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EXPLORING BURNOUT AND MENTAL FATIGUE AMONG HEALTHCARE WORKERS IN TOURISM-BASED CLINICS IN BALI, INDONESIA: A QUALITATIVE PHENOMENOLOGICAL STUDY

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Abstract

Background. Burnout has become a major occupational health concern among healthcare professionals worldwide. Healthcare workers employed in tourism-oriented healthcare facilities face additional challenges compared with those in conventional healthcare settings, including multilingual communication, cross-cultural interactions, fluctuating patient volumes, emergency care for international travelers, and elevated service expectations. These unique workplace characteristics may increase the risk of emotional exhaustion and mental fatigue. Despite the rapid growth of tourism healthcare in Indonesia, qualitative evidence exploring burnout among healthcare workers in tourism-based clinics remains limited. Objective. This study aimed to explore the lived experiences of burnout and mental fatigue among healthcare workers employed in tourism-based clinics in Bali and to identify occupational, organizational, and cross-cultural factors contributing to burnout while exploring coping strategies used to maintain psychological well-being. Methods. A qualitative phenomenological study was conducted among healthcare professionals working in tourism-based clinics in Bali. Purposive sampling was used to recruit participants who had at least one year of clinical experience in tourism healthcare. Data were collected through semi-structured in-depth interviews and analyzed using Braun and Clarke's six-phase thematic analysis. Credibility was enhanced through member checking, triangulation, and peer debriefing. Results. Four healthcare professionals representing nursing, midwifery, and general medical practice participated in this study. Seven interconnected themes emerged from the analysis: (1) high workload creates continuous emotional pressure; (2) emotional exhaustion as the dominant dimension of burnout; (3) mental fatigue reduces cognitive performance; (4) cross-cultural communication increases occupational stress; (5) organizational challenges contribute to burnout; (6) coping strategies improve psychological resilience; and (7) expectations toward organizational improvement. High patient volume during tourism seasons, language barriers, staff shortages, administrative burden, and limited organizational support were identified as major contributors to burnout. Participants described peer support, family support, spirituality, exercise, and work–life balance as important protective factors. Conclusion. Burnout among healthcare workers in tourism-based clinics is a multidimensional phenomenon shaped by occupational demands, cross-cultural communication challenges, organizational factors, and psychological stress. Organizational interventions focusing on workforce planning, staffing adequacy, administrative digitalization, leadership support, and employee well-being programs are essential to improve healthcare quality, patient safety, and workforce sustainability within tourism healthcare services.

Keywords: Burnout; Mental Fatigue; Healthcare Workers; Tourism Healthcare; Qualitative Research; Phenomenology; Occupational Stress; Bali; Hospital Administration.

INTRODUCTION

Burnout has emerged as one of the most significant occupational health challenges affecting healthcare professionals globally. The World Health Organization recognizes burnout as an occupational phenomenon resulting from chronic workplace stress that has not been successfully managed. Characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, burnout negatively affects healthcare workers' psychological well-being, patient safety, organizational productivity, and healthcare quality. Increasing clinical complexity, workforce shortages, technological advances, and rising patient expectations have intensified occupational demands placed on healthcare professionals, making burnout a major concern for healthcare management and policy development. Healthcare professionals consistently demonstrate higher burnout prevalence than workers in many other professions because of prolonged emotional labour, high clinical responsibility, unpredictable workloads, shift work, and continuous exposure to patient suffering. Previous studies have

demonstrated that burnout contributes to increased medical errors, reduced patient satisfaction, absenteeism, decreased organizational commitment, lower productivity, and higher turnover intention. Mental fatigue frequently accompanies burnout, impairing attention, concentration, clinical judgment, and decision-making abilities. Consequently, burnout has become not only an individual psychological problem but also an important organizational issue affecting healthcare system sustainability.

Within hospital administration, employee well-being has become an essential strategic priority. Contemporary healthcare organizations increasingly recognize that organizational performance depends heavily on maintaining a healthy and resilient workforce. Leadership support, workforce planning, flexible scheduling, psychological support, healthy organizational culture, and employee assistance programs have therefore become integral components of healthcare quality improvement initiatives. These perspectives are particularly relevant within Master of Hospital Administration (MARS) programs, where organizational leadership is expected to simultaneously improve patient outcomes and protect healthcare workers' well-being. Bali provides a unique context for investigating occupational burnout. As Indonesia's leading tourism destination, the province receives millions of domestic and international visitors annually. Tourism-based clinics operate differently from conventional healthcare facilities because healthcare professionals must deliver rapid, culturally sensitive, multilingual, and internationally standardized healthcare services. They frequently encounter emergency medical conditions involving foreign tourists, communication barriers, insurance-related administrative complexities, and fluctuating patient volumes associated with tourism seasons.

These distinctive workplace characteristics create occupational stressors beyond those commonly experienced in hospitals or primary healthcare centres. Healthcare professionals working in tourism clinics must continuously adapt to diverse cultural expectations while maintaining clinical accuracy, empathy, and professional communication. Such demands substantially increase emotional labour and cognitive workload, potentially accelerating burnout and mental fatigue. Although burnout has been extensively investigated among physicians, nurses, and other healthcare professionals working in hospitals, emergency departments, and intensive care units, relatively little qualitative evidence explores burnout within tourism-oriented healthcare facilities. Existing literature has largely focused on burnout prevalence using quantitative approaches, leaving limited understanding of healthcare workers' lived experiences in tourism healthcare environments. Therefore, this study explored the lived experiences of burnout and mental fatigue among healthcare professionals working in tourism-based clinics in Bali using a qualitative phenomenological approach. The findings are expected to provide practical recommendations for hospital administrators, healthcare managers, and policymakers seeking to develop evidence-based organizational strategies that improve workforce well-being, healthcare quality, patient safety, and the long-term sustainability of tourism healthcare services.

METHODS

RESULTS

Participant Characteristics

Four healthcare professionals working in tourism-based clinics in Bali participated in this study. Participants represented different professional backgrounds, including physicians, nurses, and midwives, with varying years of clinical experience. All participants had worked in tourism healthcare settings for more than one year and were directly involved in providing healthcare services to domestic and international tourists.

The participants reported frequent exposure to heavy workloads, unpredictable patient arrivals, cross-cultural communication, language barriers, emergency medical situations, and administrative responsibilities related to international insurance systems. These experiences provided rich information regarding occupational burnout and mental fatigue within tourism healthcare services.

Table 1. Characteristics of Participants

Participant	Profession	Years of Experience	Working Unit
P1	General Practitioner	8 years	Tourism Clinic
P2	Registered Nurse	6 years	Emergency Services
P3	Midwife	5 years	Outpatient Services
P4	Registered Nurse	7 years	Emergency and Tourist Care

Overview of Findings

The thematic analysis identified seven interconnected themes describing the experiences of burnout and mental fatigue among healthcare professionals working in tourism-based clinics.

Table 2. Summary of Themes

Theme	Description
Theme 1	High workload generates persistent occupational stress
Theme 2	Emotional exhaustion emerges as the dominant manifestation of burnout
Theme 3	Mental fatigue impairs concentration and clinical decision-making
Theme 4	Cross-cultural communication creates additional psychological burden
Theme 5	Organizational factors intensify burnout experiences
Theme 6	Individual coping strategies strengthen psychological resilience
Theme 7	Organizational improvements are essential for sustainable healthcare delivery

These themes demonstrate that burnout is not merely an individual psychological condition but rather a multidimensional organizational phenomenon influenced by workload, leadership, staffing, communication challenges, and workplace culture.

Theme 1

High Workload Generates Persistent Occupational Stress

All participants consistently described excessive workload as the primary contributor to occupational stress. Patient numbers frequently increased during holiday seasons, requiring healthcare workers to manage numerous patients simultaneously while maintaining high standards of care.

Participants reported that patient arrivals were highly unpredictable, making workforce planning particularly difficult. During peak tourism periods, clinics often operated beyond their normal capacity, increasing time pressure and reducing opportunities for rest.

One participant explained: “Sometimes patients keep coming without interruption. We finish treating one patient, and another emergency immediately arrives. There is almost no time to recover mentally.”

Healthcare workers also described performing multiple roles simultaneously, including clinical assessment, documentation, communication with family members, insurance coordination, and translation for foreign patients. Consequently, physical fatigue and psychological strain accumulated throughout the working day.

Participants emphasized that prolonged staffing shortages further intensified workload, forcing remaining healthcare workers to compensate for unavailable colleagues. This imbalance frequently resulted in overtime work and reduced recovery time between shifts.

Theme 2

Emotional Exhaustion as the Core Dimension of Burnout

Emotional exhaustion emerged as the most dominant manifestation of burnout across all interviews. Participants described feeling emotionally depleted after repeatedly managing demanding patients, emergency situations, and emotionally intense clinical encounters.

One participant stated: "At the end of the day, I often feel emotionally empty. Even after arriving home, I continue thinking about patients and unfinished responsibilities."

Healthcare professionals explained that caring for international tourists required maintaining professionalism, empathy, patience, and effective communication regardless of their own emotional condition. They frequently concealed their stress while continuing to provide compassionate care.

Several participants indicated that emotional exhaustion gradually reduced their enthusiasm for work. Although they remained committed to patient care, they acknowledged experiencing declining motivation and emotional energy after prolonged exposure to occupational stress. Participants also described difficulty separating work-related emotional experiences from their personal lives, resulting in persistent psychological burden beyond working hours.

Theme 3

Mental Fatigue Impairs Cognitive Performance

Mental fatigue was described as an inevitable consequence of prolonged cognitive demands within tourism healthcare services.

Participants reported: difficulty maintaining concentration, slower clinical reasoning, reduced memory performance, impaired decision-making, increased forgetfulness after long working hours.

One participant commented: "After several consecutive shifts, I sometimes need more time to think before making clinical decisions because my mind feels exhausted."

Healthcare professionals explained that tourism healthcare requires continuous vigilance because patients frequently present with unfamiliar medical conditions combined with communication barriers and cultural differences. Participants expressed concern that prolonged mental fatigue could potentially increase the likelihood of diagnostic errors, delayed treatment, and reduced patient safety if organizational interventions were not implemented. Although participants reported remaining committed to patient care, they acknowledged that cognitive exhaustion significantly affected their confidence during complex clinical situations.

Theme 4

Cross-Cultural Communication as a Unique Occupational Challenge

Unlike conventional healthcare settings, tourism clinics require healthcare professionals to communicate effectively with patients from diverse linguistic and cultural backgrounds.

Participants described communication as one of the most psychologically demanding aspects of their work.

One participant explained: "Sometimes language becomes a bigger challenge than the medical problem itself."

Healthcare professionals frequently encountered patients with limited English proficiency or unfamiliar cultural beliefs regarding illness and treatment. Miscommunication occasionally complicated clinical assessment, delayed treatment, and increased emotional stress for healthcare workers. Participants also highlighted differences in patient expectations. International tourists often expected rapid diagnosis, immediate treatment, and healthcare services comparable to those available in their home countries.

Meeting these expectations required continuous emotional regulation, cultural sensitivity, and professional communication, thereby increasing emotional labour beyond ordinary clinical responsibilities. Participants emphasized that language barriers often prolonged consultations and increased cognitive workload because clinicians needed to simplify explanations while ensuring patient understanding and informed decision-making.

Theme 5

Organizational Factors Intensify Burnout Experiences

Beyond individual workload, participants consistently emphasized that organizational factors substantially influenced their experiences of burnout. Insufficient staffing, prolonged working hours, increasing administrative responsibilities, and limited opportunities for psychological recovery were frequently identified as major organizational stressors.

Healthcare professionals explained that staffing shortages often required them to assume additional responsibilities beyond their formal job descriptions. These responsibilities included administrative documentation, coordination with insurance providers, communication with patients' families, and logistical tasks that reduced the time available for direct patient care.

One participant explained: "Sometimes administrative work becomes almost as exhausting as treating patients. We have to complete documentation while new patients continue arriving."

Participants also perceived that organizational appreciation for healthcare workers' psychological well-being remained limited. Although supervisors generally recognized heavy workloads, formal employee well-being programs, psychological counselling, or structured burnout prevention initiatives were largely unavailable. Several participants suggested that managerial support could be strengthened through regular staff meetings, open communication with supervisors, workload monitoring, and opportunities to discuss workplace challenges without fear of negative evaluation.

Participants further reported that unpredictable scheduling and insufficient recovery periods between consecutive shifts contributed to cumulative physical and emotional exhaustion. Many expressed that burnout should not be viewed solely as an individual inability to cope but rather as an organizational issue requiring systemic intervention.

Theme 6
Coping Strategies Strengthen Psychological Resilience

Despite experiencing considerable occupational stress, participants demonstrated various adaptive coping strategies that helped them maintain psychological resilience.

The most frequently reported coping mechanisms included: seeking emotional support from colleagues, maintaining close relationships with family members, engaging in regular physical exercise, practicing spiritual or religious activities, ensuring adequate sleep during off-duty periods, participating in recreational activities outside work.

Peer support emerged as one of the most valuable protective factors. Participants described colleagues as an essential source of emotional encouragement because they shared similar occupational experiences and understood the pressures associated with tourism healthcare.

One participant stated: "Talking with coworkers after a difficult shift helps me release emotional pressure because they understand exactly what happened."

Family support also played a crucial role in maintaining emotional stability. Participants reported that conversations with spouses, parents, or close relatives helped them psychologically detach from workplace stress after completing their shifts. Several healthcare professionals emphasized spirituality as an important source of resilience. Religious practices such as prayer and personal reflection enabled them to reinterpret stressful experiences positively and strengthened their motivation to continue providing compassionate patient care. Participants additionally acknowledged that maintaining work–life balance remained challenging because unpredictable work schedules frequently interfered with personal and family activities.

Theme 7
Organizational Improvement Is Essential for Sustainable Healthcare Delivery

Participants unanimously believed that organizational changes are necessary to reduce burnout and improve workforce sustainability.

The most frequently proposed recommendations included: recruitment of additional healthcare personnel, improved workforce scheduling, implementation of employee assistance programs, regular psychological well-being assessments, leadership training emphasizing supportive supervision, digitalization of administrative documentation, provision of structured stress-management training.

Participants highlighted that burnout prevention should become an integral component of healthcare quality improvement rather than being considered solely an occupational health issue.

One participant explained: "Healthy healthcare workers provide better care. Supporting staff well-being ultimately benefits patients as well."

Several participants recommended routine monitoring of employee well-being through periodic surveys, confidential counselling services, and early identification of burnout symptoms.

Others suggested that organizational recognition, appreciation, and constructive feedback from supervisors would improve employee motivation and strengthen organizational commitment. Collectively, participants perceived

burnout prevention as a shared organizational responsibility requiring collaboration between healthcare professionals, clinical managers, and organizational leadership.

DISCUSSION

Principal Findings

This qualitative study explored the lived experiences of burnout and mental fatigue among healthcare professionals working in tourism-based clinics in Bali. The findings demonstrate that burnout is a complex occupational phenomenon resulting from the interaction of excessive workload, emotional labour, cognitive demands, organizational factors, and cross-cultural communication challenges.

Unlike many previous studies conducted in hospital settings, this research highlights the distinctive characteristics of tourism healthcare. Participants experienced unique occupational pressures arising from multilingual communication, rapidly changing patient volumes, diverse cultural expectations, and frequent interaction with international visitors. These contextual factors intensified both emotional exhaustion and mental fatigue, extending the existing understanding of burnout within healthcare organizations.

The emergence of seven interconnected themes indicates that burnout should not be conceptualized merely as an individual psychological response but rather as an organizational and systemic issue with implications for workforce sustainability, healthcare quality, and patient safety.

Burnout Through the Lens of the Job Demands–Resources Theory. The findings strongly support the Job Demands–Resources (JD–R) Theory, which proposes that burnout develops when job demands consistently exceed available organizational and personal resources. Participants described high patient volumes, staffing shortages, administrative burden, and continuous emotional labour as major job demands. Simultaneously, insufficient managerial support, limited psychological services, inadequate staffing, and restricted recovery opportunities represented deficiencies in organizational resources.

The imbalance between demands and resources generated persistent occupational stress, eventually progressing to emotional exhaustion and cognitive fatigue. These findings suggest that burnout cannot be effectively addressed solely through individual resilience training; instead, healthcare organizations must redesign work systems to improve organizational support and optimize workload distribution.

Emotional Exhaustion as the Dominant Dimension of Burnout. Emotional exhaustion emerged as the central component of burnout across all interviews. Participants consistently described feelings of emotional depletion after repeated exposure to demanding clinical situations, emergency care, and emotionally challenging interactions with patients.

This finding aligns with Maslach's Burnout Theory, which identifies emotional exhaustion as the primary dimension of burnout and the earliest manifestation of chronic occupational stress.

The tourism healthcare context further amplifies emotional labour because healthcare professionals must continuously regulate their emotions while interacting with patients from diverse cultural backgrounds. Maintaining empathy, professionalism, and effective communication despite personal fatigue requires substantial emotional regulation. Consequently, emotional exhaustion extended beyond working hours and influenced participants' personal lives, psychological recovery, and long-term occupational satisfaction.

Mental Fatigue and Implications for Patient Safety. Mental fatigue emerged as an equally important consequence of excessive occupational demands. Participants described impaired concentration, slower decision-making, forgetfulness, and reduced cognitive performance following prolonged work periods. These findings have important implications for patient safety because cognitive impairment may reduce diagnostic accuracy, delay clinical decision-making, and increase susceptibility to medical errors.

Within tourism healthcare services, clinicians frequently make rapid decisions under conditions of uncertainty while simultaneously navigating language barriers and cross-cultural communication. This combination substantially increases cognitive workload and highlights the need for organizational strategies that protect both healthcare workers and patients. Healthcare organizations should therefore recognize employee psychological well-being as a fundamental component of patient safety programs rather than treating burnout solely as a human resource issue.

Organizational Support and Burnout Prevention. One of the most important findings of this study is the perceived inadequacy of organizational support for healthcare professionals working in tourism-based clinics. Participants consistently reported that while managers acknowledged heavy workloads, structured organizational interventions to promote psychological well-being remained limited. This finding reinforces the proposition of Organizational Support Theory, which suggests that employees who perceive their organization as valuing their

contributions and caring for their well-being are more likely to experience higher job satisfaction, stronger organizational commitment, and lower levels of burnout.

Perceived organizational support extends beyond financial compensation. Participants emphasized that effective leadership, open communication, recognition of employee contributions, access to psychological support services, and equitable workload distribution were equally important determinants of occupational well-being. These findings suggest that healthcare organizations should adopt a proactive rather than reactive approach to burnout management by embedding employee well-being into routine organizational policies and quality improvement initiatives.

Within hospital administration, organizational support should be operationalized through comprehensive workforce management strategies. These may include regular assessment of staffing adequacy, implementation of employee assistance programs, confidential psychological counselling, flexible scheduling, and leadership development programs that equip managers to recognize early signs of occupational distress. Such interventions may improve not only employee well-being but also organizational performance and patient outcomes.

Emotional Labour in Tourism Healthcare. The findings also demonstrate that emotional labour represents a distinctive characteristic of tourism healthcare services. Unlike healthcare professionals working in conventional hospital settings, participants were required to maintain professionalism, empathy, patience, and cultural sensitivity while interacting with patients from diverse linguistic and cultural backgrounds.

Emotional labour requires continuous regulation of emotional expression regardless of personal psychological condition. Participants frequently described suppressing feelings of fatigue, frustration, and emotional exhaustion to maintain therapeutic communication with patients and their families. This sustained emotional regulation contributes substantially to emotional exhaustion, one of the principal dimensions of burnout.

Healthcare workers employed in tourism clinics therefore experience dual occupational demands. In addition to providing technically competent medical care, they must also function as communicators, cultural mediators, educators, and sources of reassurance for international visitors who may be experiencing anxiety while receiving healthcare far from their home countries.

These findings indicate that emotional labour should receive greater attention within healthcare management. Communication training, resilience-building programs, reflective practice sessions, and peer-support initiatives may help healthcare professionals manage emotional demands more effectively while maintaining high-quality patient care.

Burnout Through the Perspective of Conservation of Resources Theory. The findings of this study are also consistent with the Conservation of Resources (COR) Theory, which proposes that psychological stress occurs when individuals perceive a threat of resource loss, experience actual resource depletion, or fail to gain adequate resources following substantial personal investment.

Participants repeatedly described losing emotional energy, cognitive capacity, physical stamina, and opportunities for personal recovery as a consequence of prolonged occupational demands. Continuous exposure to heavy workloads without adequate recovery gradually depleted these valuable personal resources.

The accumulation of resource loss contributed not only to emotional exhaustion but also to declining motivation, reduced cognitive performance, and diminished work engagement. Unless organizations actively replenish employee resources through supportive management practices, burnout may continue to intensify over time.

This perspective highlights the importance of organizational recovery strategies such as sufficient rest periods, annual leave utilization, psychological support services, workload redistribution, and recognition programs. Resource replenishment should become an essential component of healthcare workforce management rather than an optional employee benefit.

Implications for Hospital Administration. From the perspective of Hospital Administration, burnout represents not merely an occupational health issue but a strategic organizational challenge directly influencing healthcare quality, patient safety, financial sustainability, and workforce retention.

The findings suggest that healthcare managers should incorporate employee well-being indicators into organizational performance measurement systems. Traditional hospital performance metrics frequently emphasize financial outcomes, service utilization, and clinical indicators while overlooking workforce psychological health. However, employee well-being is increasingly recognized as a leading indicator of organizational resilience and service quality.

Hospital administrators should therefore integrate burnout prevention into strategic planning through several initiatives:

First, workforce planning should be based on patient demand forecasting, particularly during peak tourism seasons. Flexible staffing models, reserve staffing pools, and temporary workforce allocation may reduce excessive workload during periods of increased service demand.

Second, digital transformation of administrative processes should be prioritized. Participants consistently reported administrative documentation as a significant contributor to occupational stress. Electronic medical records, integrated insurance management systems, and automated documentation may substantially reduce administrative burden and increase time available for direct patient care.

Third, leadership development should emphasize supportive supervision. Leaders who demonstrate empathy, encourage open communication, provide constructive feedback, and actively monitor employee well-being contribute to healthier organizational cultures and greater employee engagement.

Fourth, organizations should establish comprehensive employee well-being programs incorporating psychological counselling, stress management workshops, resilience training, mindfulness interventions, and peer-support networks. These initiatives should be delivered systematically rather than only after burnout symptoms become severe.

Finally, burnout surveillance should become an integral component of hospital quality assurance systems. Periodic measurement using validated burnout assessment tools can facilitate early identification of occupational distress and enable timely organizational intervention before burnout adversely affects patient care.

Comparison with Previous Studies

The findings of this study are consistent with international literature demonstrating that excessive workload, staffing shortages, emotional labour, and inadequate organizational support are principal determinants of burnout among healthcare professionals. However, this study contributes additional insights by illustrating how these occupational stressors operate within tourism-oriented healthcare environments.

Unlike conventional hospital settings, tourism clinics present unique organizational challenges, including multilingual communication, culturally diverse patient populations, fluctuating patient volumes associated with seasonal tourism, and administrative complexity involving international insurance providers. These contextual factors amplify both emotional and cognitive demands placed upon healthcare professionals.

The qualitative phenomenological approach employed in this study further contributes to the existing literature by providing a nuanced understanding of healthcare workers lived experiences rather than merely quantifying burnout prevalence. Such contextual understanding is essential for developing targeted organizational interventions that reflect the realities of tourism healthcare practice.

Practical Implications

The findings of this study have several practical implications for healthcare organizations and policymakers. Healthcare organizations should prioritize workforce well-being as a strategic organizational objective equivalent to patient safety and service quality. Burnout prevention should be incorporated into organizational governance, human resource management, and quality improvement programs.

Policy makers should consider developing national guidelines addressing occupational well-being among healthcare professionals working in tourism healthcare services. Such guidelines may include recommendations regarding staffing ratios, maximum working hours, psychological support services, leadership competencies, and routine monitoring of employee well-being.

Educational institutions responsible for preparing future healthcare professionals should also strengthen training in communication skills, cultural competence, resilience, stress management, and emotional intelligence to better prepare graduates for increasingly complex healthcare environments.

Collectively, these organizational and policy interventions may contribute to healthier work environments, improved patient safety, enhanced service quality, and greater sustainability of tourism healthcare systems.

STRENGTHS AND LIMITATIONS

Strenghts

Limitations

Several limitations should be acknowledged when interpreting the findings. First, the study involved a relatively small number of participants recruited from tourism-based clinics in Bali. Although data saturation was achieved and the phenomenological approach prioritizes depth rather than sample size, the findings may not be directly generalizable to all healthcare settings or geographical regions. Second, all participants were employed

within tourism-oriented healthcare facilities. Consequently, the experiences reported in this study may differ from those of healthcare professionals working in public hospitals, community health centres, or highly specialized tertiary healthcare institutions. Third, the study relied on self-reported experiences obtained through interviews. Participants' perceptions may have been influenced by recall bias, personal interpretation, or social desirability bias despite efforts to establish trust and encourage open communication. Fourth, this research was conducted using a cross-sectional qualitative design. Burnout is a dynamic psychological phenomenon that may change over time as organizational conditions, staffing levels, and healthcare demands evolve. Longitudinal qualitative or mixed-method studies are therefore recommended to explore changes in burnout trajectories and organizational adaptation over extended periods.

Future research should include larger and more diverse samples across multiple healthcare organizations, integrate quantitative burnout measurement instruments with qualitative inquiry, and evaluate the effectiveness of organizational interventions designed to improve employee well-being.

CONCLUSION

This qualitative phenomenological study explored the lived experiences of burnout and mental fatigue among healthcare professionals working in tourism-based clinics in Bali, Indonesia.

The findings demonstrate that burnout is a multidimensional occupational phenomenon arising from the interaction of excessive workload, emotional labour, cognitive demands, organizational challenges, and cross-cultural communication responsibilities. Emotional exhaustion emerged as the dominant manifestation of burnout, while mental fatigue negatively influenced concentration, clinical judgment, and perceived patient safety.

Importantly, the study reveals that burnout should not be viewed solely as an individual psychological problem. Rather, it reflects broader organizational conditions, including staffing adequacy, workload distribution, leadership practices, administrative burden, and the availability of psychological support systems.

Participants identified peer support, family relationships, spirituality, physical activity, and positive coping strategies as important protective factors. However, they consistently emphasized that sustainable burnout prevention requires organizational commitment rather than relying exclusively on individual resilience.

From the perspective of Hospital Administration, workforce well-being should become a strategic organizational priority integrated into healthcare quality improvement, patient safety initiatives, and human resource management. Investment in supportive leadership, adequate staffing, employee assistance programs, digitalization of administrative processes, and continuous monitoring of healthcare workers' psychological well-being may substantially improve organizational performance while enhancing patient outcomes.

Overall, this study contributes new qualitative evidence regarding burnout within tourism healthcare services and provides practical recommendations for healthcare managers and policymakers seeking to develop healthier, safer, and more sustainable healthcare organizations.

PRACTICE IMPLICATIONS

The findings of this study have direct implications for healthcare organizations, hospital administrators, and policymakers. Healthcare organizations should routinely assess burnout and employee well-being as key organizational performance indicators. Integrating workforce well-being into hospital quality management systems may facilitate early identification of occupational distress and enable timely interventions.

Hospital managers should strengthen supportive leadership practices by promoting open communication, regular supervision, constructive feedback, and employee recognition. Establishing psychologically safe workplaces encourages healthcare professionals to discuss occupational stress before burnout becomes severe. Organizations should also implement evidence-based interventions, including: Employee Assistance Programs (EAPs), confidential psychological counselling services, resilience and stress-management training, mindfulness-based interventions, peer-support programs, workload monitoring systems, flexible staffing models during peak tourism seasons.

Investment in electronic health records, integrated insurance systems, and digital administrative processes may further reduce unnecessary documentation burden, allowing healthcare professionals to devote more time to direct patient care. Ultimately, improving healthcare workers' psychological well-being is expected to enhance patient safety, increase employee retention, strengthen organizational resilience, and improve the long-term sustainability of tourism healthcare services.

RECOMMENDATIONS FOR FUTURE RESEARCH

Future studies should investigate burnout using multicentre designs involving hospitals, tourism clinics, emergency departments, and primary healthcare facilities across different regions of Indonesia. Comparative studies between public and private healthcare organizations would further enhance understanding of organizational determinants of burnout.

Longitudinal research is recommended to examine changes in burnout over time and evaluate the effectiveness of organizational interventions. Mixed-method approaches combining qualitative exploration with validated quantitative burnout instruments may also provide more comprehensive evidence for healthcare policy and organizational decision-making.

Finally, intervention studies examining leadership development, organizational resilience, workforce planning, and employee well-being programs are needed to establish evidence-based strategies for preventing burnout and promoting sustainable healthcare workforce management.

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