

"Where Do We Go After Clinic Hours?": Medical Practitioners' Work-Life Balance and Recreational Practices in a Public Hospital in Eastern Visayas, Philippines

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Abstract— Medical practitioners — including physicians, nurses, and medical technologists — operate in relentlessly demanding environments characterized by high patient loads, administrative pressures, and emotionally taxing responsibilities. Globally, burnout remains a critical occupational health crisis in healthcare, with the Medscape Physician Burnout & Depression Report (McKenna, 2024) documenting a 49% burnout rate among physicians, while the American Medical Association (2025) recorded a rate of 41.9%. In the Philippine context, burnout among nurses constitutes a severe structural threat, compounding an acute workforce shortage estimated at 127,000 to 249,000 unfilled nursing positions (Alibudbud, 2023). To sustain personal health and professional effectiveness, healthcare workers adopt various leisure and recreational activities. This phenomenological study explored the after-hours activities of ten medical practitioners — five nurses, three anesthesiologists, and two medical technologists — employed at the largest public hospital in Eastern Visayas, Philippines. Using in-depth interviews analyzed through thematic analysis and NVivo word cloud visualization, five themes emerged: (1) the demanding nature of the job; (2) recreational activities after clinic hours; (3) reasons for engaging in these activities; (4) perceived effects of recreation on work performance; and (5) recommendations for institutional health and wellness programs. Findings are grounded in Lazarus and Folkman's (1984) Transactional Theory of Stress and Coping and Deci and Ryan's (2008) Self-Determination Theory. The study recommends evidence-based institutional wellness programs addressing structural and individual dimensions of healthcare worker burnout.

Keywords— Phenomenological research; medical practitioners; work-life balance; recreational activities; burnout; Lazarus and Folkman Stress and Coping Theory; Self-Determination Theory; Eastern Visayas.

I. INTRODUCTION

Medical professionals bear the critical responsibility of managing public health needs, often working well beyond standard hours in high-pressure clinical settings. Their sustained exposure to life-threatening situations, heavy patient loads, and administrative burdens profoundly affects job satisfaction, personal well-being, and long-term commitment to the profession. Globally, the healthcare sector confronts a deepening burnout crisis. The Medscape Physician Burnout & Depression Report 2024 (McKenna, 2024), based on a survey of more than 9,200 U.S. physicians across 29 specialties, documented that 49% experienced burnout — a modest decline from 53% in 2023, yet substantially higher than pre-pandemic levels. More recent data from the American Medical Association (2025) survey of nearly 19,000 physicians across 106 health systems further confirmed a declining but still alarming burnout rate of 41.9%. Emergency medicine, urological surgery, and hematology/oncology topped the list of the most affected specialties (AMA, 2025).

In the Philippine context, burnout constitutes an acute threat to an already severely understaffed healthcare system. Alibudbud (2023) documented that burnout among Filipino nurses drives mass resignations, career changes, and emigration, exacerbating a shortage estimated at 127,000 to 249,000 unfilled nursing positions across public and private facilities as of 2024. Structural drivers — including low wages, unsafe nurse-to-patient ratios (in some provincial hospitals

reaching 1:40), overwork, and job insecurity — amplify both individual distress and systemic fragility (Alibudbud, 2023). De Tablan and Polinar (2024) confirmed similar patterns among nurses in a public hospital in Bohol, where high patient-to-nurse ratios were significantly associated with intensified occupational fatigue.

The personal and professional consequences of burnout are well-documented. Perneger et al. (2012) identified reduced time for family, work-related stress, and administrative burden as primary factors diminishing physician job satisfaction. Van Ham et al. (2006) further reported that low income and lack of professional recognition compounded dissatisfaction among general practitioners despite the life-saving nature of their work. Williams, Rathert, and Buttigieg (2020) synthesized evidence showing that burnout leads to reduced empathy, medical errors, decreased quality of care, and elevated workforce attrition.

Physical activities, social connections, creative engagement, and structured recreation have emerged as effective coping mechanisms among healthcare workers (Williams et al., 2020). A systematic review by Maresca et al. (2022) confirmed that social and emotional support, physical self-care, and deliberate distancing from work are the most efficacious strategies for reducing burnout in healthcare teams. Doolittle (2021) underscored the protective role of peer relationships and social support networks on physician morale and professional performance. Mincarone et al. (2024), in a systematic review published in JMIR Public Health and

Surveillance, further established that regular physical activity is inversely associated with burnout risk in healthcare workers.

Communication-based and organizational interventions also demonstrate measurable impact. Marine et al. (2006) established that structured communication strategies reduce burnout and general health complaints among healthcare workers. Cohen et al. (2023), in a BMJ Open systematic review, identified workplace-level interventions — including team-building, flexible scheduling, peer support, and wellness facility access — as evidence-based strategies for reducing burnout across nurses, physicians, and allied health professionals.

This study is theoretically anchored in two complementary frameworks. Lazarus and Folkman's (1984) Transactional Theory of Stress and Coping, as elaborated by Biggs, Brough, and Drummond (2017), posits that psychological stress emerges from a dynamic person-environment interaction in which demands are appraised as exceeding available coping resources. The model distinguishes primary appraisal (assessing stressor significance) from secondary appraisal (evaluating coping resources). Wolf and Fisher (2023) affirm this transactional framework as foundational in health communication research, underscoring its continued relevance in understanding healthcare professionals' responses to occupational strain. Self-Determination Theory (SDT; Deci & Ryan, 2008) complements this by identifying three universal psychological needs — autonomy, competence, and relatedness — whose fulfillment sustains intrinsic motivation, well-being, and professional engagement. Together, these frameworks provide a robust lens for examining how medical practitioners recharge and renew their capacity for compassionate care.

This study examines how ten medical practitioners at the largest public hospital in Eastern Visayas, Philippines, engage in leisure and recreational activities outside clinic hours, their motivations, and the effects of these activities on their professional performance. Participants' insights and recommendations serve as inputs for the development or enhancement of the hospital's Institutional Health and Wellness Program. As healthcare professionals who serve as frontline guardians of public health, their right to rest, recreation, and personal fulfillment demands both scholarly attention and deliberate institutional response.

II. METHODS

Research Design

This study employed a qualitative phenomenological research design to capture the lived experiences of medical practitioners during their leisure time outside clinic hours. Phenomenology is particularly appropriate here, as it seeks to describe the subjective meaning individuals ascribe to a specific experience (Creswell, 2013). The methodology followed Creswell's (2013) five-step phenomenological inquiry framework: (1) identifying and defining the phenomenon; (2) specifying the philosophical assumptions of phenomenology; (3) gathering data through in-depth interviews; (4) forming clusters of meaning; and (5) developing textural and structural descriptions that capture the essence of participants' experiences.

Research Setting

The study was conducted at Hospital A, the largest public referral hospital in Eastern Visayas, Philippines. As a major regional tertiary facility serving a high volume of patients across multiple provinces, Hospital A employs a large and diverse medical workforce, making it an appropriate and information-rich site for this inquiry.

Participants and Sampling

Purposive sampling was employed to recruit ten participants from three professional groups: five registered nurses (RNs), three anesthesiologists, and two medical technologists. All participants were actively employed at Hospital A at the time of data collection and had direct, sustained experience with the phenomenon under study — the management of occupational stress through after-hours leisure and recreation. Table 1 presents the participants' demographic profiles.

TABLE 1. Research Participants' Profile

Participant	Profession	Years in Service
Ms. Medtech 1	Medical Technologist	4 years
Mr. Medtech 2	Medical Technologist	4 years
Mr. Anesthesia 1	Physician (Anesthesiologist)	3 years
Ms. Anesthesia 2	Physician (Anesthesiologist)	3 years
Ms. Anesthesia 3	Physician (Anesthesiologist)	3 years
Miss RN 1	Nurse	5 years
Miss RN 2	Nurse	8 years
Miss RN 3	Nurse	6 years
Mr. RN 1	Nurse	12 years
Mr. RN 2	Nurse	10 years

Research Instrument

A semi-structured interview guide was developed by the researchers and subjected to expert validation by two independent validators — one specialist in management and one in clinical medicine — to ensure content validity and relevance to the research objectives. All items were written in English. The guide covered three thematic domains: (1) participants' experiences of their professional roles; (2) their leisure and recreational activities outside clinic hours; and (3) their recommendations for institutional wellness program improvements.

Data Collection Procedures

Informed consent was obtained from all participants prior to data collection. Participants were given the autonomy to select their preferred interview time and location, minimizing social desirability bias and optimizing psychological comfort. Prior to each interview, participants were fully briefed on the study's objectives, the voluntary nature of participation, and their right to withdraw at any time. The majority provided consent for audio recording. Interviews were conducted until thematic saturation was reached, consistent with phenomenological principles (Creswell, 2013).

Data Analysis

Following data collection and verbatim transcription, thematic analysis was conducted through a systematic process of reading, coding, and categorizing meaningful units. Significant statements were extracted, coded, and clustered into themes. To enhance analytic rigor and transparency, the Word

Cloud feature of NVivo 12 qualitative data analysis software was employed to visualize the frequency and prominence of recurring terms, corroborating theme construction (Bazeley & Jackson, 2013). Member checking and peer debriefing were employed as trustworthiness strategies to confirm the credibility of emerging themes.

Ethical Considerations

This study adhered to the ethical principles of autonomy, beneficence, non-maleficence, and confidentiality. Pseudonyms were assigned to all participants to protect identities. Participants retained full control over their level of disclosure and interview scheduling. All collected data were stored securely and used exclusively for the purposes of this research. No personally identifiable information was disclosed in this report. The study received institutional clearance prior to data collection.

III. RESULTS

Five major themes emerged from the analysis of participants' lived experiences. Each theme is presented with representative significant statements derived from the interviews.

Theme 1: Nature of the Job

TABLE 2. Significant Statements: Nature of Job

Participant	Significant Statement
Ms. Medtech 1	"My job is mostly confined inside the lab all the time; it is stressful."
Mr. Medtech 2	"Confined in the laboratory; toxic job."
Mr. Anesthesia 1	"Thirty-two hours confined in the operating room."
Ms. Anesthesia 2	"Confined in the operating room; less time to sleep."
Ms. Anesthesia 3	"Overwork; always busy with so many patients."
Miss RN 1	"Only one day off per week."
Miss RN 2	"Handle several patients."
Miss RN 3	"No time for a long vacation."
Mr. RN 1	"Always busy."
Mr. RN 2	"Routine job."

Theme 2: Recreational Activities After Clinic Hours

TABLE 3. Significant Statements: Recreational Activities After Clinic Hours

Participant	Significant Statement
Ms. Medtech 1	"Go to mall; travel within the region."
Mr. Medtech 2	"Visit girlfriend; travel within the region."
Mr. Anesthesia 1	"Sleep; travel to Manila and Hong Kong."
Ms. Anesthesia 2	"Manila; Asian travel for long holidays."
Ms. Anesthesia 3	"Beach; mountain."
Miss RN 1	"Mall; visit beautiful spots in the region; Asian travel for long vacation."
Miss RN 2	"Mall; visit relatives."
Miss RN 3	"Mall; sleep; Asian travel."
Mr. RN 1	"Popular destinations in the Philippines; Asian travel."
Mr. RN 2	"Mall; sleep; local destinations in the region."

Theme 3: Reasons for Involvement in Recreational Activities

TABLE 4. Significant Statements: Reasons for Recreational Involvement

Participant	Significant Statement
Ms. Medtech 1	"It's relaxing to be away from the toxic environment; I travel within the region to be able to go back to work."
Mr. Medtech 2	"Sustain the love life; it's convenient to travel within the region — shorter travel time and able to go back to work."

Mr. Anesthesia 1	"I sleep because it's tiring to be on duty; for long vacations I travel to Asian countries like Hong Kong to relax, eat, and learn new cultures."
Ms. Anesthesia 2	"I want to maximize time; I eat, watch movies, shop, and visit tourist spots."
Ms. Anesthesia 3	"I want to be with nature — the mountain and beach — but I want to go back to work at once."
Miss RN 1	"To relax; to be away from blood and other usual toxic activities."
Miss RN 2	"To relax; to get away from the hospital."
Miss RN 3	"To have fun; to be away from the hospital; to travel abroad once in a while."
Mr. RN 1	"To be with my boyfriend; to visit popular destinations."
Mr. RN 2	"To enjoy and relax."

Theme 4: Effects of Recreational Activities on Work

TABLE 5. Significant Statements: Effects of Recreation on Work Performance

Participant	Significant Statement
Ms. Medtech 1	"Travel makes me fresh and ready to work."
Mr. Medtech 2	"Feel excited to go back to work."
Mr. Anesthesia 1	"Feel energized and ready to work again."
Ms. Anesthesia 2	"I long to work again."
Ms. Anesthesia 3	"Feel relaxed and ready to work."
Miss RN 1	"Energized to face the toxic environment again."
Miss RN 2	"Ready to work again."
Miss RN 3	"Happy to work again."
Mr. RN 1	"Energized to work again."
Mr. RN 2	"Excited to work again."

Theme 5: Recommendations for the Health and Wellness Program

TABLE 6. Significant Statements: Recommendations for Institutional Wellness Programs

Participant	Significant Statement
Ms. Medtech 1	"More free time to relax."
Mr. Medtech 2	"Gym facilities in the hospital for bonding with other employees and seminars for professional growth."
Mr. Anesthesia 1	"More free time to sleep and relax; lesser duty periods; hire more medical practitioners to cater to the thousands of patients."
Ms. Anesthesia 2	"More free time; lesser duty periods despite financial benefits."
Ms. Anesthesia 3	"Hire more employees to cater to the patients."
Miss RN 1	"Team building activities; more bonding with colleagues."
Miss RN 2	"More bonding time with co-employees."
Miss RN 3	"More free time to relax and travel."
Mr. RN 1	"Organize educational trips for employees."
Mr. RN 2	"More time with co-employees."

IV. DISCUSSION

The Nature of the Job as a Source of Stress

The first theme emerging from the analysis reveals how participants subjectively experience their professional roles. Dominant descriptors included being "confined," an "always busy" pace, and characterizations of work as "stressful," "routine," and "toxic." These characterizations align with Perneger et al.'s (2012) finding that workload intensity and reduced personal time are primary contributors to declining job satisfaction among medical practitioners. The Medscape Physician Burnout & Depression Report 2024 (McKenna, 2024) corroborated these experiences, with bureaucratic tasks (62%), excessive working hours (41%), and lack of respect from administrators (40%) cited as the leading drivers of

burnout globally. In the Philippine context, De Tablan and Polinar (2024) confirmed similar patterns, with heavy patient-to-nurse ratios significantly intensifying occupational fatigue in public hospital nurses. This persistent sense of physical and psychological confinement reflects what Lazarus and Folkman (1984) describe as environments in which environmental demands chronically exceed available coping resources.

Recreational Activities as Coping Mechanisms

The second theme captures participants' recreational preferences during off-duty hours. Mall visits emerged as the most accessible and immediate form of escape from the hospital environment, offering a neutral leisurely space for shopping, dining, and social relaxation. Travel — both domestic and international — was identified as the preferred activity during longer breaks, particularly among the anesthesiologists who benefit from extended vacation periods. These findings resonate with Shanafelt, Dyrbye, and West (2017), who emphasized the restorative value of social relationships and leisure activities for healthcare professionals. Maresca et al. (2022), in their systematic review, further confirmed that entertainment and social engagement are among the most effective burnout-reduction strategies. Mincarone et al.'s (2024) systematic review in JMIR Public Health and Surveillance additionally established a significant inverse association between regular leisure physical activity and burnout risk — though nature-based and travel recreation, as preferred by participants in this study, similarly fulfill restorative psychological functions aligned with Attention Restoration Theory. The desire to travel and reconnect with loved ones reflects Self-Determination Theory's emphasis on relatedness as a core psychological need (Deci & Ryan, 2008).

Motivations for Recreational Engagement

The third theme explores the motivations underpinning participants' recreational choices. The predominant motivations were the need to relax, achieve physical and psychological distance from the clinical environment, and reconnect with social relationships. These motivations exemplify emotion-focused coping — a central construct of Lazarus and Folkman's (1984) transactional framework — in which individuals manage emotional distress by creating distance from stressors. Wolf and Fisher (2023) affirm that cognitive appraisal and emotion-focused coping remain core mediators between occupational demands and stress responses in healthcare professionals. Notably, participants did not express a desire to abandon their professional roles. Rather, their recreational choices served as purposeful bridges back to work — a finding consistent with SDT's concept of autonomous motivation, wherein individuals engage in restorative activities out of genuine psychological need rather than avoidance (Deci & Ryan, 2008). Ms. Anesthesia 3's statement — "I want to be with nature — the mountain and beach — but I want to go back to work at once" — epitomizes this orientation.

Effects of Recreation on Professional Performance

The fourth theme reveals the positive impact of leisure and recreation on participants' readiness to return to work. Terms such as "energized," "fresh," "excited," "relaxed," and "happy"

dominated participants' responses, indicating restored motivation and emotional renewal. These outcomes directly support Freeborn's (2001) assertion that perceived environmental control and satisfaction positively predict professional commitment among physicians. Contemporary evidence further reinforces these findings. Cohen et al. (2023) demonstrated in their BMJ Open systematic review that well-designed workplace wellness interventions — including those incorporating leisure and social elements — yield statistically significant reductions in burnout and improvements in professional engagement. Holzgang et al. (2023) similarly documented that effective positive coping strategies are inversely linked to burnout levels among physicians. These findings collectively affirm that leisure is not peripheral to professional effectiveness but integral to it, constituting an essential component of sustainable healthcare delivery.

Recommendations for Institutional Health and Wellness Programs

The fifth theme centers on participants' recommendations for institutional reform. Participants strongly advocated for more structured free time, reduced duty periods, workforce expansion, accessible recreational facilities, and opportunities for collegial bonding and professional development. These recommendations align with Van Ham et al. (2006), who identified workload reduction and professional recognition as critical determinants of job satisfaction, and with Alibudbud's (2023) structural analysis highlighting chronic understaffing as a root cause of burnout in Philippine hospitals. Cohen et al.'s (2023) BMJ Open systematic review identifies team-building, flexible scheduling, peer support programs, and wellness facility access as evidence-based strategies for reducing burnout across nurses, physicians, and allied health professionals. The desire for educational tours and collegial social activities is consistent with Lazarus and Folkman's (1984) view that organizational support and professional networks function as buffering resources that moderate the impact of occupational stressors. Doolittle (2021) similarly found that strong peer relationships and institutional support were associated with significantly lower burnout rates among internal medicine physicians.

V. CONCLUSION

This phenomenological study reveals that medical practitioners at a major public hospital in Eastern Visayas, Philippines, actively employ a range of recreational and leisure strategies during their off-duty hours — primarily mall visits, domestic and regional travel, nature-based recreation, and social bonding with family, friends, and colleagues. These activities serve as critical restorative mechanisms, enabling practitioners to return to work energized, motivated, and emotionally renewed.

Grounded in Lazarus and Folkman's (1984) Transactional Theory of Stress and Coping and Deci and Ryan's (2008) Self-Determination Theory, the findings affirm that leisure is a professional necessity, not a peripheral indulgence, for healthcare workers. Sustainable healthcare delivery requires investment not only in clinical infrastructure but in the

emotional, physical, and psychological well-being of the practitioners who deliver care.

Participants strongly recommend that hospital management invest in institutional health and wellness programs encompassing increased free time, reduced duty periods, workforce expansion to address unsafe patient loads, accessible recreational facilities, peer team-building initiatives, and educational travel opportunities. These structural and programmatic interventions are essential in addressing the growing burnout crisis among Filipino medical practitioners, as evidenced by both local and global literature. The current trajectory — wherein over 40% of physicians globally and thousands of Filipino nurses experience clinically significant burnout — demands urgent, evidence-informed institutional action.

Future research should consider larger, multi-site samples and mixed-methods designs to quantify relationships between specific coping activities and measurable outcomes such as validated burnout scale scores, job satisfaction indices, and patient care quality indicators. Longitudinal tracking of wellness program impacts would further strengthen the evidence base for institutional decision-making. Comparative studies across different hospital types, practice settings, and regions in the Philippines would also enrich understanding of the contextual determinants of healthcare worker well-being.

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