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Mediating role of resiliency in the relationship between workplace violence and burnout among medical professionals in government hospital: Basis for proposed mental health program

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Abstract

Aim: This study examined the mediating role of resiliency in the relationship between workplace violence and burnout among medical professionals at Tondo Medical Center, a government hospital. Specifically, it assessed levels of verbal and physical workplace violence, burnout dimensions (emotional exhaustion and depersonalization), and resiliency, and determined whether resiliency mediates the effect of workplace violence on burnout.

Methodology: A descriptive-correlational research design was employed involving 233 medical professionals, including doctors and nurses. Data were collected using validated instruments: the Maslach Burnout Inventory (MBI), the Exposure to Workplace Aggression Questionnaire (EWAQ), and the Brief Resilient Coping Scale (BRCS). Descriptive statistics, correlation analysis, and mediation analysis using Structural Equation Modeling (SEM) were utilized to examine relationships among variables.

Results: Findings indicated that most respondents reported low levels of verbal and physical workplace violence; however, a considerable proportion experienced moderate to high levels of emotional exhaustion and depersonalization. The majority of participants demonstrated moderate levels of resiliency. Workplace violence showed a positive association with burnout and a negative association with resiliency. Mediation analysis revealed that resiliency significantly mediated the relationship between workplace violence and burnout, highlighting its protective role in reducing emotional exhaustion and depersonalization.

Conclusion: The study concludes that resiliency serves as an important buffering mechanism against the detrimental effects of workplace violence on burnout among medical professionals. Strengthening resiliency through institutional mental health programs, supportive workplace policies, and organizational interventions may help mitigate burnout and enhance psychological well-being in government hospital settings.

Keywords: *workplace violence, burnout, resiliency, mediation, healthcare professionals, government hospital*

INTRODUCTION

Workplace violence in healthcare has emerged as a critical global concern, threatening the safety, psychological well-being, and professional efficacy of medical practitioners while undermining the overall functionality of healthcare systems. Healthcare professionals—particularly doctors and nurses—are routinely exposed to aggressive behaviors in clinical settings, including verbal violence such as threats, intimidation, and harassment, as well as physical violence such as hitting, pushing, or spitting (Vincent-Höper et al., 2020; Scaramuzzino, 2020). These incidents are not isolated events; rather, they occur as recurring occupational stressors that gradually erode psychological resources, compromise professional performance, and negatively affect patient care and institutional operations.

The World Health Organization defines workplace violence as any incident in which staff are abused, threatened, or assaulted in circumstances related to their work, posing explicit or implicit risks to their safety and health (Havaei, 2021; Al-Qadi, 2021; World Health Organization, 2003). Adopted in the present study, this definition provides clear conceptual boundaries by distinguishing between verbal and physical forms of violence, which is crucial given that such distinctions are often blurred in earlier research. This framework enables a more nuanced

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understanding of workplace violence, its prevalence, and its potential impact on healthcare workers' psychological well-being, professional performance, and overall workplace safety (Herrmann et al., 2020).

Globally, the prevalence of workplace violence among healthcare workers remains alarmingly high. In the United States, 44% of nurses reported physical violence, while 68% experienced verbal abuse, primarily from patients or their relatives (American Hospital Association, 2023). Similarly, healthcare workers in the United Kingdom have reported repeated physical assaults and verbal threats, highlighting the universal nature of the problem across healthcare systems (Campbell, 2024). Although the International Labour Organization (ILO) adopted the Violence and Harassment Convention (C190) in 2019 to promote violence-free workplaces, the persistence of workplace violence in healthcare settings continues to compromise staff well-being, increase absenteeism, and negatively affect patient outcomes. Importantly, evidence from high-income countries cannot be directly generalized to resource-constrained healthcare systems, where structural challenges significantly shape workplace experiences.

Workplace violence has been consistently identified as a major antecedent of burnout, a psychological syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach, 2017). Emotional exhaustion reflects a depletion of emotional and physical resources, limiting healthcare workers' capacity for recovery between shifts (Shen et al., 2021). Depersonalization manifests as emotional distancing from patients as a maladaptive coping strategy, with 43% of emergency medical professionals reporting substantial depersonalization (Alanazy & Alruwaili, 2023). Reduced personal accomplishment involves a declining sense of competence and professional fulfillment; in Palestine, 78.4% of doctors reported low personal accomplishment, indicating severe occupational strain (Ahmead et al., 2024). Globally, burnout has been associated with decreased productivity, medical errors, compromised patient safety, and workforce attrition, with prevalence rates exceeding 80% in some low-resource healthcare systems (Bizuneh et al., 2025; Jing et al., 2025).

Amid these challenges, resilience has emerged as a critical psychological resource in healthcare. Resilience refers to the capacity to maintain or regain psychological well-being in the face of adversity (Sánchez-Zaballos & Mosteiro-Díaz, 2020). Empirical evidence has shown that healthcare professionals with higher resilience experience lower levels of burnout despite exposure to high occupational stress and workplace violence (Kim et al., 2022; Lebares et al., 2017; Cabrera-Aguilar et al., 2023). While resilience has been widely examined as an outcome or predictor, prior studies have largely treated workplace violence, burnout, and resilience as independent constructs, offering limited insight into the mechanisms through which resilience operates within the violence–burnout relationship.

Despite extensive global literature on workplace violence and burnout, three critical gaps remain unresolved. First, there is a lack of empirical studies that formally test resilience as a mediating variable between workplace violence and burnout, particularly using advanced statistical techniques. Second, mediation analysis using Structural Equation Modeling (SEM) remains underutilized in healthcare workplace violence research, limiting understanding of indirect psychological pathways. Third, there is a significant shortage of Philippine-based studies conducted in government hospital settings, where chronic understaffing, high patient volume, limited security measures, and constrained mental health resources uniquely shape healthcare workers' experiences (De Guzman et al., 2022). Consequently, findings from private hospitals or high-income countries cannot be assumed to apply to Philippine government hospitals.

This study addresses these gaps by examining resilience as a mediating mechanism in the relationship between workplace violence and burnout among doctors and nurses at Tondo Medical Center, a major government hospital. Using Structural Equation Modeling, the study offers methodological and contextual novelty by identifying psychological pathways through which workplace violence contributes to burnout and how resilience attenuates its effects. The findings provide evidence-based insights to guide institutional policy formulation, mental health programming, and targeted resilience-building interventions.

Furthermore, this study contributes to the achievement of the United Nations Sustainable Development Goals (Sustainable Development Goals [SDGs]), particularly SDG 3: Good Health and Well-Being and SDG 8: Decent Work and Economic Growth, by generating empirical evidence that supports safer, healthier, and more sustainable healthcare work environments.

Review of Related Literature and Studies

Workplace Violence in Healthcare

Workplace violence in healthcare refers to physical assault, verbal abuse, bullying, and harassment perpetrated by patients, relatives, coworkers, or visitors within health service settings (Alfuqaha et al., 2022; Chapin & Koller, 2022). While the phenomenon has been introduced in Chapter 1, this section focuses on empirical patterns and consequences documented in recent studies. Healthcare workers are particularly vulnerable due to sustained patient

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interaction and emotionally demanding clinical environments. Evidence across diverse contexts consistently shows that verbal violence is more prevalent than physical violence, though both forms significantly affect staff well-being (Alnofaiey et al., 2022; Lafta et al., 2021).

Despite high prevalence rates, workplace violence remains substantially underreported. Arnetz et al. (2015) reported that as many as 88% of incidents go unreported, largely due to normalization of violent behavior, fear of retaliation, lack of institutional support, and ineffective reporting mechanisms. The National Institute for Occupational Safety and Health (NIOSH) categorizes workplace violence into four types—criminal intent, customer/client, worker-on-worker, and personal relationship—highlighting the complexity and multiple sources of violence encountered in healthcare environments (Lim et al., 2022).

The consequences of workplace violence extend beyond individual harm and include organizational outcomes such as reduced productivity, increased absenteeism, staff turnover, and legal and reputational costs (Magnavita & Heponiemi, 2020; Wang et al., 2022). In the Philippine context, empirical research remains limited, particularly within government hospitals. Existing local analyses emphasize policy gaps, insufficient institutional safeguards, and the need for context-specific interventions (Baclig, 2022; Velasco, 2021).

Burnout Among Medical Professionals

Burnout is a multidimensional psychological syndrome characterized by emotional exhaustion, depersonalization, and diminished personal accomplishment (Hillert et al., 2020). Unlike the general overview provided in the Introduction, this section synthesizes empirical findings linking occupational stressors—particularly workplace violence—to burnout outcomes. Global evidence indicates consistently high burnout prevalence among healthcare professionals, with rates escalating following the COVID-19 pandemic (American Medical Association, 2025).

Burnout has been empirically associated with increased medical errors, impaired interprofessional collaboration, absenteeism, mental health disorders, and compromised quality of patient care (Membrive-Jiménez et al., 2022). Within the Philippine healthcare system, burnout among health workers is exacerbated by chronic workforce shortages, poor working conditions, uncompetitive salaries, limited institutional support, and restricted access to mental health resources, particularly in public hospitals (Pepito et al., 2025). Additionally, evidence demonstrates that structured stress management programs effectively enhance resilience and mitigate burnout among hospital nurses, highlighting resilience as a modifiable psychological resource that can buffer the negative effects of occupational stressors in high-pressure healthcare environments (Wu, Zhao, Wang, & Guan, 2021).

Resilience as a Mediating Psychological Resource

Resilience is conceptualized as an individual's capacity to adapt effectively and recover from occupational adversity. Recent studies identify resilience as a protective psychological resource that buffers the negative effects of workplace stressors, including exposure to workplace violence, on burnout outcomes (Kim et al., 2022). Healthcare professionals with higher resilience levels exhibit stronger emotional regulation, adaptive coping strategies, and sustained professional functioning (Cabrera-Aguilar et al., 2023).

Evidence indicates that resilience serves as a critical mediator between workplace violence and healthcare professionals' psychological outcomes. Nurses with higher resilience demonstrate reduced burnout and maintain empathy and patient-centered care even when exposed to verbal or physical aggression (Kolutek, Erkutlu, & Chafra, 2024; Li, Liao, & Ni, 2024). Comparative research further shows that resilient emotional workers experience lower stress levels and improved coping with occupational challenges, highlighting its protective function (Lee et al., 2019). Moreover, resilience strengthens adaptive strategies such as emotional regulation, problem-solving, and social support utilization, which collectively mitigate the negative impact of workplace violence on professional well-being (Adedokun, 2020). Mental health professionals also benefit from resilience-based interventions, which buffer burnout and enhance job satisfaction, emphasizing the need to integrate resilience-building programs in healthcare settings (Aguglia et al., 2020).

Synthesis of Reviewed Literature

The reviewed literature establishes workplace violence as a significant occupational stressor that contributes to burnout among healthcare professionals, while resilience emerges as a crucial protective psychological resource. However, several gaps persist:

(1) limited mediation-focused studies examining resilience within violence–burnout pathways;
(2) insufficient application of structural equation modeling (SEM) to test complex relational models; and
(3) a notable scarcity of empirical research conducted in Philippine government hospital settings.

Addressing these gaps, the present study integrates workplace violence, resilience, and burnout into a mediation framework using SEM, contributing context-specific evidence that supports both theoretical advancement and practical intervention development.

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Theoretical Framework

The theoretical framework for this study was anchored on Maslach's Multidimensional Theory of Burnout, Dollard et al.'s Frustration-Aggression Theory, and Seligman's 3Ps Model of Learned Optimism. Maslach (2017) conceptualized burnout as a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment, highlighting the cumulative effect of workplace stressors, including patient care demands and violent interactions. Dollard et al. (1939) explained workplace violence through frustration arising from blocked goals or unmet expectations, which may manifest as verbal or physical aggression toward healthcare workers. Seligman's (1991) 3Ps model emphasized resilience, suggesting that individuals who interpret adverse events as external, situational, and temporary are less likely to experience burnout. Together, these theories provide a comprehensive lens for understanding how workplace violence leads to burnout and underscore resilience as a protective factor supporting the psychological well-being of medical professionals.

Conceptual Framework

The conceptual framework of this study illustrates the relationship between workplace violence, resiliency, and burnout among medical professionals, with resiliency serving as a mediating variable. Workplace violence—encompassing verbal abuse, threats, harassment, and physical aggression—is hypothesized to negatively influence healthcare workers' mental health, job satisfaction, and performance, ultimately leading to burnout. Burnout is conceptualized through its core dimensions of emotional exhaustion, depersonalization, and reduced personal accomplishment, reflecting the cumulative effects of sustained exposure to hostile work environments. Resiliency represents the adaptive capacity of healthcare professionals to manage stress, recover from adverse experiences, and regulate emotional responses, thereby attenuating the impact of workplace violence on burnout. As depicted in the proposed conceptual framework diagram (Figure 1), resiliency is expected to weaken the direct relationship between workplace violence and burnout, emphasizing the importance of organizational strategies and mental health interventions that both prevent workplace violence and enhance resiliency to support professional well-being and effective functioning.

Statement of the Problem

Workplace violence remains a critical concern in healthcare, threatening the safety, psychological well-being, and professional functioning of medical professionals. Doctors and nurses frequently experience verbal abuse, threats, harassment, and physical aggression from patients, relatives, and, at times, colleagues, leading to adverse outcomes such as burnout, reduced job satisfaction, and compromised patient care. At Tondo Medical Center, reported incidents of workplace aggression underscore the urgency of examining the extent and impact of such violence within the context of a Philippine government hospital.

Burnout, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, has been linked to repeated exposure to hostile work environments. Resiliency has emerged as a protective psychological resource that enables medical professionals to cope effectively with occupational stressors, regulate emotional responses, and maintain professional effectiveness. However, empirical studies in the Philippine setting that examine resiliency as a mediating factor between workplace violence and burnout remain limited. This gap constrains the development of evidence-based mental health programs and organizational interventions tailored to government hospital environments. Addressing this gap is necessary to inform institutional policies and strategies that promote resiliency, reduce burnout, and enhance the well-being of medical professionals.

Research Objectives

General Objective

To examine the mediating role of resiliency in the relationship between workplace violence and burnout among medical professionals at Tondo Medical Center.

Specific Objectives

1. To determine the level of workplace violence experienced by medical professionals in terms of:
   1.1 Physical violence; and
   1.2 Verbal violence.

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2. To assess the level of burnout among medical professionals in terms of:
   2.1 Emotional exhaustion;
   2.2 Depersonalization; and
   2.3 Reduced personal accomplishment.
3. To determine the relationship between workplace violence and burnout among medical professionals.
4. To assess the level of resiliency among the respondents.
5. To examine whether resiliency mediates the relationship between workplace violence and burnout.
6. To propose mental health programs based on the findings of the study to reduce burnout and enhance resiliency among medical professionals.

Research Questions

1. What is the level of workplace violence experienced by medical professionals in terms of:
   1.1 Physical violence; and
   1.2 Verbal violence?
2. What is the level of burnout among the respondents in terms of:
   2.1 Emotional exhaustion;
   2.2 Depersonalization; and
   2.3 Reduced personal accomplishment?
3. Is there a significant relationship between workplace violence and burnout among medical professionals?
4. What is the level of resiliency among the respondents?
5. Does resiliency mediate the relationship between workplace violence and burnout?
6. Based on the findings, what mental health programs may be proposed to reduce burnout and promote resiliency among medical professionals at Tondo Medical Center?

Research Hypotheses

Null Hypotheses (H_0)

H_{01}: There is no significant relationship between workplace violence and burnout among medical professionals at Tondo Medical Center.
H_{02}: There is no significant relationship between workplace violence and resiliency among medical professionals at Tondo Medical Center.
H_{03}: There is no significant relationship between resiliency and burnout among medical professionals at Tondo Medical Center.
H_{04}: Resiliency does not significantly mediate the relationship between workplace violence and emotional exhaustion among medical professionals at Tondo Medical Center.
H_{05}: Resiliency does not significantly mediate the relationship between workplace violence and depersonalization among medical professionals at Tondo Medical Center.
H_{06}: Resiliency does not significantly mediate the relationship between workplace violence and reduced personal accomplishment among medical professionals at Tondo Medical Center.

METHODS

Research Design

This study employed a descriptive-correlational research design to examine the relationship between workplace violence and burnout among medical professionals at Tondo Medical Center and to investigate the mediating role of resiliency. The design was selected because it allows for systematic observation and measurement of relationships between variables without manipulating the study environment. This approach enabled the identification of patterns and associations among workplace violence, burnout dimensions (emotional exhaustion, depersonalization, and reduced personal accomplishment), and resiliency. Structural Equation Modeling (SEM) was incorporated to test mediation effects, providing a rigorous analytical framework to quantify both direct and indirect relationships between variables.

Population and Sampling

The target population comprised 548 medical professionals employed at Tondo Medical Center, including 328 doctors and 220 nurses, all actively engaged in direct patient care in high-stress clinical environments. Inclusion

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criteria were: (1) full-time employment as a doctor or nurse, and (2) at least six months of clinical service at Tondo Medical Center. Exclusion criteria included administrative personnel, allied health professionals, and those on extended leave during the data collection period, as they have limited exposure to patient-related workplace stressors.

A stratified random sampling technique was employed to ensure proportional representation of doctors and nurses. Using Cochran's formula, the minimum sample size was computed to be 226 participants at a 95% confidence level and 5% margin of error. Accounting for non-response and attrition, 233 participants completed the survey, comprising 139 doctors and 94 nurses, reflecting the population proportions.

Instruments

Data were collected using three standardized, self-administered instruments:

1. Maslach Burnout Inventory (MBI; Maslach et al., 1996) – a 22-item instrument measuring emotional exhaustion, depersonalization, and personal accomplishment on a 7-point Likert scale (0 = Never, 6 = Every day). Reliability coefficients for this study were: emotional exhaustion α = 0.90, depersonalization α = 0.79, and personal accomplishment α = 0.71.
2. Exposure to Workplace Aggression Questionnaire (EWAQ; Sinclair & Wallston, 2019) – Part One, comprising 8 items assessing verbal and physical workplace violence from patients, relatives, or colleagues, rated on a 7-point scale (1 = Never, 7 = Very Often). Cronbach's alpha in this study was 0.89.
3. Brief Resilient Coping Scale (BRCS; Sinclair & Wallston, 2004) – a 4-item instrument measuring resilience using a 5-point Likert scale (1 = Does not describe me at all, 5 = Describes me very well), with reliability α = 0.70.

All instruments were adopted as standardized tools and reviewed by three experts in healthcare psychology and research methodology for content validity. Minor language adjustments were made for clarity in the Philippine context without altering the original scales. The survey was administered online via Google Forms to facilitate accessibility, confidentiality, and efficiency.

Data Collection

Participants received an informed consent form and a demographic survey via email. Only after providing consent did participants proceed to complete the MBI, followed by the EWAQ, and finally the BRCS. Completion time ranged from 20 to 30 minutes, with respondents able to choose the time and location for survey completion to ensure privacy and comfort. The researcher remained available to address concerns or provide psychological support for participants experiencing distress.

Data collection occurred over two months (March–May 2024), with flexibility to accommodate participants' schedules. Each response was coded to maintain confidentiality and ensure that no identifying information was linked to survey responses.

Treatment of Data

Data were analyzed using SPSS and Structural Equation Modeling (SEM) for mediation testing. Specifically:

1. Descriptive statistics (frequency, percentage, mean, standard deviation) summarized participants' levels of workplace violence, burnout, and resiliency, aligned with Research Objectives 1, 2, and 4.
2. Pearson correlation assessed relationships between workplace violence and burnout (Objective 3).
3. Regression analysis determined the predictive effect of workplace violence on burnout dimensions.
4. Mediation analysis using SEM tested whether resiliency significantly mediated the relationship between verbal and physical workplace violence and burnout dimensions (emotional exhaustion, depersonalization, and reduced personal accomplishment), directly addressing Objective 5. Indirect effects were evaluated using bootstrapping with 5,000 resamples, and model fit was assessed through standard indices (CFI, TLI, RMSEA, SRMR).
5. Proposed interventions (Objective 6) were informed by significant findings and descriptive data.

This analysis framework allowed direct linkage between each research objective and the corresponding statistical test, ensuring methodological rigor.

Ethical Considerations

Ethical approval was obtained from Tondo Medical Center's Institutional Review Board. Participation was voluntary, with written informed consent obtained electronically. Confidentiality was ensured through coded

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responses and secure storage of data. Participants could withdraw at any time without penalty, and psychological support was available for those experiencing distress. All procedures adhered to ethical standards for research involving human participants in the Philippines.

RESULTS and DISCUSSION

This section presents the results and discussion of workplace violence, burnout, and resiliency among medical professionals at Tondo Medical Center. The analysis aligns with the study's research questions, examining levels of verbal and physical workplace violence, burnout dimensions, resilience levels, the relationships among these variables, and the mediating role of resiliency. Interpretations are grounded in current literature to contextualize findings and highlight implications for healthcare worker well-being.

1. Level of Workplace Violence Experienced by Medical Professionals

Table 1

Level of Workplace Violence Experienced by Medical Professionals

Type of Violence Level	Level	N	%
Physical	Low	230	98.71
	Moderate	3	1.29
	High	0	0
Verbal	Low	230	98.71
	Moderate	3	1.29
	High	0	0

Most medical professionals reported low levels of both physical and verbal workplace violence (98.71%), with only 1.29% experiencing moderate levels and none reporting high levels. Although overall exposure was low, even minimal violence may affect psychological well-being. These findings align with previous research showing that verbal aggression is more common than physical assaults among healthcare workers (Lafta et al., 2021) and underscore the role of resilience in buffering the mental health impact of workplace hostility (García-Izquierdo et al., 2025).

2. Burnout Levels of Medical Professionals

Table 2

Burnout Levels of Medical Professionals

Burnout Dimensions	Level	N	%
Emotional Exhaustion	Low	109	46.78
	Moderate	71	30.47
	High	53	22.75
Depersonalization	Low	82	35.19
	Moderate	81	34.77
	High	70	30.04
Reduced Personal Accomplishment	Low	137	58.80

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Moderate	57	24.46
High	39	16.74

Medical professionals exhibited varying levels of burnout across dimensions. For emotional exhaustion, 46.78% had low levels, 30.47% moderate, and 22.75% high. Depersonalization was distributed more evenly, with 35.19% low, 34.77% moderate, and 30.04% high. Reduced personal accomplishment was most pronounced, with 58.80% low, 24.46% moderate, and 16.74% high.

These results suggest that even low-level stressors can accumulate, contributing to moderate-to-high burnout among healthcare workers. The findings are consistent with prior research linking workplace violence, underreporting, and high job demands to burnout (Magnavita et al., 2020; Havaei et al., 2020; Arnetz et al., 2015).

3. Relationship Between Workplace Violence and Burnout

Table 3

Relationship Between Workplace Violence and Burnouts

Violence Type	Burnout Dimension	r	P	Interpretation
Verbal	Emotional Exhaustion	0.412	< .001	Moderate positive correlation
Verbal	Depersonalization	0.184	.006	Weak positive correlation
Verbal	Reduced Personal Accomplishment	0.139	.035	Weak positive correlation
Physical	Emotional Exhaustion	0.167	.011	Weak positive correlation
Physical	Depersonalization	0.152	.019	Weak positive correlation
Physical	Reduced Personal Accomplishment	0.146	.027	Weak positive correlation

Correlational analysis revealed that the relationships between workplace violence and burnout ranged from weak to moderate. Verbal workplace violence demonstrated a moderate positive association with emotional exhaustion ($r = 0.412$, $p < .001$) and weak but statistically significant associations with depersonalization ($r = 0.184$, $p = .006$) and reduced personal accomplishment ($r = 0.139$, $p = .035$). Physical workplace violence also showed weak yet significant correlations with emotional exhaustion ($r = 0.167$, $p = .011$), depersonalization ($r = 0.152$, $p = .019$), and reduced personal accomplishment ($r = 0.146$, $p = .027$).

Although these associations were modest in magnitude, their statistical significance indicates that exposure to both verbal and physical workplace violence contributes meaningfully to burnout outcomes among medical professionals. The relatively weak direct relationships further suggest that the impact of workplace violence on burnout may be partially indirect, operating through psychological mechanisms such as resiliency. This finding supports the mediating role of resiliency in buffering the adverse effects of workplace violence, emphasizing the importance of resilience-enhancing interventions to reduce emotional exhaustion, mitigate depersonalization, and preserve personal accomplishment among healthcare workers (Alfuqaha et al., 2022; Alnofaiey et al., 2022; Magnavita et al., 2020).

4. Level of Resiliency

Table 4

Level of Resiliency

Resiliency Level	N	%
Low	48	20.60

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Moderate	126	54.08
High	59	25.32

Most participants demonstrated moderate resiliency (54.08%), while 25.32% exhibited high resiliency and 20.60% low resiliency. This distribution suggests that a majority of medical professionals are reasonably equipped to cope with workplace stressors, although a subset may remain vulnerable. Previous research indicates that higher resilience is associated with reduced burnout and provides protection against psychological distress resulting from workplace violence (Di Monte et al., 2020; Lafta et al., 2021; García-Izquierdo et al., 2025).

5. Mediating Role of Resiliency Between Workplace Violence and Burnout

Table 5

Mediating Role of Resiliency Between Workplace Violence and Burnout

Model	Pathway	β	SE	p	Interpretation
A	Verbal Violence → Resiliency	-0.351	0.072	<0.001	Significant negative effect
	Resiliency → Emotional Exhaustion	-0.412	0.064	<0.001	Significant negative effect
	Verbal Violence → Emotional Exhaustion (c')	0.112	0.083	0.180	Non-significant direct effect
	Indirect Effect (a × b)	0.145	0.036	<0.001	Significant mediation effect
B	Physical Violence → Resiliency	-0.294	0.068	0.002	Significant negative effect
	Resiliency → Depersonalization	-0.368	0.071	<0.001	Significant negative effect
	Physical Violence → Depersonalization (c')	0.106	0.074	0.160	Non-significant direct effect
	Indirect Effect (a × b)	0.108	0.031	0.002	Significant mediation effect

The mediation analysis revealed that resiliency significantly buffers the impact of workplace violence on burnout.

For verbal violence, there was a significant negative association with resiliency ($\beta = -0.351$, $p < 0.001$), and higher resiliency was linked to lower emotional exhaustion ($\beta = -0.412$, $p < 0.001$). The indirect effect was significant ($a \times b = 0.145$, $p < 0.001$), indicating that resiliency mediates the relationship between verbal violence and emotional exhaustion. The direct effect of verbal violence on emotional exhaustion was non-significant ($\beta = 0.112$, $p = 0.180$), suggesting that its impact primarily operates through resiliency.

Similarly, physical violence negatively affected resiliency ($\beta = -0.294$, $p = 0.002$), which in turn reduced depersonalization ($\beta = -0.368$, $p < 0.001$). The indirect effect was significant ($a \times b = 0.108$, $p = 0.002$), whereas the direct effect of physical violence on depersonalization was non-significant ($\beta = 0.106$, $p = 0.160$).

These findings highlight resiliency as a protective factor. Enhancing coping skills and resilience may help healthcare professionals manage the psychological consequences of workplace violence (Alfuqaha et al., 2022; Alnofaiey et al., 2022; Byon et al., 2022).

6. Proposed Mental Health Programs

Table 6

Proposed Mental Health Programs

Program Title	Target	Objectives	Duration	Content
Staying Centered: Mindful Intervention	Nurses & Doctors	Reduce emotional exhaustion; enhance self-awareness;	2 days	Mindfulness exercises, reflective journaling, group processing, stress

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		promote coping		management techniques
Safe Spaces: Resilience & Violence Response Workshop	Nurses & Doctors	Build resilience; equip for de-escalation; strengthen peer support	1 day	Psychoeducation on workplace violence, resilience activities, role-playing, group problem-solving

These programs aim to enhance emotional support and resilience among medical professionals, addressing moderate-to-high burnout and improving coping capacity. Integrating individual psychological skills with organizational support may contribute to sustainable reductions in burnout and better handling of workplace violence.

Conclusions

Medical professionals at Tondo Medical Center generally reported low levels of both verbal and physical workplace violence, indicating a relatively safe work environment. Despite this, a notable portion experienced moderate-to-high burnout, particularly in emotional exhaustion, depersonalization, and reduced personal accomplishment, suggesting that even low-level stressors can accumulate and affect psychological well-being.

Resiliency among participants was predominantly moderate, indicating that many medical professionals are able to cope with work-related stress, though some remain vulnerable to cumulative stress and job demands. While direct correlations between workplace violence and burnout were largely negligible to weak, the mediation analysis demonstrated that resiliency significantly mitigates the negative impact of workplace violence on burnout, underscoring its protective role.

These findings highlight the importance of strategies aimed at enhancing resiliency to support healthcare workers' mental health, reduce burnout, and maintain the quality of patient care.

Recommendations

Based on the study's findings, the following recommendations are proposed to support the well-being of medical professionals at Tondo Medical Center:

1. Resiliency-Building Programs – Implement structured interventions such as mindfulness training, stress management workshops, and peer support activities to strengthen coping skills and reduce burnout.
2. Workplace Violence Policies – Review and enhance policies to include clear reporting procedures, staff training, and awareness initiatives to prevent and address workplace violence.
3. Psychological Interventions – Provide access to professional mental health services, including Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Eye Movement Desensitization and Reprocessing (EMDR), or mindfulness-based programs, either on-site or via external partnerships.
4. Future Research – Conduct further studies including all hospital staff, exploring additional factors such as organizational culture, leadership support, and job satisfaction to inform more targeted and effective interventions.

REFERENCES

Adedokun, M. (2020). *Workplace violence in the healthcare sector* (1st ed., pp. 1–28). Malmö University. https://www.diva-portal.org/smash/get/diva2:1488089/FULLTEXT01.pdf

Aguglia, A., Murri, M. B., Conigliaro, C., Cipriani, N., Vaggi, M., Di Salvo, G., & Amore, M. (2020). Workplace violence and burnout among mental health workers. *Psychiatric Services, 71*(3), 284–288. https://doi.org/10.1176/appi.ps.201900161

Ahmead, M., Sharif, N. E., Alwawi, A., Hemeid, A., & Ziqan, M. (2024). The prevalence of burnout and coping strategies among Palestinian health professionals: A cross-sectional study. *Frontiers in Public Health, 12*, Article 1477812. https://doi.org/10.3389/fpubh.2024.1477812

Alanazy, A. R. M., & Alruwaili, A. (2023). The global prevalence and associated factors of burnout among emergency department healthcare workers and the impact of the COVID-19 pandemic: A systematic review and meta-analysis. *Healthcare, 11*(15), Article 2220. https://doi.org/10.3390/healthcare11152220

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Alfuqaha, O. A., Albawati, N. M., Alhiary, S. S., Alhalaiqa, F. N., Haha, M. F. F., Musa, S. S., Shunnar, O., & Thaher, Y. A. (2022). Workplace violence among healthcare providers during the COVID-19 health emergency: A cross-sectional study. *Behavioral Sciences, 12*(4), Article 106. https://doi.org/10.3390/bs12040106

Alnofaiey, Y. H., Alnfeeiye, F. M., Alotaibi, O. M., Aloufi, A., Althobaiti, S. F., & Aljuaid, A. G. (2022). Workplace violence toward emergency medicine physicians in the hospitals of Taif City, Saudi Arabia: A cross-sectional survey. *BMC Emergency Medicine, 22*, Article 59. https://doi.org/10.1186/s12873-022-00620-w

Al-Qadi, M. M. (2021). Workplace violence in nursing: A concept analysis. *Journal of Occupational Health, 63*(1), Article e12226. https://doi.org/10.1002/1348-9585.12226

American Hospital Association. (2023). *Workforce white paper: Workplace violence prevalence*. https://www.aha.org/system/files/media/file/2023/07/WorkforceWhitePaper.pdf

American Medical Association. (2025, May 15). *Measuring and addressing physician burnout*. https://www.ama-assn.org/practice-management/physician-health/measuring-and-addressing-physician-burnout

Arnetz, J. E., Hamblin, L., Ager, J., Luborsky, M., Upfal, M. J., Russell, J., & Essenmacher, L. (2015). Underreporting of workplace violence: Comparison of self-report and actual documentation of hospital incidents. *Workplace Health & Safety, 63*(5), 200–210. https://doi.org/10.1177/2165079915574684

Baclig, C. E. (2022, December 6). *"Widespread phenomenon": Workplace violence, harassment*. *Inquirer.net*. https://newsinfo.inquirer.net/1702103/widespread-phenomenon-workplace-violence-harassment

Bizuneh, B., Woldesemayat, E. M., Lucero, D. E., Markos, T., & Getachew, H. (2025). Prevalence and associated factors of burnout syndrome among selected health care professionals at university hospitals of Sidama Region and Southern Ethiopia, 2023. *BMC Health Services Research, 25*(1), Article 12437. https://doi.org/10.1186/s12913-025-12437-x

Byon, H. D., Sagherian, K., Kim, Y., Lipscomb, J., Crandall, M., & Steege, L. S. (2022). Nurses' experience with Type II workplace violence and underreporting during the COVID-19 pandemic. *Workplace Health & Safety, 70*(9), 412–420. https://doi.org/10.1177/21650799211031233

Cabrera-Aguilar, E., Zevallos-Francia, M., Morales-García, M., Ramírez-Coronel, A. A., Morales-García, S. B., Sairitupa-Sanchez, L. Z., & Morales-García, W. C. (2023). Resilience and stress as predictors of work engagement: The mediating role of self-efficacy in nurses. *Frontiers in Psychiatry, 14*, Article 1202048. https://doi.org/10.3389/fpsyt.2023.1202048

Campbell, D. (2024, January 18). *Nurses and doctors face daily threats and assaults from patients, says NHS trust*. *The Guardian*. https://www.theguardian.com/society/2023/jun/22/over-half-of-uk-doctors-have-seen-or-suffered-verbal-or-physical-abuse-survey

Chapin, J., & Koller, C. (2022). Are healthcare professionals optimistic about workplace violence? *OJIN: The Online Journal of Issues in Nursing, 27*(3). https://doi.org/10.3912/ojin.vol27no03ppt41

De Guzman, A. B., De Castro, B. V., Laguilles-Villafuerte, S., Clemente-Faustino, J. A., Serrano, J. O., & Angcahan, D. Z. (2022). Portrait of Filipino healthcare workers' discrimination experiences during the early part of the COVID-19 pandemic. *Journal of Medical Imaging and Radiation Sciences, 53*(3), 396–403. https://doi.org/10.1016/j.jmir.2022.06.001

Di Monte, C., Monaco, S., Mariani, R., & Di Trani, M. (2020). From resilience to burnout: Psychological features of Italian general practitioners during the COVID-19 emergency. *Frontiers in Psychology, 11*, Article 567201. https://doi.org/10.3389/fpsyg.2020.567201

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Dollard, J., Miller, N. E., Doob, L. W., Mowrer, O. H., & Sears, R. R. (1939). *Frustration and aggression*. Yale University Press.

García-Izquierdo, M., Soler-Sánchez, M. I., de Haro García, J. M., Ríos-Rísquez, M. I., & Meseguer-de Pedro, M. (2025). Resilience as a mediator between workplace violence and psychological well-being in hospital nurses. *Nursing Reports, 15*(7), Article 234. https://doi.org/10.3390/nursrep15070234

Havaei, F. (2021). Does the type of exposure to workplace violence matter to nurses' mental health? *Healthcare, 9*(1), Article 41. https://doi.org/10.3390/healthcare9010041

Havaei, F., Astivia, O. L. O., & MacPhee, M. (2020). The impact of workplace violence on medical-surgical nurses' health outcomes: A moderated mediation model of work environment conditions and burnout using secondary data. *International Journal of Nursing Studies, 109*, Article 103666. https://doi.org/10.1016/j.ijnurstu.2020.103666

Herrmann, A., Seubert, C., & Glaser, J. (2022). Consequences of exposure to violence, aggression, and sexual harassment in private security work: A mediation model. *Journal of Interpersonal Violence, 37*(11–12), NP9684–NP9711. https://doi.org/10.1177/0886260520984432

Hillert, A., Albrecht, A., & Voderholzer, U. (2020). The burnout phenomenon: A résumé after more than 15,000 scientific publications. *Frontiers in Psychiatry, 11*, Article 519237. https://doi.org/10.3389/fpsyt.2020.519237

International Labour Organization. (2019). *C190 – Violence and harassment convention, 2019 (No. 190)*. https://normlex.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C190

Jing, S., Dai, Z., Wu, Y., Liu, X., Zhang, L., Liu, X., Ren, T., Fu, J., Chen, X., Wang, W., Gu, X., Ma, L., Zhang, S., Yu, Y., Li, L., Han, Z., Su, X., & Qiao, Y. (2025). Prevalence and influencing factors of occupational burnout among healthcare workers in the Chinese mainland during the late 2022 Omicron COVID-19 outbreak: A multicenter cross-sectional study. *BMC Public Health, 25*(1), Article 20930. https://doi.org/10.1186/s12889-024-20930-x

Kim, C., Park, K. H., Eo, E. K., Kim, Y., Eo, S. K., & Han, J. (2022). Burnout and resilience among emergency physicians at Korean university hospitals during the COVID-19 pandemic: A cross-sectional analysis. *Yonsei Medical Journal, 63*(4), 372–378. https://doi.org/10.3349/ymj.2022.63.4.372

Kolutek, R., Erkutlu, H., & Chafra, J. (2024). Workplace violence and nurses' psychological well-being: The mediating role of burnout and the moderating role of psychological resilience. *Archives of Psychiatric Nursing, 53*, 177–183. https://doi.org/10.1016/j.apnu.2024.10.015

Lafta, R., Qusay, N., Mary, M., & Burnham, G. (2021). Violence against doctors in Iraq during the time of COVID-19. *PLOS ONE, 16*(8), Article e0254401. https://doi.org/10.1371/journal.pone.0254401

Lebares, C. C., Guvva, E. V., Ascher, N. L., O'Sullivan, P. S., Harris, H. W., & Epel, E. S. (2018). Burnout and stress among U.S. surgery residents: Psychological distress and resilience. *Journal of the American College of Surgeons, 226*(1), 80–90. https://doi.org/10.1016/j.jamcollsurg.2017.10.010

Lee, Y. R., Lee, J. Y., Kim, J. M., Shin, I. S., Yoon, J. S., & Kim, S. W. (2019). A comparative study of burnout, stress, and resilience among emotional workers. *Psychiatry Investigation, 16*(9), 686–694. https://doi.org/10.30773/pi.2019.07.10

Li, L., Liao, X., & Ni, J. (2024). A cross-sectional survey on the relationship between workplace psychological violence and empathy among Chinese nurses: The mediating role of resilience. *BMC Nursing, 23*, Article 85. https://doi.org/10.1186/s12912-024-01437-y

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Lim, M. C., Jeffree, M. S., Saupin, S. S., Giloi, N., & Lukman, K. A. (2022). Workplace violence in healthcare settings: The risk factors, implications, and collaborative preventive measures. *Annals of Medicine and Surgery, 78*, Article 103727. https://doi.org/10.1016/j.amsu.2022.103727

Magnavita, N., Heponiemi, T., & Chirico, F. (2020). Workplace violence is associated with impaired work functioning in nurses: An Italian cross-sectional study. *Journal of Nursing Scholarship, 52*(3), 281–291. https://doi.org/10.1111/jnu.12549

Maslach, C. (2017). Burnout: A multidimensional perspective. In *The burnout challenge: Managing people's relationships with their jobs* (pp. 19–32). Routledge. https://doi.org/10.4324/9781315227979-3

Maslach, C., Jackson, S. E., & Leiter, M. P. (2017). *Maslach Burnout Inventory manual* (4th ed.). Mind Garden. https://www.mindgarden.com/maslach-burnout-inventory/685-mbi-manual.html

Membrive-Jiménez, M. J., Gómez-Urquiza, J. L., Suleiman-Martos, N., Velando-Soriano, A., Ariza, T., De la Fuente-Solana, E. I., & Cañadas-De la Fuente, G. A. (2022). Relation between burnout and sleep problems in nurses: A systematic review with meta-analysis. *Healthcare, 10*(5), Article 954. https://doi.org/10.3390/healthcare10050954

Sánchez-Zaballos, M., & Mosteiro-Díaz, M. P. (2020). Resilience among professional health workers in emergency services. *Journal of Emergency Nursing, 47*(6), 925–932.e2. https://doi.org/10.1016/j.jen.2020.07.007

Scaramuzzino, G. (2020). Workplace violence: A threat to autonomy and professional discretion. *Sociologisk Forskning, 57*(3–4), 249–270. https://doi.org/10.37062/sf.57.22059

Seligman, M. E. P. (1991). *Learned optimism*. A. A. Knopf. https://www.savetovalistebalans.rs/wp-content/uploads/2021/06/Learned-Optimism-by-Seligman-Martin.pdf

Shen, X., Xu, H., Feng, J., Ye, J., Lu, Z., & Gan, Y. (2021). The global prevalence of burnout among general practitioners: A systematic review and meta-analysis. *Family Practice, 39*(5), 943–950. https://doi.org/10.1093/fampra/cmab180

Velasco, M. (2021, January 22). *DOLE ILS official – ILS' 9th webinar calls to ratify ILO Convention 190 to ensure a world of work free from violence and harassment*. Department of Labor and Employment – ILS. https://ils.dole.gov.ph/policy-advocacies/media-resources/news/ils-9th-webinar-calls-to-ratify-ilo-convention-190-to-ensure-a-world-of-work-free-from-violence-and-harassment

Vincent-Höper, S., Stein, M., Nienhaus, A., & Schablon, A. (2020). Workplace aggression and burnout in nursing—The moderating role of follow-up counseling. *International Journal of Environmental Research and Public Health, 17*(9), Article 3152. https://doi.org/10.3390/ijerph17093152

Wang, J., Zeng, Q., Wang, Y., Liao, X., Xie, C., Wang, G., & Zeng, Y. (2022). Workplace violence and the risk of post-traumatic stress disorder and burnout among nurses: A systematic review and meta-analysis. *Journal of Nursing Management, 30*(7), 2854–2868. https://doi.org/10.1111/jonm.13809

World Health Organization. (2003, July 13). *Preventing violence against health workers*. https://www.who.int/activities/preventing-violence-against-health-workers

Wu, H., Zhao, X., Wang, W., & Guan, L. (2021). Effects of a stress management program on burnout and resilience among hospital nurses. *Journal of Nursing Management, 29*(7), 2045–2054. https://doi.org/10.1111/jonm.13312