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Occupational Stress and Coping Strategies Among Barangay Health Workers in Rural Philippines: Implications for Sustainable Community Health Workforce Support

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***Abstract*—** Barangay Health Workers (BHWs) serve as essential frontline providers who support primary healthcare delivery in rural communities. However, increasing responsibilities, limited resources, and challenging working conditions may expose BHWs to occupational stress that affects their well-being and sustainability as community health workers. This study examined occupational stress and coping strategies among BHWs in rural Philippines and identified implications for sustainable community health workforce support. Using a quantitative descriptive-correlational research design, the study involved 100 BHWs in Lagonoy, Camarines Sur, Philippines. Data were collected through a researcher-developed survey questionnaire assessing demographic characteristics, occupational stressors, coping strategies, and preferred interventions. Findings revealed that workload, resource limitations, and safety concerns were experienced as occasional sources of stress, while political pressure was less frequently encountered. Years of service were significantly associated with workload and political pressure, while barangay type was significantly related to resource concerns. Despite workplace challenges, BHWs frequently used coping strategies such as spiritual activities, rest, task organization, and social support. Respondents identified training opportunities, improved compensation, timely allowances, adequate supplies, and supportive supervision as key interventions needed to strengthen workforce sustainability. The study highlights the importance of comprehensive institutional support systems to protect BHW well-being and enhance the effectiveness of rural community healthcare delivery.

***Keywords*—** Barangay Health Workers; occupational stress; coping strategies; community health workforce; rural healthcare sustainability.

I. INTRODUCTION

Barangay Health Workers (BHWs) are essential members of the primary healthcare system, particularly in rural and underserved communities where access to formal healthcare services remains limited. As frontline community health providers, BHWs serve as a critical link between healthcare institutions and local populations by assisting in health assessments, patient referrals, vaccination activities, disease prevention programs, health education, and community health monitoring. Their close relationship with community members allows them to identify health concerns early and support the delivery of essential healthcare services at the grassroots level. Despite their significant contribution to healthcare accessibility, BHWs frequently perform demanding responsibilities under conditions characterized by limited resources, extensive workloads, and insufficient institutional support, which may expose them to occupational stress and affect their overall well-being.

Occupational stress among healthcare workers has become an important global concern because of its implications for worker health, service quality, and healthcare system sustainability. The World Health Organization (WHO) emphasizes that a healthy and adequately supported health workforce is necessary to achieve universal health coverage and maintain quality healthcare delivery. Prolonged exposure to work-related stress may contribute to emotional exhaustion, reduced job satisfaction, decreased productivity, and increased risk of burnout among healthcare workers. When healthcare providers experience persistent stress without adequate organizational support, their ability

to maintain effective service delivery may be compromised, ultimately affecting both workers and the communities they serve (World Health Organization, 2020). The United Nations has similarly highlighted the importance of developing and retaining a stable healthcare workforce as part of sustainable development efforts, particularly through Sustainable Development Goal 3, which emphasizes the need to strengthen health systems and improve health outcomes globally (United Nations, 2015).

Community health workers worldwide experience various occupational challenges because of the broad scope of their responsibilities. They are often expected to perform multiple roles, including health promotion, disease prevention, community education, and healthcare coordination, while working with limited financial and material support. LeBan et al. (2021) emphasized that community health workers frequently operate at the intersection between health systems and communities, making their roles essential but also demanding. The complexity of their responsibilities may create a mismatch between job expectations and available support, increasing vulnerability to occupational stress. Similarly, Mallari et al. (2020) found that Filipino community health workers demonstrate strong commitment and motivation to serve their communities; however, they also encounter challenges related to workload, inadequate resources, and limited recognition of their contributions.

In the Philippine context, Barangay Health Workers are formally recognized through Republic Act No. 7883, which acknowledges their role in delivering community-based healthcare services and provides mechanisms for incentives, training, and benefits. However, despite this recognition, challenges remain in the consistent implementation of these provisions. Some BHWs continue to experience concerns related to limited financial support, delayed benefits, insufficient training opportunities, and inadequate resources required for effective service delivery. These gaps between policy recognition and actual working conditions may contribute to occupational stress and influence BHW motivation, satisfaction, and long-term commitment to community healthcare work.

The occupational stress experienced by BHWs can be understood through established theoretical perspectives, particularly the Job Demand-Control-Support (JDCS) Model and the Effort-Reward Imbalance (ERI) Theory. The JDCS Model proposes that stress develops when high job demands are combined with limited control and insufficient workplace support. For BHWs, high demands may include managing multiple health programs, responding to community needs, and covering assigned households, while limited resources and supervision may reduce their ability to manage these responsibilities effectively. Meanwhile, the ERI Theory explains that stress may occur when the effort invested by workers is not matched by adequate rewards, such as compensation, recognition, job security, and organizational support. These theories provide a useful framework for understanding how workplace conditions influence the experiences and well-being of BHWs.

Previous studies have identified several factors contributing to occupational stress among healthcare workers. Workload, inadequate resources, emotional burden, and insufficient organizational support have been consistently associated with psychological distress and reduced workplace satisfaction. Benfante et al. (2020) reported that healthcare workers exposed to stressful and demanding environments may experience significant emotional and psychological challenges. Chen et al. (2021) further demonstrated that effort-reward imbalance among community health workers is associated with poorer occupational well-being, highlighting the importance of adequate recognition and support. Similarly, Kumar et al. (2024) emphasized that burnout, motivation, and job satisfaction among community health workers are influenced by workplace conditions, organizational support, and available resources.

Despite these challenges, community health workers develop various coping strategies to manage occupational stress and maintain their commitment to healthcare service. Coping strategies such as seeking social support, engaging in relaxation activities, practicing spirituality, organizing tasks, and receiving guidance from supervisors may help workers manage

workplace pressures. Babore et al. (2020) identified adaptive coping strategies and social support as important protective factors among healthcare professionals experiencing stress. Lewis et al. (2022) also emphasized the importance of self-care practices and supportive relationships in promoting psychological well-being among frontline health workers. However, while individual coping strategies may help workers manage stress, sustainable workforce support requires organizational interventions that address the underlying causes of occupational stress.

Although existing studies have explored healthcare worker stress, limited research has examined the specific occupational stress experiences, coping strategies, and support needs of Barangay Health Workers in rural Philippine communities. Much of the existing literature focuses on nurses, physicians, or healthcare workers in institutional settings, while the experiences of community-based frontline workers remain less explored. In Lagonoy, Camarines Sur, BHWs provide essential healthcare services across diverse communities, including coastal and rural areas, yet their workplace challenges and coping mechanisms require further investigation. Understanding their occupational stressors, the relationship between demographic characteristics and stress experiences, and the interventions they consider necessary is important for developing sustainable strategies to support community healthcare delivery.

Therefore, this study aimed to examine occupational stress and coping strategies among Barangay Health Workers in rural Philippines and determine their implications for sustainable community health workforce support. Specifically, the study sought to describe the demographic characteristics of BHWs in terms of educational attainment, years of service, barangay assignment, household coverage, working schedule, and honorarium received; determine the major occupational stressors experienced by BHWs in relation to workload, resources, safety concerns, and political pressure; examine the relationship between selected demographic characteristics and occupational stressors; and identify coping strategies and support needs that may contribute to sustainable community health workforce development.

II. METHODOLOGY

This study employed a quantitative descriptive-correlational research design to examine occupational stress and coping strategies among Barangay Health Workers (BHWs) in rural Philippines. The descriptive approach was utilized to determine the demographic characteristics of respondents, identify the major occupational stressors experienced by BHWs, and describe their coping strategies and preferred support interventions. Meanwhile, the correlational component was applied to examine the relationship between selected demographic characteristics and occupational stress dimensions, including workload, resources, safety concerns, and political pressure. The study involved 100 Barangay Health Workers who were responsible for providing primary healthcare services, health education, and preventive health activities within their assigned communities in Lagonoy, Camarines Sur, Philippines.

Data were gathered using a researcher-developed survey questionnaire designed to address the objectives of the study. The instrument consisted of sections measuring respondents' demographic characteristics, occupational stressors, coping mechanisms, and preferred interventions to improve their work conditions and overall well-being. The occupational stress component focused on four major dimensions: workload, resource availability, safety concerns, and political pressure. The coping section assessed personal, social, and work-related strategies used by BHWs in managing occupational stress. The reliability of the research instrument was established through Cronbach's alpha, which produced a coefficient of 0.85, indicating high internal consistency. Prior to data collection, formal permission was secured from the appropriate local authorities, including the Mayor's Office and Municipal Health Office. Coordination with BHW supervisors was conducted to facilitate the distribution and retrieval of questionnaires while ensuring completeness and accuracy of the collected data.

The collected data were organized, tabulated, and analyzed using appropriate statistical procedures. Frequency and percentage were used to describe the demographic profile of respondents, while weighted mean was applied to determine the level of occupational stress, coping strategies, and preferred interventions. Spearman's correlation analysis was conducted to identify significant relationships between selected demographic characteristics and occupational stressors among BHWs. Ethical principles of respect for persons, beneficence, and justice guided the entire research process. Participation was voluntary, and respondents were informed about the purpose, procedures, and scope of the study. Confidentiality and anonymity were maintained by avoiding the collection of personally identifiable information, and participants were given the right to withdraw from the study at any stage without consequences.

III. RESULTS

Demographic characteristics of Barangay Health Workers in rural Philippines

Table 1 presents the demographic characteristics of Barangay Health Workers (BHWs) who participated in the study. The findings showed that the majority of respondents were high school graduates (54%), followed by those with more than 11 years of service as BHWs (29%). Most respondents were assigned in coastal barangays (42%), managed 61–90 households (33%), worked six days per week (99%), and received a monthly honorarium of ₱1,105 and above (55%). These findings indicate that BHWs in the study represent an experienced and committed workforce that plays a significant role in sustaining primary healthcare services within rural communities.

Table 1. *Demographic characteristics of Barangay Health Workers in rural Philippines*

Demographic Characteristics	Frequency	Percentage (%)
Educational Attainment		
Elementary Graduate	11	11
High School Level	13	13
High School Graduate	54	54
College Undergraduate	9	9
College Graduate	9	9
Vocational	4	4
Years as Barangay Health Worker		
Less than 1 year	10	10
1–3 years	28	28
4–6 years	20	20
7–10 years	13	13
More than 11 years	29	29
Barangay Assignment		
Coastal	42	42
Upland	30	30
Poblacion	28	28
Number of Households Covered		
1–30 households	2	2
31–60 households	25	25
61–90 households	33	33
91–120 households	18	18
121–150 households	11	11
151 households and above	11	11
Working Days per Week		

1 day	25	25
2 days	13	13
3 days	34	34
4 days	7	7
5 days	20	20
6 days	99	99
7 days	1	1
Monthly Honorarium Received		
₱350–₱500	5	5
₱501–₱651	1	1
₱652–₱802	13	13
₱803–₱953	0	0
₱954–₱1,104	26	26
₱1,105 and above	55	55

The high proportion of experienced BHWs suggests strong community commitment and long-term involvement in healthcare delivery. Their extended years of service demonstrate that BHWs continue to provide essential services despite challenges associated with community-based healthcare work. However, the finding that almost all respondents reported working six days per week highlights possible concerns regarding workload sustainability and the need to ensure adequate institutional support for long-term workforce retention.

The findings are consistent with Mallari et al. (2020), who emphasized that Filipino community health workers serve as important links between healthcare systems and local communities while often managing multiple responsibilities. Similarly, LeBan et al. (2021) noted that community health workers globally contribute significantly to primary healthcare but may experience occupational challenges when workload demands exceed available organizational support. Therefore, strengthening workforce development programs, continuous training, and appropriate compensation mechanisms is necessary to sustain BHW participation in rural healthcare delivery.

Major occupational stressors experienced by Barangay Health Workers

Table 2 presents the major occupational stress dimensions experienced by BHWs, including workload, resources, safety concerns, and political pressure. Results showed that workload (WM = 2.79), resources (WM = 3.04), and safety concerns (WM = 2.97) were experienced "Sometimes," while political pressure (WM = 2.37) was experienced "Rarely."

These findings indicate that BHWs experience occupational stress primarily from operational and workplace-related challenges rather than political influences.

Table 2. *Occupational stressors experienced by Barangay Health Workers*

Occupational Stress Dimension	Weighted Mean	Interpretation
Workload	2.79	Sometimes
Resources	3.04	Sometimes
Safety Concerns	2.97	Sometimes
Political Pressure	2.37	Rarely

The results suggest that the stress experienced by BHWs is closely related to the demands and conditions of their work environment. Limited resources, demanding responsibilities, and exposure to challenging community situations may influence their physical and emotional well-being. These findings reflect the principles of the Job Demand-Control-Support (JDCS) Model, which explains that

occupational stress increases when job demands are high and adequate support systems are insufficient.

The findings support previous studies showing that healthcare workers experience stress due to excessive responsibilities, inadequate resources, and limited institutional support. LeBan et al. (2021) highlighted that community health workers often perform multiple healthcare functions that may increase occupational demands. Similarly, Chen et al. (2021) emphasized that imbalance between effort and available rewards contributes to reduced occupational well-being among community health workers.

Table 3 presents workload-related stressors experienced by BHWs.

The overall weighted mean of 2.79 indicated that workload concerns were experienced "Sometimes." The highest-rated workload concern was handling more households than could be visited within the scheduled period (WM = 3.43), interpreted as "Often." Other concerns included feeling rushed during household visits (WM = 3.10), working beyond regular hours (WM = 3.02), and managing large coverage areas (WM = 2.87).

Table 3. *Workload-Related Stressors*

Indicator	Weighted Mean	Interpretation
Handling more households than can be visited on schedule	3.43	Often
Feeling rushed during household visits	3.10	Sometimes
Difficulty completing reports on time	2.62	Sometimes
Assigned tasks beyond BHW role	2.59	Rarely
Difficulty managing multiple health programs	2.67	Sometimes
Unexpected tasks interrupting work plans	2.59	Rarely
Limited time for fieldwork and documentation	2.60	Sometimes
Expected to work beyond regular hours	3.02	Sometimes
Coverage area too large to manage	2.87	Sometimes
Last-minute instructions increasing workload	2.89	Sometimes
Overall Mean	2.79	Sometimes

These findings indicate that workload stress among BHWs is primarily associated with the volume of responsibilities rather than unclear job expectations. Although respondents rarely experienced tasks beyond their official roles, the number of households served and the need to balance field activities with documentation requirements may create time pressure. This suggests that workload management and equitable distribution of assigned households are important considerations for improving BHW working conditions.

The findings support LeBan et al. (2021), who reported that community health workers frequently manage multiple responsibilities, including health education, monitoring, referrals, and preventive healthcare activities. Mallari et al. (2020) similarly found that Filipino community health workers experience challenges related to extensive responsibilities despite limited resources. These findings emphasize the importance of reviewing workload allocation, scheduling, and community coverage expectations.

Table 4 presents resource-related stressors experienced by BHWs. The results showed an overall weighted mean of 3.04, interpreted as "Sometimes." Among all indicators, insufficient honorarium relative to workload received the highest rating (WM = 3.64).

Other concerns included lack of PPE (WM = 3.12), transportation difficulties (WM = 3.12), lack of educational materials (WM = 3.13), and insufficient supplies or equipment (WM = 3.04).

Table 4. Resource-Related Stressors

Indicator	Weighted Mean	Interpretation
Insufficient supplies/equipment	3.04	Sometimes
Lack of PPE	3.12	Sometimes
Honorarium insufficient for workload	3.64	Sometimes
Delayed allowance	2.69	Sometimes
Personal money used for work expenses	2.89	Sometimes
Lack of logistical support	2.87	Sometimes
Transportation difficulties	3.12	Sometimes
Lack of educational materials	3.13	Sometimes
Lack of emergency travel support	2.95	Sometimes
No financial support for personal items used at work	2.99	Sometimes
Overall Mean	3.04	Sometimes

The findings suggest that financial and operational limitations remain important challenges affecting BHW performance. Although BHWs continue to provide healthcare services, insufficient compensation and limited resources may influence motivation, job satisfaction, and perceptions of organizational support. This reflects the Effort-Reward Imbalance (ERI) Theory, which suggests that occupational stress occurs when the effort provided by workers is not matched by adequate rewards or recognition.

These results are consistent with Chen et al. (2021), who found that effort-reward imbalance was associated with poorer well-being among community health workers. Chireh et al. (2025) also emphasized that inadequate workplace resources and support contribute to psychological stress among healthcare workers. Therefore, improving compensation, ensuring timely benefits, and providing necessary supplies are essential strategies for supporting BHW sustainability.

Table 5 presents safety-related stressors experienced by BHWs. The overall weighted mean of 2.97 indicated that safety concerns were experienced "Sometimes." The highest-rated concern was the emotional burden of witnessing suffering or death (WM = 3.49), interpreted as "Often." Other concerns included fear of infectious disease exposure (WM = 3.28), unsafe travel during late hours (WM = 3.38), and feeling unsafe in remote areas (WM = 3.08).

Table 5. Safety-Related Stressors

Indicator	Weighted Mean	Interpretation
Emotional exhaustion due to work	2.86	Sometimes
Stress from severe health cases	2.92	Sometimes
Fear of infectious disease exposure	3.28	Sometimes
Feeling unsafe in remote areas	3.08	Sometimes
Anxiety regarding responsibilities	2.73	Sometimes
Work affecting sleep	2.37	Rarely
Pressure from community expectations	2.81	Sometimes
Emotional burden from suffering/death	3.49	Often
Unsafe travel during late hours	3.38	Sometimes
Physical exhaustion	2.76	Sometimes
Overall Mean	2.97	Sometimes

The findings demonstrate that safety concerns among BHWs involve both physical and emotional dimensions. Because BHWs work closely with community members, they are frequently exposed to illness, suffering, and difficult health situations. These experiences may contribute to emotional exhaustion and psychological stress even when physical safety risks are limited.

The results support Benfante et al. (2020), who identified emotional distress and traumatic experiences as significant challenges among healthcare workers. Harrell et al. (2020) further highlighted that frontline healthcare workers operating in challenging environments are vulnerable to occupational risks. These findings indicate the need for psychological support programs, peer support systems, and safety measures for BHWs.

Table 6 also presents political pressure-related stressors experienced by BHWs. Results showed that political pressure obtained the lowest overall weighted mean (WM = 2.37), interpreted as "Rarely." The highest-rated concern was community expectations that BHWs should always be available (WM = 3.33), while direct political interference, pressure from leaders, and involvement in unrelated activities were generally rated as rare experiences.

Table 6. *Political Pressure-Related Stressors*

Indicator	Weighted Mean	Interpretation
Pressure from local leaders	2.59	Rarely
Community expects constant availability	3.33	Sometimes
Blamed for uncontrollable health issues	2.11	Rarely
Political interference	2.57	Rarely
Political prioritization pressure	2.44	Rarely
Conflict with leaders	2.21	Rarely
Harsh community judgment	2.04	Rarely
Pressure to join unrelated activities	2.12	Rarely
Compared with other BHWs	2.12	Rarely
Obligated to respond outside working hours	2.20	Rarely
Overall Mean	2.37	Rarely

The findings suggest that political pressure is not a major occupational stressor among BHWs in the study area.

However, expectations of constant availability may create indirect pressure by extending responsibilities beyond formal working hours. This highlights the importance of establishing clear boundaries regarding BHW roles, responsibilities, and availability.

This finding supports Dodd et al. (2021), who emphasized the importance of governance structures and clear role definitions in community health worker programs.

Strengthening communication between communities, local leaders, and health authorities may help manage expectations and reduce unnecessary pressure on BHWs.

Relationship between selected demographic characteristics and occupational stressors among Barangay Health Workers

Table 7 presents the relationship between selected demographic characteristics and occupational stressors among BHWs. The results showed that most demographic variables were not significantly related to workload, resources, safety, or political pressure.

However, years of service as a BHW demonstrated significant relationships with workload (r = 0.355) and political pressure (r = 0.209). Barangay type also showed a significant relationship with resources (r = 0.320).

Table 7. Relationship between selected demographic characteristics and occupational stressors among Barangay Health Workers

Profile Variable	Workload	Resources	Safety	Political Pressure
Educational Attainment	-0.062 (NS)	-0.047 (NS)	0.028 (NS)	-0.038 (NS)
Years as BHW	0.355 (S)	0.052 (NS)	0.027 (NS)	0.209 (S)
Barangay Type	-0.095 (NS)	0.320 (S)	0.104 (NS)	-0.052 (NS)
Household Coverage	0.080 (NS)	-0.077 (NS)	0.127 (NS)	0.111 (NS)
Working Days per Week	0.018 (NS)	-0.079 (NS)	-0.071 (NS)	-0.063 (NS)
Honorarium	-0.075 (NS)	-0.173 (NS)	-0.070 (NS)	0.034 (NS)

These findings suggest that longer-serving BHWs may experience greater workload and community expectations due to their established roles and greater involvement in community health activities. In addition, differences in barangay locations may influence access to resources, particularly in geographically challenging areas.

The findings support the JDCS Model, which highlights the importance of workplace demands and organizational support in shaping occupational stress experiences. Min and Hong (2022) emphasized that workplace conditions and support systems influence how workers perceive and manage job-related stress.

Coping strategies and support needs of Barangay Health Workers that may contribute to sustainable community health workforce development

Table 8 presents the coping strategies used by BHWs to manage occupational stress. The overall weighted mean of 3.65 indicated that respondents often practiced coping strategies.

The highest-rated coping mechanism was religious or spiritual activities (WM = 4.13), followed by taking breaks or resting (WM = 4.01), avoiding stressful situations (WM = 3.83), and planning and organizing tasks (WM = 3.75).

Table 8. Coping strategies and support needs of Barangay Health Workers that may contribute to sustainable community health workforce development

Coping Strategy	Weighted Mean	Interpretation
Talk with fellow BHWs	3.19	Sometimes
Seek supervisor guidance	3.60	Often
Plan and organize tasks	3.75	Often
Seek family emotional support	3.45	Often
Take breaks/rest	4.01	Often
Use relaxation techniques	3.68	Often
Religious/spiritual activities	4.13	Often
Engage in hobbies	3.70	Often
Avoid stressful situations	3.83	Often
Accept uncontrollable challenges	3.12	Sometimes
Overall Mean	3.65	Often

The findings indicate that BHWs utilize various personal, social, and emotional strategies to manage occupational stress. Spiritual practices, rest, family support, and supervisor guidance appear to serve as important protective factors that help BHWs maintain resilience despite workplace challenges.

These findings are consistent with Babore et al. (2020), who identified social support and adaptive coping strategies as important approaches in managing healthcare worker stress. Lewis et al. (2022) also emphasized that self-care practices and support

networks contribute to improved psychological well-being among frontline health workers.

Table 9 presents the preferred interventions identified by BHWs to improve their work conditions and well-being. The overall weighted mean of 3.92 indicated that respondents often perceived the need for additional institutional support. The highest-rated interventions were more training opportunities (WM = 4.44), higher financial compensation or benefits (WM = 4.22), and timely release of allowances (WM = 4.20).

Table 9. *Preferred Support Interventions for Barangay Health Workers*

Intervention	Weighted Mean	Interpretation
Regular supervision and feedback	3.70	Often
Complete PPE and supplies	3.95	Often
Timely release of allowances	4.20	Always
Higher financial compensation/benefits	4.22	Always
Clear job roles	3.88	Often
Mental health/stress management sessions	3.36	Often
Transportation/logistical support	3.80	Often
Simplified reporting requirements	3.64	Often
Community orientation on expectations	4.02	Often
More training opportunities	4.44	Always
Overall Mean	3.92	Often

The findings demonstrate that BHWs prioritize practical forms of support that directly improve their ability to perform healthcare responsibilities. Training opportunities reflect their desire for professional development, while financial concerns highlight the need for recognition and appropriate compensation for their contributions.

These findings align with Gray et al. (2019), who emphasized that organizational interventions, supportive work environments, and workforce development initiatives improve healthcare worker well-being. Strengthening training programs, compensation systems, supervision, and mental health support can contribute to a more sustainable and resilient community health workforce.

IV. CONCLUSION & RECOMMENDATION

This study examined occupational stress and coping strategies among Barangay Health Workers (BHWs) in rural Philippines and identified implications for sustainable community health workforce support. The findings revealed that BHWs represent an experienced and committed workforce, with many respondents having long years of service in community healthcare.

Although BHWs demonstrated resilience in fulfilling their responsibilities, they experienced occupational stress related primarily to workload demands, resource limitations, and safety concerns, while political pressure was identified as a less prominent stressor. Workload challenges were mainly associated with managing household coverage and balancing field responsibilities with reporting requirements, whereas resource-related concerns centered on inadequate compensation, supplies, and logistical support. Safety concerns were largely connected to emotional burdens from witnessing illness and suffering within the community. The study further showed that years of service and barangay type were associated with selected occupational stressors, suggesting that work experience and service location influence stress experiences among BHWs. Despite these challenges, BHWs employed various coping strategies, particularly spiritual practices, rest, task organization, and social support. The findings emphasize that sustaining an effective rural community health workforce requires comprehensive institutional support through capacity-building programs, fair compensation, adequate resources, supportive supervision, and wellness initiatives that promote the

physical, emotional, and professional well-being of BHWs.

Based on the findings, Local Government Units (LGUs), Rural Health Units (RHUs), and health administrators should strengthen support systems for Barangay Health Workers by implementing sustainable workforce development strategies. Regular training programs should be provided to enhance BHW competencies and confidence in performing healthcare responsibilities. Financial support mechanisms should be reviewed to ensure that honoraria and benefits are appropriate, timely, and reflective of the responsibilities performed by BHWs. Adequate supplies, personal protective equipment, transportation assistance, and logistical support should also be consistently provided, particularly for BHWs assigned in geographically challenging areas. Furthermore, clear role definitions, supportive supervision, simplified reporting procedures, and community awareness programs should be established to manage expectations and reduce unnecessary work-related pressure. Mental health and stress management initiatives, including peer support activities and wellness programs, should also be integrated into community health programs to strengthen resilience and long-term retention of BHWs. Future researchers may further explore occupational stress among community health workers using qualitative approaches, longitudinal designs, and larger samples to better understand the long-term effects of workplace conditions on health workforce sustainability.

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