1):56–75. <https://doi.org/10.1177/0950017018785616>
- [6] Wood AJ, Graham M, Lehdonvirta V, Hjorth I. Networked but commodified: The (dis)embeddedness of digital labour in the gig economy. *Sociology*. 2019;53(5):931–950. <https://doi.org/10.1177/0038038519828906>
- [7] P&A Grant Thornton. SSS implements revised contribution rates for 2025. 2025 Feb 27. <https://www.grantthornton.com.ph/insights/articles-and-updates1/tax-notes/ss-implements-revised-contribution-rates-for-2025/>
- [8] Payroll Solutions. PhilHealth keeps premium contribution rate at 5% for 2025 (citing PhilHealth Advisory No. 2025-0002). 2025 Jan 16. <https://www.payrollsolutions.ph/articles/68>
- [9] Life insurance growth fueled by demand for security. *The Philippine Star*. 2026 Feb 2. <https://www.philstar.com/business/2026/02/02/2505038/life-insurance-growth-fueled-demand-security>
- [10] Philippine IC tightens oversight as insurance market grows. *Insurance Business Asia*. 2026. <https://www.insurancebusinessmag.com/asia/news/breaking-news/philippine-ic-tightens-oversight-as-insurance-market-grows-580500.aspx>
- [11] Soriano CRR, Cabañes JVA. Entrepreneurial solidarities: Social media collectives and Filipino digital platform workers. *Social Media + Society*. 2020;6(2):2056305120926484. <https://doi.org/10.1177/2056305120926484>
- [12] Republic of the Philippines. Social Security Act of 2018 (Republic Act No. 11199). 2019 Feb 7.
- [13] Republic of the Philippines. Universal Health Care Act (Republic Act No. 11223). 2019 Feb 20.
- [14] International Organization for Standardization. *ISO 31000:2018 Risk management – Guidelines*. Geneva: ISO; 2018.
- [15] Rejda GE, McNamara MJ, Rabel WH. *Principles of risk management and insurance*. 14th ed. Harlow: Pearson; 2021.
- [16] Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology*. 2006;3(2):77–101. <https://doi.org/10.1191/1478088706qp0630a>
- [17] Republic of the Philippines. Data Privacy Act of 2012 (Republic Act No. 10173). 2012 Aug 15.