

Virtual Frontliners: A Study on the Psychosocial Effects and Coping Mechanisms of Filipino Healthcare Virtual Assistants

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ABSTRACT

This study, titled “Virtual Frontliners: A Study on the Psychosocial Effects and Coping Mechanisms of Filipino Healthcare Virtual Assistants,” explored the lived psychosocial experiences and coping mechanisms of Filipino healthcare virtual assistants (HVAs) engaged in remote healthcare-related work. The study examined the demands associated with healthcare support work, the emotional and social effects of working remotely, the strategies participants used to manage stress, and the forms of organizational support they considered helpful. The study employed a qualitative descriptive phenomenological design. Eight Filipino healthcare virtual assistants were purposively selected based on the study criteria. Data were generated through individual semi-structured interviews conducted remotely through Zoom or Google Meet.

Prior to the interview, informed consent was completed electronically through Google Forms. The interviews lasted approximately 20–30 minutes and explored participants’ work demands, psychosocial experiences, work-life boundaries, job satisfaction and motivation, coping, workplace resources, and suggested support strategies. With participant consent, the interviews were audio-recorded and transcribed for analysis. The interview transcripts were analyzed using a Colaizzi-guided descriptive phenomenological procedure. The researcher repeatedly read the complete transcripts, extracted significant statements, formulated meanings, clustered related meanings into themes, developed an exhaustive description, and synthesized the fundamental structure of the experience. Five major themes emerged: Accuracy Under Pressure; Flexibility, Boundaries, and Disconnection; Strain, Growth, and Meaning; Structured Coping and Recovery; and Resources and Support Shape Well-Being. The findings showed that the participants experienced remote HVA work as demanding but meaningful, with psychosocial well-being shaped by the balance between job demands and available personal, social, and organizational resources. The participants commonly relied on task prioritization, breaks, rest and sleep, family time, deliberate work-life boundaries, and help-seeking. They identified clear communication, training, reliable work systems, manageable workloads, regular check-ins, peer connection, wellness resources, and recognition as important forms of support. The findings support practical interventions that combine individual coping resources with organizational measures to promote sustainable remote healthcare work and contribute to nursing administration, occupational health, and digital workforce management.

Keywords: *Filipino healthcare virtual assistants, psychosocial effects, coping mechanisms, remote healthcare work, descriptive phenomenology, Colaizzi’s method*

INTRODUCTION

Healthcare virtual assistants (HVAs) function as remote members of healthcare support teams, using secure digital platforms such as electronic medical or health record (EMR/EHR) systems, patient portals, scheduling applications, and communication tools. Depending on their assigned role, they may perform nonclinical administrative tasks such as appointment scheduling, patient communication and intake support, medical documentation, insurance verification, prior-authorization follow-up, referral coordination, and billing-related assistance. These functions help reduce administrative workload and allow healthcare professionals to devote more time to patient care (American Medical Association, 2024). Although HVAs work within healthcare settings, administrative HVAs do not independently diagnose, prescribe treatment, or make clinical decisions; concerns requiring clinical judgment are referred to the appropriate healthcare professional. The combination of healthcare-related responsibilities, accuracy and confidentiality requirements, continuous digital communication, and physical separation from the healthcare team provides an important context for examining the psychosocial experiences of Filipino HVAs. The continuing digital transformation of healthcare has extended service delivery beyond hospitals, clinics, and face-to-face encounters. Electronic health records, telehealth systems, patient portals, and virtual communication tools allow healthcare organizations to distribute nonclinical support functions across remote locations while maintaining coordination with providers and staff. This technology-mediated environment has expanded the need for remote healthcare support roles and has made healthcare virtual assistance increasingly relevant to practice efficiency and service continuity (Lubell, 2024).

In the Philippine context, healthcare virtual assistance has become increasingly relevant because of the country's growing participation in the global outsourcing and remote work industry. Filipino professionals have become part of the expanding digital workforce due to their communication skills, adaptability, healthcare-related competencies, and ability to provide services to local and international clients. The continued growth of the Philippine information technology-business process management sector reflects the increasing demand for Filipino workers in outsourced and remote services, including healthcare-related virtual support (Crismundo, 2025; Morales, 2024). For many Filipinos, healthcare virtual assistance provides opportunities for employment, professional development, flexible work arrangements, and access to global healthcare clients without the need to work in traditional healthcare settings.

Despite these opportunities, the work of Filipino healthcare virtual assistants also presents psychosocial challenges that require careful attention. Although they are physically distant from hospitals and clinics, they remain connected to healthcare delivery through tasks that require accuracy, confidentiality, responsiveness, emotional control, and continuous digital communication. They may handle sensitive patient information, coordinate with healthcare providers, respond to patient or client concerns, manage time-sensitive tasks, work during night shifts, and adjust to foreign healthcare systems and client expectations. These work conditions may contribute to psychosocial effects such as work-related stress, anxiety, emotional exhaustion, fatigue, work-life imbalance, social isolation, disconnection, and changes in job satisfaction and motivation.

Remote work is often associated with flexibility, convenience, and increased autonomy. However, recent studies show that remote work may also affect workers' physical, emotional, social, and psychological well-being when workload, boundaries, communication, and support systems are not properly managed. Remote workers may experience loneliness, reduced social interaction, blurred boundaries between work and personal life, fatigue, difficulty disconnecting from work, and increased psychological strain (Lyzwinski, 2024; Wells et al., 2023). These concerns are particularly relevant to healthcare virtual assistants because their work is commonly performed within the home environment, where professional responsibilities may overlap with family duties, household roles, personal routines, and rest periods.

The psychosocial experiences of Filipino healthcare virtual assistants deserve deeper exploration because they occupy a distinct position in the digital healthcare workforce. They are not direct bedside healthcare providers, yet their work supports healthcare operations and may influence patient experience, provider efficiency, documentation accuracy, and service continuity. Their remote work arrangement may also limit access to immediate peer support, direct supervision, workplace interaction, institutional wellness programs, and professional belongingness. Although research has examined remote work, Philippine telecommuting, and

healthcare-related occupational stress, limited qualitative evidence explains how Filipino healthcare virtual assistants experience, interpret, and cope with the combined demands of remote digital work and healthcare-related responsibilities.

Coping mechanisms are also essential in understanding how Filipino healthcare virtual assistants manage the demands of their work. These coping mechanisms may include time management, work organization, emotional regulation, stress management techniques, social and professional support, self-care practices, wellness routines, and continuous learning. Such strategies may help them maintain psychological well-being, protect work-life balance, strengthen resilience, and sustain work performance in a demanding remote healthcare environment. However, coping should not be viewed solely as an individual responsibility. Employers, clients, agencies, healthcare service providers, and labor institutions also have important roles in creating supportive work systems that promote mental health, occupational well-being, and sustainable remote work practices (World Health Organization, 2022, 2024).

This study, titled “Virtual Frontliners: A Study on the Psychosocial Effects and Coping Mechanisms of Filipino Healthcare Virtual Assistants,” used a qualitative descriptive phenomenological approach to explore the lived psychosocial experiences of Filipino healthcare virtual assistants in remote healthcare work. It examined the demands participants encountered, the psychosocial effects they described, the coping mechanisms they used, and the forms of support they perceived as meaningful to their well-being and work performance.

By giving voice to Filipino healthcare virtual assistants, this study sought to contribute meaningful insights to nursing administration, healthcare management, occupational health, digital labor research, and remote workforce support. The findings may help promote a more humane, supportive, and sustainable remote healthcare work environment for Filipino healthcare virtual assistants who serve as important virtual frontliners in the evolving healthcare system.

Literature Review

Healthcare Virtual Assistants in the Digital Healthcare Sector

The continuing digital transformation of healthcare has created new forms of healthcare-related work that are no longer limited to hospitals, clinics, or other physical healthcare facilities. One of these emerging roles is the healthcare virtual assistant, a remote professional who provides administrative, clerical, and communication support to healthcare providers through digital platforms. Healthcare virtual assistants may assist in appointment scheduling, patient communication, billing support, insurance verification, prior authorization, referral coordination, electronic health record documentation, and other non-bedside healthcare support functions. These tasks help reduce administrative burden and allow healthcare providers to focus more directly on patient care. According to the American Medical Association, virtual assistants may support private medical practices by handling scheduling, phone calls, referrals, laboratory orders, prior authorization, messages, billing, and other administrative responsibilities that affect practice efficiency (Lubell, 2024).

How Healthcare Virtual Assistants Work.

Healthcare virtual assistants perform assigned healthcare-support activities from a remote workstation while communicating with patients, providers, clinic staff, insurers, pharmacies, laboratories, and other authorized parties through digital systems. A typical workflow may begin with reviewing the clinic's work queue, calendar, patient messages, or assigned tasks. Throughout the shift, the HVA may answer incoming calls, schedule appointments, confirm patient information, document messages, update records in the EMR/EHR, verify insurance information through payer systems, prepare or track authorization requests, coordinate referrals, upload documents, and follow up on incomplete administrative requests. Information requiring provider action is routed to the appropriate clinician or department. Current medical-practice guidance and remote medical-assistant job descriptions consistently show that these roles rely on accurate documentation, professional patient

communication, task prioritization, familiarity with healthcare software, and careful adherence to established workflows and privacy requirements (American Medical Association, 2024; Lubell, 2024).

Job Description and Core Functions. Although duties differ across practices, the HVA role can be organized into several common functions: (1) patient access and communication, including answering calls, responding to nonclinical inquiries, appointment scheduling, reminders, and intake; (2) health-information and documentation support, including updating patient records, uploading documents, organizing medical-record requests, and assisting with note or transcription workflows; (3) insurance and authorization support, including eligibility and benefit verification, prior-authorization tracking, and communication with payers; (4) care-coordination support, including referrals, follow-up activities, and routing messages to providers; and (5) practice administration and revenue-cycle support, which may include charge entry, claim-related follow-up, billing coordination, and other clerical duties. Some trained or licensed personnel may be assigned additional tasks under appropriate clinical direction, but the scope of the role remains dependent on qualifications, organizational policy, and applicable requirements. These functions demonstrate why HVA work can involve considerable cognitive load, multitasking, emotional labor, accuracy pressure, and continuous digital interaction—conditions directly relevant to the psychosocial focus of this study.

In the Philippine setting, healthcare virtual assistance may be viewed within the broader growth of the information technology-business process management industry. The Philippines has remained a major provider of outsourced and remote professional services. Reports indicate that the Philippine IT-BPM sector reached approximately USD 38 billion in revenue in 2024 and employed about 1.82 million full-time workers, reflecting the continued demand for Filipino service professionals in global markets (Crismundo, 2025; Morales, 2024). This growth provides an important background for studying Filipino healthcare virtual assistants because many of them serve international healthcare clients while working from home or other remote locations.

Although healthcare virtual assistance offers flexibility, income opportunities, and global employment access, it also involves psychosocial risks. Filipino healthcare virtual assistants often work with sensitive health information, communicate with patients or healthcare staff, meet client expectations, use multiple digital platforms, and adjust to foreign time zones. These responsibilities may expose them to work-related stress, emotional strain, prolonged screen exposure, social isolation, and difficulty maintaining boundaries between work and personal life. Thus, healthcare virtual assistance should not be viewed merely as a convenient remote occupation, but as a healthcare-related work arrangement that carries psychological, emotional, social, and occupational demands.

Remote Work and Psychosocial Well-Being

Remote work has become increasingly common after the COVID-19 pandemic and continues to influence global employment practices. Remote work may provide several benefits, including flexibility, reduced commuting time, increased autonomy, and access to wider employment opportunities. However, recent studies show that remote work also has disadvantages when work demands are high and organizational support is inadequate. These disadvantages include stress, fatigue, loneliness, blurred work-life boundaries, reduced social interaction, physical discomfort, and reduced psychological well-being (Lyzwinski, 2024; Wells et al., 2023).

Lyzwinski (2024), in a scoping review of remote work and health, found that remote workers often appreciated the flexibility of working from home, but the main setbacks included feelings of isolation and loneliness, which negatively affected well-being. The study further emphasized that social support from management and regular contact with colleagues may reduce the negative effects of remote work. This finding is highly relevant to Filipino healthcare virtual assistants, who commonly perform tasks independently and may have limited face-to-face interaction with colleagues, supervisors, and healthcare clients.

Similarly, Wells et al. (2023) reported that remote work may affect both physical and psychological health. Their systematic review emphasized that remote work can influence work-life balance, occupational health, fatigue, and well-being. For Filipino healthcare virtual assistants, these issues are important because their home environment also becomes their work environment. When work tasks, household responsibilities, family

expectations, and digital communication overlap, the worker may experience increased mental and emotional strain.

Figueiredo et al. (2024) also found that teleworking may influence mental health, particularly when workers experience work overload, blurred work boundaries, and limited social interaction. These findings support the need to examine how Filipino healthcare virtual assistants experience remote healthcare work and how they cope with its psychosocial demands.

Job Demands–Resources Perspective and Healthcare Virtual Assistance

The Job Demands–Resources perspective provides a useful lens for understanding the psychosocial experiences of healthcare virtual assistants. Recent developments in Job Demands–Resources theory explain that employee well-being is influenced by the interaction between job demands and job resources. Job demands refer to aspects of work that require sustained physical, cognitive, or emotional effort, while job resources refer to work-related or personal factors that help employees achieve goals, reduce demands, and maintain motivation and well-being (Bakker et al., 2023; Demerouti & Bakker, 2023).

In the context of Filipino healthcare virtual assistants, job demands may include high workload, time pressure, accuracy requirements, night shifts, emotional labor, prolonged screen time, performance monitoring, digital communication demands, and client expectations. These demands may contribute to psychosocial effects such as stress, fatigue, anxiety, emotional exhaustion, burnout, work-life imbalance, and social disconnection. On the other hand, job resources may include clear instructions, supportive supervisors, reliable technology, manageable workload, training, autonomy, peer support, family support, and personal coping strategies.

Bakker and de Vries (2021) emphasized that high job demands combined with insufficient resources may contribute to job strain and burnout. They also explained that self-regulation plays an important role in how workers respond to strain. When employees are unable to recover from stress or adjust their coping strategies, burnout may develop over time. This is relevant to healthcare virtual assistants because they often manage work independently and must regulate their time, emotions, focus, and work-life boundaries without the immediate structure of a physical workplace.

The updated Job Demands–Resources literature also recognizes that employee well-being is influenced not only by job characteristics but also by personal, family, organizational, and crisis-related factors (Demerouti & Bakker, 2023). This broader view is important in studying Filipino healthcare virtual assistants because their work occurs inside the home, where professional demands may overlap with family roles, household duties, and personal responsibilities.

Work-Related Stress Among Healthcare Virtual Assistants

Work-related stress occurs when job demands exceed the worker's perceived ability or available resources to cope. The World Health Organization identifies excessive workload, long or inflexible hours, lack of control over work, unclear job roles, poor communication, limited support, and unsafe organizational practices as psychosocial risks that may affect mental health at work (World Health Organization, 2024). For Filipino healthcare virtual assistants, these risks may be experienced through heavy task volume, strict deadlines, urgent client requests, unstable internet connection, unfamiliar healthcare platforms, and the pressure to avoid errors in patient-related administrative tasks.

Although healthcare virtual assistants may not provide direct bedside care, their work remains connected to healthcare delivery. Errors in appointment scheduling, documentation, billing, insurance verification, or patient communication may affect healthcare workflow and patient experience. This responsibility may increase mental pressure and performance-related stress. Healthcare virtual assistants may also experience stress from constant digital availability, especially when clients expect immediate responses through email, chat, calls, or healthcare platforms.

In their review of published research, Costin et al. (2023) reported that remote work during the pandemic was associated with professional stress, emotional exhaustion, reduced job satisfaction, and burnout among employees. The study emphasized that remote workers may experience psychological strain when work demands

are high and support systems are weak. This is relevant to healthcare virtual assistants because remote healthcare work requires accuracy, responsiveness, confidentiality, and sustained attention, often while working independently.

Emotional Exhaustion, Anxiety, and Burnout

Emotional exhaustion refers to a state of being mentally and emotionally drained due to prolonged exposure to work demands. Burnout is a related occupational condition that may involve exhaustion, reduced motivation, detachment from work, and decreased professional effectiveness. In remote healthcare virtual assistance, emotional exhaustion may arise from repeated administrative pressure, emotionally demanding communication, client monitoring, night shift work, and limited recovery time.

Recent Job Demands–Resources literature explains that burnout may occur when high demands are not balanced by adequate resources such as support, autonomy, feedback, and opportunities for recovery (Bakker & de Vries, 2021; Bakker et al., 2023). For healthcare virtual assistants, emotional exhaustion may develop gradually when they continue to meet deadlines, respond to client concerns, handle repetitive tasks, and remain digitally connected for long periods without sufficient rest or support.

Anxiety may also occur among healthcare virtual assistants when they worry about performance, client satisfaction, job security, data privacy, unfamiliar medical systems, or possible mistakes in healthcare-related tasks. Since many Filipino healthcare virtual assistants serve international clients, time zone differences and night shift schedules may further affect sleep, mood, and emotional stability. These experiences suggest that the psychological burden of healthcare virtual assistance deserves careful attention, even though the work is performed remotely.

Healthcare worker well-being literature also emphasizes that healthcare-related work can carry psychological risks, especially when workers face sustained pressure and limited resources. Søvdal et al. (2021) stressed the importance of prioritizing healthcare workers' mental health and well-being, especially during demanding work conditions. Although healthcare virtual assistants are not always

classified as direct clinical workers, their work supports healthcare operations and may expose them to similar occupational pressures, particularly in relation to accuracy, responsiveness, confidentiality, and service continuity.

Work-Life Imbalance

Work-life balance refers to the ability to maintain a healthy relationship between professional responsibilities and personal life. Remote work is often viewed as beneficial because it eliminates commuting time and allows workers to remain at home. However, recent literature shows that remote work may also blur the boundaries between work and personal life. When employees work from home, the physical separation between workplace and home is reduced, making it more difficult to disconnect from work (Lyzwinski, 2024; Wells et al., 2023).

For Filipino healthcare virtual assistants, work-life imbalance may be intensified by night shifts, extended working hours, household interruptions, caregiving roles, and the expectation to remain available online. The home becomes both a workplace and a personal space. As a result, healthcare virtual assistants may experience difficulty resting, spending time with family, maintaining sleep schedules, and separating work concerns from personal life.

Figueiredo et al. (2024) reported that teleworking may be associated with mental health concerns when work boundaries are unclear and workers experience overload. This supports the idea that remote work is not automatically protective of well-being. Flexibility becomes beneficial only when it is accompanied by clear schedules, manageable workloads, adequate support, and healthy boundaries. For healthcare virtual assistants, the ability to manage work-life balance may depend on both personal discipline and employer practices.

Social Isolation and Disconnection

Social isolation is one of the most common psychosocial challenges in remote work. In traditional workplaces, employees may interact with colleagues during meetings, breaks, and informal conversations. In contrast, healthcare virtual assistants often work alone and communicate mainly through digital tools. Although online communication allows work to continue, it may not fully replace face-to-face interaction, peer connection, and workplace belonging.

Lyzwinski (2024) found that isolation and loneliness were major setbacks of remote work and that contact with colleagues and managers helped reduce these negative effects. This finding is important for Filipino healthcare virtual assistants because many of them may work independently for foreign clients or agencies without regular peer interaction. Limited social contact may reduce their sense of belonging, professional identity, and emotional support.

Social disconnection may also affect job performance and motivation. When healthcare virtual assistants lack access to immediate feedback or peer consultation, they may feel uncertain about their work. They may also miss informal learning opportunities that normally occur in physical workplaces. Therefore, social and professional support systems are important not only for emotional well-being but also for performance, confidence, and job satisfaction.

Job Satisfaction and Motivation

Job satisfaction refers to the level of contentment and fulfillment that workers experience in relation to their job roles, workload, compensation, work environment, recognition, support, and opportunities for growth. Healthcare virtual assistants may experience job satisfaction because remote work provides convenience, flexible arrangements, income opportunities, and exposure to international healthcare systems. However, satisfaction may decline when they experience excessive workload, poor communication, lack of recognition, unclear expectations, unstable employment, or limited professional growth.

The Job Demands–Resources perspective suggests that job resources support motivation and engagement, while excessive demands may lead to exhaustion and disengagement (Bakker et al., 2023). For healthcare virtual assistants, job satisfaction may depend on the balance between the benefits of remote work and the pressures associated with healthcare-related tasks. Autonomy, supportive supervision, fair workload, reliable digital tools, training, and recognition may increase motivation. Conversely, role ambiguity, isolation, night shifts, and high pressure may reduce satisfaction.

Remote work studies show that job satisfaction is influenced by work-life balance, social connection, leadership, communication, and support (Lyzwinski, 2024; Wells et al., 2023). In this regard, Filipino healthcare virtual assistants' satisfaction may not depend only on salary or flexibility, but also on whether their work conditions allow them to remain mentally healthy, socially connected, professionally competent, and personally balanced.

Coping Mechanisms of Healthcare Virtual Assistants

Coping mechanisms refer to the behavioral, cognitive, emotional, and social strategies used by individuals to manage stress and adapt to challenging work conditions. For Filipino healthcare virtual assistants, coping mechanisms are important because their work requires independence, emotional control, time discipline, technical adaptability, and continuous communication in a remote environment. These coping strategies may include time management, work organization, emotional regulation, stress management, social support, self-care, and continuous learning.

The World Health Organization's guidelines on mental health at work emphasize that mental health support should include organizational interventions, manager training, worker training, individual interventions, return-to-work support, and reasonable accommodations (World Health Organization, 2022). This means that coping should not be understood only as the worker's personal responsibility. Employers, agencies, and healthcare service providers also have a role in creating healthy work systems that reduce psychosocial risks and support worker well-being.

Time Management and Work Organization

Time management is an essential coping mechanism for healthcare virtual assistants because remote work requires self-direction and discipline. Healthcare virtual assistants may need to manage several tasks at once, including patient messages, appointment coordination, billing-related tasks, documentation, and client instructions. Effective time management may involve the use of calendars, task lists, reminders, workflow trackers, prioritization methods, and scheduled breaks.

Work organization helps reduce stress by giving workers a sense of control over their responsibilities. When tasks are organized, deadlines are clearer, and priorities are established, healthcare virtual assistants may feel more capable of managing their workload. However, time management should not be viewed only as an individual burden. If workload is excessive or expectations are unclear, personal time management may not be enough to prevent stress. Employers and clients must also provide realistic deadlines, clear instructions, and reasonable task distribution.

Emotional Regulation and Stress Management

Emotional regulation refers to the ability to manage emotional responses to stressful situations. Healthcare virtual assistants may need to remain calm and professional when dealing with urgent client requests, patient concerns, documentation errors, system problems, or performance feedback. Stress management techniques such as deep breathing, mindfulness, short breaks, prayer, journaling, positive reframing, and relaxation exercises may help reduce emotional strain.

Bakker and de Vries (2021) emphasized that self-regulation is important in preventing job strain from developing into burnout. For healthcare virtual assistants, adaptive self-regulation may involve recognizing signs of fatigue, setting boundaries, seeking assistance, taking recovery breaks, and adjusting work habits before stress becomes overwhelming. Emotional regulation is especially important in remote work because workers may not have immediate access to in-person support.

Social and Professional Support Systems

Social support is a major protective factor against stress, isolation, and burnout. Filipino healthcare virtual assistants may receive support from family members, friends, coworkers, supervisors, online communities, mentors, and professional networks. Supportive communication may reduce loneliness and help workers feel understood, valued, and connected.

Professional support is also important because healthcare virtual assistants often perform specialized tasks related to medical documentation, insurance processes, patient communication, electronic health records, and healthcare privacy requirements. Training, mentoring, peer consultation, regular feedback, and supportive supervision may reduce uncertainty and increase confidence. The WHO and International Labour Organization policy brief emphasizes that governments, employers, and workers' organizations should prevent psychosocial risks, protect mental health, and support workers with mental health concerns (World Health Organization & International Labour Organization, 2022). This supports the need for structured support programs for healthcare virtual assistants.

Self-Care and Wellness Practices

Self-care refers to practices that maintain physical, emotional, and mental well-being. For healthcare virtual assistants, self-care may include adequate sleep, regular meals, hydration, exercise, stretching, eye rest, screen breaks, proper ergonomics, hobbies, prayer, relaxation, and time with family. Since virtual work often involves prolonged sitting and screen exposure, wellness practices are important in preventing fatigue and maintaining productivity.

Self-care also includes setting boundaries between work and personal life. This may involve having a designated workspace, following a work schedule, avoiding unnecessary work after duty hours, and creating routines that signal the beginning and end of work. However, self-care should not replace organizational

responsibility. Workers can practice self-care more effectively when employers provide manageable workload, supportive communication, fair schedules, and respect for rest periods.

Continuous Learning and Skill Development

Continuous learning is both a coping mechanism and a job resource. Healthcare virtual assistants who improve their skills in medical terminology, electronic health records, healthcare documentation, billing, insurance verification, telehealth support, communication, data privacy, and digital tools may become more confident and competent in their roles. Skill development may reduce anxiety because workers feel more prepared to handle complex tasks and adapt to changing client expectations.

In the Philippine IT-BPM sector, upskilling has been emphasized as important for maintaining competitiveness, especially with the rise of artificial intelligence, cybersecurity, data analytics, and other technology-related demands (Morales, 2024). For healthcare virtual assistants, continuous learning may improve job performance, career mobility, employability, and professional identity. It may also strengthen resilience by helping workers feel more capable of managing job demands.

Review-Based and Theoretical Literature

Review-based and theoretical sources provide the broader evidence base for understanding psychosocial well-being in remote work. Systematic and scoping reviews discussed in this chapter, including Wells et al. (2023), Lyzwinski (2024), Figueiredo et al. (2024), Lunde et al. (2022), and Vleeshouwers et al. (2022), collectively indicate that remote work can produce both benefits and psychosocial risks. Across these reviews, recurring concerns include stress, burnout, social isolation, work-family conflict, blurred work-life boundaries, technology-related demands, and difficulty recovering from work. At the same time, flexibility, autonomy, supportive supervision, adequate resources, and opportunities for recovery may protect employee well-being. These findings are consistent with the Job Demands–Resources Theory, which explains that strain becomes more likely when work demands exceed the personal and organizational resources available to workers.

Empirical Related Studies (2021 Onwards)

Among the empirical studies reviewed, Ghislieri, Molino, Dolce, Sanseverino, and Presutti (2021) is one of the most closely related to the occupational context of healthcare virtual assistance because it examined 211 administrative and technical employees of a healthcare organization who were working remotely. The study found that work-family conflict was positively associated with perceived information and communication technology stress, technology-assisted job demands outside regular working hours, and cognitive demands, while recovery was negatively associated with work-family conflict. Although the participants were not healthcare virtual assistants, the combination of healthcare administration, technology-mediated work, cognitive demands, and remote work makes this study a close occupational analogue to HVA work.

Caringal-Go, Teng-Calleja, Bertulfo, and Manaois (2022) provide important Philippine qualitative evidence. Using qualitative data from 112 telecommuting employees in the Philippines and deductive thematic analysis, they identified physical, cognitive, and relational work-life balance crafting strategies. These included managing time, tasks, and workspace; practicing health-related self-care; accepting some fluidity between work, rest, and leisure; spending time with family; and maintaining virtual connection with coworkers. The study is highly relevant to the present research because it demonstrates how Filipino remote workers actively construct coping strategies. However, its participants came from telecommuting work generally and were not specifically Filipino healthcare virtual assistants.

Seva, Tejero, and Fadrilan-Camacho (2021) examined 352 employees working from home in the Philippines and investigated working conditions, stress, psychological detachment, productivity, and musculoskeletal symptoms. Their results showed that psychological detachment was associated with lower stress, while stress negatively affected productivity. Workstation suitability was also associated with better work outcomes. This study strengthens the present research by showing that recovery and the ability to mentally disengage from work are relevant to Filipino home-based workers. Nevertheless, because participants represented

different industries, the study does not explain how healthcare-specific responsibilities influence these experiences.

Sengupta and Al-Khalifa (2022) conducted a qualitative narrative study of millennial workers experiencing pandemic-imposed remote work. Their findings described work-life integration through managerial, work-related, logistical, and psychological issues and emphasized the role of organizational leadership in shaping remote-work experiences. This study supports the present research by demonstrating that remote-work experiences cannot be understood only as individual psychological responses; organizational expectations, leadership, communication, and work design also shape how workers cope. Its limitation for the present inquiry is that it involved a broader remote-working population rather than healthcare virtual assistants or Filipino workers.

Sims et al. (2022) conducted a qualitative descriptive study involving 12 frontline healthcare workers serving primarily underserved populations in outpatient settings. The study identified four major themes: stressors and burnout, coping strategies, organizational support, and recommendations. Participants described workplace and home-related stressors, difficulties adapting to changing responsibilities, and concerns that organizational support did not always meet workers' needs. Although the participants were frontline healthcare workers rather than healthcare virtual assistants, this study is relevant because it provides empirical qualitative evidence from a healthcare context showing how work demands, coping, and organizational support interact. Its different clinical and national setting also reinforces the need to examine Filipino HVAs as a distinct occupational group.

Taken together, the empirical studies provided complementary levels of evidence for the present study. Ghislieri et al. (2021) offered the closest healthcare-administrative and remote-work context; Caringal-Go et al. (2022) and Seva et al. (2021) provided the closest Philippine remote-work context; Sengupta and Al-Khalifa (2022) contributed qualitative evidence on how remote workers interpreted work-life integration and organizational demands; and Sims et al. (2022) provided qualitative healthcare evidence on stress, coping, and organizational support. None of these verified empirical studies, however, directly examined the lived psychosocial experiences and coping mechanisms of Filipino healthcare virtual assistants as a distinct occupational group. Their relevance therefore lay in providing closely related evidence while simultaneously demonstrating the need for a population-specific qualitative inquiry.

Research Gap: Context and What Remains Unknown

Existing literature provides an important context for the present study. Research has documented the psychosocial consequences of remote and telework arrangements, including stress, emotional exhaustion, burnout, work-family conflict, social isolation, difficulty psychologically detaching from work, and blurred work-life boundaries. Philippine studies have examined telecommuting, work-life balance, productivity, psychological detachment, and coping among workers, while healthcare-related studies have described burnout, technology-related demands, organizational support, and coping among healthcare personnel and administrative workers. Together, these studies establish that remote work can involve both resources and psychosocial risks, depending on job demands, work organization, family circumstances, and organizational support.

However, the specific occupational context of Filipino healthcare virtual assistants remains insufficiently understood. HVAs occupy a distinct position between the healthcare and remote-work sectors: they provide healthcare-related administrative, communication, documentation, insurance, referral, billing, and coordination support through digital systems, often for healthcare providers or organizations located outside the Philippines. Their work may involve nonstandard schedules, continuous screen-based interaction, accuracy and confidentiality requirements, patient- or provider-related communication, performance expectations, and limited face-to-face contact with coworkers. Findings from general teleworkers, conventional business-process outsourcing employees, or bedside healthcare workers therefore cannot automatically be assumed to represent Filipino HVAs.

The central gap was limited qualitative evidence explaining how Filipino healthcare virtual assistants experienced, interpreted, and coped with the combined demands of remote digital work and healthcare-related responsibilities. Specifically, it remained insufficiently understood which psychosocial experiences participants considered most significant, how they described coping in everyday practice, and what personal, professional, organizational, or psychosocial support they perceived as needed. It was also unclear how differences in assigned healthcare functions and employment arrangements shaped individual accounts and perceived support needs. The present phenomenological study addressed the gap in lived psychosocial experience through narratives from Filipino healthcare virtual assistants and used the findings as a basis for proposed support strategies. It described variation in reported duties and experiences, but did not establish differences between employment arrangements.

Synthesis

The reviewed literature and empirical studies converge on the conclusion that remote work can generate both resources and demands. Across the studies, flexibility, autonomy, reduced commuting, supportive supervision, and opportunities for recovery may benefit workers, whereas high workload, technology-related demands, continuous availability, social isolation, and blurred work-life boundaries may contribute to stress and poorer psychosocial well-being. This pattern is consistent with the Job Demands–Resources Theory: the effects of remote work depend not simply on working from home, but on the balance between occupational demands and the resources available to manage them.

The studies also showed important similarities in coping and protective factors. Carinal-Go et al. (2022) found that Filipino telecommuters used time, task, and workspace management, self-care, family interaction, and virtual coworker connection to maintain work-life balance. Seva et al. (2021) similarly demonstrated the importance of psychological detachment in reducing stress among Philippine employees working from home. Ghislieri et al. (2021) found that recovery mitigated work-family conflict among remote administrative and technical healthcare staff. Although the studies used different populations and methods, they consistently indicated that recovery, boundary management, social connection, and organizational support were important resources in remote work.

In contrast, the reviewed studies differ substantially in occupational population and context. Philippine studies provide culturally relevant evidence on

telecommuting and coping but generally include workers from multiple industries rather than healthcare virtual assistants. Ghislieri et al. (2021) provides a closer healthcare context because the participants were administrative and technical healthcare employees, yet they were employees of a healthcare organization rather than HVAs working across agency-based, directly hired, or independent arrangements. Sims et al. (2022) provides healthcare-specific qualitative evidence, but its participants were frontline healthcare workers rather than HVAs. International qualitative research such as Sengupta and Al-Khalifa (2022) provides detailed accounts of work-life integration and organizational issues but reflects a different national and occupational setting. Systematic and scoping reviews offer broad evidence across populations, but their findings cannot by themselves establish how a specific occupational group experiences the phenomenon.

These similarities and differences are important because healthcare virtual assistance combines conditions that are often examined separately in previous research: remote home-based work, healthcare-related administrative responsibilities, digital communication, confidentiality and accuracy requirements, patient or provider interaction, and potentially nonstandard or international work schedules. Filipino HVAs may also work through agencies, be directly hired by healthcare clients, or operate as self-employed or independent workers. These arrangements may differ in supervision, training, workload control, client relationships, job security, benefits, and access to organizational support. Consequently, findings from general teleworkers or conventional healthcare personnel cannot automatically be assumed to represent Filipino HVAs.

Overall, the literature established that remote work could affect psychosocial well-being, that coping and recovery resources mattered, and that healthcare-related administrative work could involve technology, cognitive demands, and work-family pressures. What remained insufficiently known was how Filipino healthcare virtual assistants experienced and interpreted these combined conditions in everyday work and what support they

perceived as necessary. The present phenomenological study addressed this population-specific qualitative gap by examining the lived experiences of eight Filipino HVAs and generating context-specific evidence to inform proposed psychosocial support strategies.

METHODS

Research Design

The study employed a qualitative descriptive phenomenological research design to explore and describe the lived psychosocial experiences and coping mechanisms of Filipino healthcare virtual assistants. A qualitative approach was appropriate because the inquiry sought detailed first-person accounts of how participants experienced, interpreted, and responded to remote healthcare work rather than numerical measurement, hypothesis testing, or estimation of relationships among variables. Descriptive phenomenology was selected because the primary concern was the lived experience of the phenomenon and the meanings shared across participants' accounts. The study did not seek to develop a formal theory, describe a culture, or statistically determine the prevalence of psychosocial outcomes. Instead, it sought to describe essential meanings and common features of participants' experiences while preserving meaningful individual and contextual variation (Creswell & Creswell, 2022; Creswell & Poth, 2023).

The phenomenon of interest was the experience of working as a Filipino healthcare virtual assistant within a remote healthcare context, particularly in relation to occupational demands, psychosocial experiences, coping, recovery, social connection, work-life boundaries, motivation, and available support. The JD-R Theory served as a sensitizing and interpretive lens rather than as a predetermined coding framework. Meanings and themes were developed from the interview accounts through a Colaizzi-guided descriptive phenomenological process and were subsequently interpreted in relation to JD-R concepts.

The descriptive phenomenological design was implemented through individual semi-structured interviews conducted remotely via Zoom or Google Meet. This format allowed geographically dispersed and busy remote workers to participate without travel while permitting real-time clarification, follow-up questions, and probing of meanings. With participant consent, the interviews were audio-recorded and transcribed for analysis. Throughout analysis, the researcher engaged in reflexive bracketing by identifying possible assumptions, repeatedly returning interpretations to the original interview accounts, and avoiding explanations that could not be supported by participants' descriptions. Bracketing was treated as an ongoing effort to manage the influence of assumptions rather than as a claim that the researcher became completely free of prior knowledge or perspective.

Research Locale

The study was conducted in a virtual research setting involving Filipino healthcare virtual assistants engaged in remote or home-based healthcare-related work. Since the participants worked through digital platforms and may have been geographically dispersed, the study was not limited to a specific physical location. Data were collected through individual semi-structured interviews conducted via Zoom or Google Meet at mutually convenient schedules. Thus, the research locale was defined as the participants' virtual and home-based healthcare work environment, which provided the appropriate context for exploring their psychosocial experiences and coping mechanisms.

Participants and Sampling Technique

The participants were 8 Filipino healthcare virtual assistants who were engaged in remote or home-based healthcare-related work. Purposive sampling was used because the study required individuals with direct experience of the phenomenon. Referral or snowball recruitment was used when necessary to identify additional qualified participants within professional and virtual-assistant networks. The inclusion criteria required participants to be Filipino, at least 18 years old, currently engaged in remote healthcare virtual-assistant work, have at least six months of HVA experience, perform substantive healthcare-related virtual functions, and

voluntarily agree to participate and to audio recording. Healthcare-related functions included medical documentation, EHR/EMR support, patient scheduling or communication, insurance verification, prior authorization, billing support, prescription assistance, care coordination, and related administrative or coordination activities. One participant with a mixed healthcare-and-digital-support role was retained because the current work included substantive healthcare documentation for physicians and healthcare-related communication. The additional digital responsibilities were treated as contextual variation rather than evidence that all participants performed identical HVA functions.

The study excluded non-healthcare virtual assistants, individuals whose work was exclusively face-to-face, those with less than six months of HVA experience, and individuals who did not voluntarily consent. The final 8 completed interviews represented participants aged 29 to 38 years. Among participants who reported an exact duration, HVA experience ranged from 1 to 6 years; one participant reported the duration as “Over 4 years.”

Data adequacy was assessed concurrently with analysis through repeated comparison of the eight interview transcripts. The researcher used a meaning-recurrence matrix to determine whether major meanings and theme clusters continued to appear across participant accounts and whether subsequent interviews introduced substantially different psychosocial experiences, coping practices, or support needs. Later interviews primarily reinforced the developing thematic structure, while divergent accounts were retained when they added contextual variation. The study therefore does not claim a formally documented point of saturation. Rather, the adequacy of the data was supported by the information richness of the participants' accounts, recurrence of key meanings across the transcripts, and retention of meaningful variation within the final thematic structure.

Research Instrument

The primary research instrument was a researcher-made semi-structured interview guide. The guide was developed from the statement of the problem, the scope of the study, the reviewed literature, and the Job Demands–Resources perspective, which served as a sensitizing lens rather than a predetermined coding framework. It used a common set of major open-ended questions and supporting probes so that each participant addressed comparable areas while retaining freedom to describe personal experiences in his or her own words. Before formal data collection, the interview guide was reviewed for clarity, relevance, sequencing, and alignment with the research questions and conceptual framework, and its wording and organization were refined before use in the study interviews.

Prior to the substantive interview, informed consent was completed electronically through Google Forms. Participant background information included a participant code, age, length of HVA experience, current work schedule or shift, and main healthcare-related tasks. These items provided contextual information for interpreting the interview narratives.

The second part contained 10 major open-ended questions with supporting prompts. These explored: the participant's usual HVA work and workday; challenging demands and situations; emotional and psychological effects; relationships and social connection; management of work and personal life; job satisfaction, motivation, and performance; coping with stress and difficulty; workplace resources and support; suggested programs or workplace changes; and the participant's overall reflection on the psychosocial experience of Filipino HVAs. The supporting prompts asked for concrete examples, perceived effects, coping practices, and support needs without requiring the disclosure of identifiable patient or client information.

Individual online interviews were selected because the target participants were remote workers with varied schedules and possible geographic dispersion. Zoom and Google Meet provided accessible synchronous platforms that allowed participants to join from a convenient location while enabling the researcher to ask real-time follow-up questions, clarify responses, and probe significant experiences. The semi-structured format balanced consistency across participants with sufficient flexibility to explore meanings that emerged during each interview.

Data Gathering

After formal ethics approval and the required institutional and academic clearances had been secured, recruitment was undertaken among qualified Filipino healthcare virtual assistants. Prospective participants received the study information and a Google Forms link containing the informed-consent statement. The consent information described the purpose and procedures of the study, the voluntary nature of participation, confidentiality safeguards, possible discomforts, and the use of audio recording. Only individuals who voluntarily indicated consent to participate and to the audio recording proceeded to the interview.

Individual semi-structured interviews were then conducted remotely through Zoom or Google Meet at a mutually convenient time. Each interview lasted approximately 20–30 minutes. The researcher used the semi-structured interview guide while asking follow-up and probing questions when clarification or elaboration was necessary. The supporting probes were used selectively according to each participant's responses; therefore, not every probe was asked in every interview. With participant consent, the interviews were audio-recorded to support accurate transcription and analysis. Participants were reminded not to disclose patient-identifying information, protected health information, confidential medical records, passwords, or identifiable information about healthcare clients or employers.

Eight completed and eligible interviews were included in the final data set. The participants were assigned the de-identified codes HVA-01 through HVA-08 for analysis and reporting. The audio-recorded interviews were transcribed into written interview transcripts for analysis. Identifying details about clients, employers, clinics, or other persons were removed or generalized when necessary, and the de-identified transcripts and analytic files were organized in password-protected digital storage. Before coding and analysis, the researcher reviewed each transcript against its corresponding audio recording and corrected any transcription discrepancies to verify accuracy and preserve the participants' intended meaning.

Data Analysis

The interview transcripts were analyzed through a Colaizzi-guided descriptive phenomenological procedure. Colaizzi's approach was appropriate because it provides a systematic movement from participants' descriptions to significant statements, formulated meanings, thematic clusters, an exhaustive description, and the fundamental structure of the phenomenon. The reported analysis followed the descriptive stages of Colaizzi's procedure, with the qualification concerning participant validation stated below, and drew on later methodological discussion of Colaizzi-based analysis in nursing research (Colaizzi, 1978; Vignato et al., 2022).

First, the researcher read each of the 8 complete interview transcripts several times to become familiar with the participant's overall account. Reflexive notes were used to identify assumptions and to keep the analysis grounded in what the participants had expressed during the interviews.

Second, significant statements directly related to work demands, psychosocial effects, work-life boundaries, social connection, job satisfaction and motivation, coping, support, and intervention needs were extracted. Each statement remained traceable to its de-identified participant code and source prompt.

Third, formulated meanings were developed from the significant statements. The meanings summarized the psychosocial significance of each statement without changing the participant's intended experience or introducing unsupported explanations. The researcher repeatedly compared each formulated meaning with the original interview transcript to preserve fidelity.

Fourth, related formulated meanings were grouped into theme clusters and broader themes. Recurring patterns were identified across participants while contradictory, divergent, or individualized experiences were retained when they contributed to a more complete understanding of the phenomenon. A participant-by-theme recurrence matrix was used to examine the breadth of emerging patterns across the eight accounts.

At this stage, the Job Demands–Resources Theory was not used to impose predetermined categories on the data. Theme clusters and broader themes were developed from the participants' significant statements and formulated meanings, and the JD-R Theory was used later as an interpretive lens when discussing the findings.

Fifth, the themes were integrated into an exhaustive description of how Filipino healthcare virtual assistants experienced remote work demands, psychosocial effects, coping, and support. Sixth, the exhaustive

description was condensed into a fundamental structure that expressed the essential relationship between job demands and the personal, social, and organizational resources available to the participants.

The reported procedure does not include a documented post-analysis participant-validation round. Accordingly, the study uses the term Colaizzi-guided and does not claim complete implementation of every traditional step or participant endorsement of the final thematic synthesis. Repeated comparison with the original transcripts, transcript verification against recordings, traceability of statements and meanings, verbatim excerpts, reflexive analysis, and retention of divergent accounts supported consistency with the source accounts. These researcher checks are distinct from returning the developed description or fundamental structure to participants for validation.

Ethical Consideration

The study observed ethical principles throughout the research process. Formal ethics approval and the required institutional and academic clearances were secured before participant recruitment and data collection. Participation was voluntary, and informed consent was completed electronically through Google Forms before the interview. Participants were informed of the purpose and procedures of the study, the voluntary nature of participation, the use of audio recording, the use of interview data for research, and the confidentiality measures applied to the data. Only individuals who voluntarily consented proceeded to the interview and audio recording.

Confidentiality and participant de-identification were maintained. Participants were identified in the thesis as HVA-01 through HVA-08 rather than by name. Patient names, protected health information, confidential medical records, passwords, and identifiable client or employer information were not required for the study and were not included in the reporting of findings. Any identifying details that arose during an interview were removed or generalized during transcription and reporting.

The questions addressed potentially sensitive experiences such as stress, emotional fatigue, isolation, and work-life difficulty. The study did not provide clinical diagnosis, counseling, or psychological treatment, and the findings were interpreted as self-reported psychosocial experiences rather than as evidence of a mental-health disorder. Participants' dignity and autonomy were respected throughout the process.

The audio recordings, interview transcripts, consent information, and analytic files were kept in password-protected digital storage accessible only to the researcher and authorized academic personnel. The data were used solely for the study and were to be retained or destroyed in accordance with institutional requirements.

RESULTS AND DISCUSSION

The study explored the lived psychosocial experiences and coping mechanisms of eight Filipino healthcare virtual assistants (HVAs) aged 29 to 38 years, with at least one year of experience. Their work included medical documentation, EHR/EMR support, scheduling, patient communication, insurance verification, prior authorization, billing, prescription assistance, and care coordination.

Five major themes emerged from the findings: Accuracy Under Pressure; Flexibility, Boundaries, and Disconnection; Strain, Growth, and Meaning; Structured Coping and Recovery; and Resources and Support Shape Well-Being.

Accuracy Under Pressure reflected the participants' responsibility to manage multiple urgent and changing tasks while maintaining accuracy, confidentiality, and timeliness. Healthcare-related responsibilities created greater cognitive and emotional pressure because errors could have consequences for patients, healthcare providers, and healthcare processes.

Flexibility, Boundaries, and Disconnection showed both the advantages and challenges of remote work. Participants appreciated greater flexibility, reduced commuting, independence, and more access to family. However, working from home sometimes blurred work-life boundaries, interfered with rest and sleep, and reduced face-to-face social interaction. The experience of isolation varied among participants, as some valued the independence and solitude of remote work.

Strain, Growth, and Meaning demonstrated that remote healthcare work could produce stress, mental fatigue, emotional exhaustion, and feelings of being overwhelmed, particularly during demanding periods. At the same time, successfully managing complex responsibilities strengthened participants' confidence, resilience, job satisfaction, and sense of purpose. Thus, the experience was not purely negative but involved both occupational strain and professional growth.

Structured Coping and Recovery described how participants managed these demands through task prioritization, organization, breaks, adequate rest and sleep, family time, setting work-life boundaries, and seeking help when necessary. These strategies helped participants regain control and recover from work-related pressures. However, the findings also indicated that personal coping strategies had limitations when workloads remained consistently excessive.

Lastly, **Resources and Support Shape Well-Being** emphasized the importance of organizational and social resources. Participants identified clear communication, adequate training, reliable systems, supportive clients or supervisors, manageable workloads, regular check-ins, peer connection, wellness resources, healthy boundaries, and recognition as important forms of support. However, support needs differed among participants, suggesting that workplace interventions should remain flexible and responsive to individual preferences.

Overall, the results supported the **Job Demands–Resources Theory**, showing that the psychosocial well-being of Filipino HVAs was influenced by the balance between demanding healthcare responsibilities and the personal, social, and organizational resources available to manage them. The central experience involved continuously maintaining **accuracy, control, meaningful work performance, and personal well-being** while navigating the demands of remote healthcare work.

In short: Filipino HVAs experienced remote healthcare work as **demanding but meaningful**. Flexibility and professional growth were important benefits, while workload, urgency, blurred boundaries, fatigue, and disconnection were important challenges. Effective coping depended not only on individual resilience but also on adequate workplace support, communication, manageable workloads, reliable systems, and opportunities for recovery.

CONCLUSION

The essence of the phenomenon was the continuing effort of Filipino healthcare virtual assistants to preserve accuracy, control, meaningful performance, and personal well-being while working at the intersection of healthcare responsibility and remote digital work. Their experience was shaped not simply by working from home, but by the balance between high-consequence job demands and the resources available to meet those demands.

The co-participants experienced HVA work as high-responsibility healthcare support rather than as simple remote administrative work. Accuracy, confidentiality, responsiveness, and the possible consequences of errors gave routine digital tasks a greater cognitive and emotional weight. Pressure intensified when workload, urgency, changing priorities, and nontraditional schedules converged without sufficient recovery or clarification.

At the same time, remote work had a dual and individualized psychosocial character. Flexibility, family access, autonomy, and solitude could function as resources, while the same work arrangement could also create blurred boundaries, social distance, or difficulty disconnecting. The divergent experiences showed that remote work could not be assumed to be inherently isolating or inherently beneficial; its meaning depended on the co-participant's preferences, schedule, work context, and available support.

The phenomenon also involved the coexistence of strain and growth. Stress and fatigue did not automatically remove job satisfaction, purpose, or confidence. Participants described organizing demands, recovering, receiving support, and recognizing the value of their work as meaningful in managing challenging experiences and sustaining resilience, adaptability, competence, and professional meaning.

Overall, the findings were consistent with the Job Demands-Resources Theory. JD-R provided a useful interpretive lens for understanding how participants described the interaction between demanding work conditions and the resources available to them. The study did not test causal relationships predicted by the theory; rather, it used JD-R to interpret participant-grounded themes developed through phenomenological analysis.

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