

# Resilience, burnout, and compassion fatigue among Philippine National Police health service personnel

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## ***Abstract***

The association between the effect of burnout and compassion fatigue in helping professions has been demonstrated in a limited but growing body of literature. However, previous studies revealed that resilience may have an important mitigating role in reducing the effect of burnout and compassion fatigue among mental health providers. Thus, present study seeks to examine relationship between burnout and compassion fatigue by examining the mediating role of resilience. The participants of the present study are 360 police frontliners deployed at Regional Medical and Dental Unit 10 and its aligned station health units. They were given a packet of scales assessing burnout, compassion fatigue and resilience through online platform. Findings of the study showed a significant positive relationship between burnout and compassion fatigue. On the other hand, as resilience mediates the relationship, it results to a low level of compassion fatigue. The present study contributes to the limited literature on burnout and compassion fatigue as mediated by resilience especially among medical frontliners in the PNP. Further, this will guide mental health professionals to provide psychological interventions that would lessen or prevent frontliners from experiencing such difficult psychological state.

***Keywords:*** burnout, compassion fatigue, resilience, PNP medical frontliners

## **Resilience, burnout, and compassion fatigue among Philippine National Police health service personnel**

### **1. Introduction**

The coronavirus disease, or COVID-19, originated in China in the later part of 2019 has spread to the rest of the world and created an unprecedented burden for healthcare professionals (Labrague, et al., 2021). In the Philippines, a total number of 1,308,352 cases and 22,652 deaths has been recorded (Department of Health, 2021). Since the outbreak, the front-line personnel, especially doctors, paramedical staff, and law enforcement individuals, have faced substantial health risks, psychological distress, and work stress (Kang et al., 2020 & Lu et al., 2020). Although the well-being and emotional resilience of healthcare professionals are key components of continuing healthcare services during the COVID-19 pandemic, healthcare professionals have been observed in this period to experience serious psychological problems (Bozdag & Ergun, 2020), posing an increased risk for the development of compassion fatigue (Labrague, et al., 2021), burnout and psychological distress (Shechter et al., 2020; Walton et al., 2020; WHO, 2020; Lai et al., 2020).

In the high-stress environment of law enforcement, particularly within health services, personnel face unique challenges that can impact their mental health and job performance. The Philippine National Police (PNP) Health Service Personnel are no exception, as they often encounter traumatic situations while providing critical care. This study aimed to explore the interplay between resilience, burnout, and compassion fatigue among these personnel. This study stemmed from the critical role that PNP Health Service Personnel play in maintaining public safety and health. However, their exposure to stressful events can lead to burnout and compassion fatigue—conditions that not only affect individual well-being but also compromise service delivery quality. Understanding these dynamics is crucial for developing targeted interventions to enhance resilience among these personnel.

Resilience refers to an individual's ability to withstand or recover quickly from difficult conditions or challenges (Resurrection, 2024). For police health service personnel, resilience is vital as it enables them to cope with repeated exposure to trauma without succumbing to burnout or compassion fatigue (Resurrection & Lexipol Blog, 2024). Studies have shown that higher levels of empathy can act as a buffer against burnout in helping professions like policing (Resurrection, 2024). Moreover, Scholar Works at Walden University (n.d.) mentioned that in promoting self-care practices within police organizations is encouraged as a protective measure against compassion fatigue.

Burnout among police health service personnel refers to a state of physical and psychological fatigue and exhaustion resulting from chronic workplace stress. As cited by *Frontiers in Psychology* (2020), burnout is particularly prevalent in professions that involve helping others, such as policing, where personnel are exposed to traumatic situations regularly. This condition among police officers is a significant concern due to the high-stress nature of their work. It involves emotional exhaustion, depersonalization, and reduced professional efficacy. For instance, a study by Syed et al. (2020) highlighted that occupational stress is a major risk factor for mental health issues such as depression and suicidal ideation among law enforcement personnel globally. In policing, officers often encounter traumatic scenes and interact with distressed individuals, which can lead to emotional exhaustion similar to compassion fatigue experienced by healthcare workers.

Compassion fatigue is a condition characterized by the physical, emotional, and psychological toll of caring for others who have experienced trauma or stress. It is often referred to as secondary traumatic stress or vicarious trauma because it results from indirect exposure to traumatic events through helping others (Figley, 1995; Schwanz, 2021). Hence, compassion fatigue among police service personnel is a significant concern due to their frequent exposure to traumatic events. A study by Devan (2020) explored the relationship between compassion fatigue and use-of-force incidents among U.S. police officers. Hence, this scholarly work was anchored on the study conducted

by Lim and Parreño (2020) who investigated compassion fatigue and coping skills among PNP first responders in Bacolod City, revealing that despite high coping skills, these personnel experienced significant compassion fatigue. Generally, police roles are associated with burnout and secondary traumatic stress due to prolonged exposure to stressful situations, which can be exacerbated by crises like the pandemic. While specific data on PNP Health Service personnel is limited, research suggests a critical relationship between resilience (as a protective factor), burnout (resulting from prolonged stress), and compassion fatigue (stemming from repeated trauma exposure).

The study aimed to examine the mediating role of resilience on the relationship between burnout and compassion fatigue of PNP medical frontliners. Although there are studies that show the link between burnout to compassion fatigue and resilience, and resilience to compassion fatigue, to the best of the author's knowledge, no studies examined the mediating role of resilience on the relationship between burnout and compassion fatigue among PNP medical frontliners during the Covid-19 pandemic, especially in the Philippines. This study hypothesized that resilience is a significant mediator on the relationship between burnout and compassion fatigue. This study sought to contribute valuable insights into how PNP Health Service Personnel navigate stressors specific to their role and how enhancing resilience might mitigate negative outcomes such as burnout and compassion fatigue. By examining these factors closely, the researcher hope to inform strategies that support the mental health of these critical frontline workers while ensuring optimal performance in their demanding roles. Moreover, this study is significant in developing future interventions that would lessen the frontliners' psychological distress in a pandemic like the Covid-19 or any other health crisis in the future.

**Objectives of the study** - This study examined the role of resilience between compassion fatigue and burnout among PNP medical frontliners as basis for the development of mental health program. Specifically, it described the profile of the respondents in terms of their sex and age; determined their levels of resilience, burnout, and compassion fatigue as experienced by them; tested the differences of the variables when compared based on respondents sex only; established possible correlation among the three variables; investigated whether resilience acts as a mediator between burnout and compassion fatigue among PNP Health Service personnel; and proposed a mental health program intended to enhance their mental well-being while improving their response to crisis situations.

## 2. Methods

**Research Design** - In the study, descriptive-correlational method was used to describe the levels of resilience, burnout, and compassion fatigue among police personnel and to examine the relationships among these variables. The study involved measuring these psychological constructs through validated instruments administered to participants, without altering any environmental factors or variables. By statistically analyzing the data collected, the researchers could identify significant correlations, such as whether higher resilience was associated with lower burnout or compassion fatigue, thereby illuminating the interplay among these factors in this population.

**Participants** - A total of 360 respondents met the inclusion criteria: of being members of the Philippine National Police medical frontliners deployed at Regional Medical and Dental Unit 10 and its aligned Station Health Units; and aged 21 years and above. The respondents were selected using simple random sampling, where every member of the eligible population had an equal and independent chance of being chosen. To implement this, the researcher first compiled a comprehensive list of all eligible police medical personnel serving in the specified units, assigning each member a unique identification number. Then, using a random number generator, 360 individuals were randomly selected from this list to form the sample. This method ensured that the selection process was free from bias, providing a representative subset of the population and allowing for generalizable findings. Simple random sampling was particularly appropriate here because it maximized the likelihood that the sample reflected the characteristics of the entire population, which was crucial for validly studying psychological variables like resilience, burnout, and compassion fatigue in this group.

### *Measures*

**Brief Resilience Scale (BRS-6).** This was the standardized tool used in determining respondent's resilience. It was developed by Smith et al. in the year 2008 and was designed as an outcome measure to assess the ability to bounce back or recover from stress. Smith et al. (2008) noted that most measures of resilience have focused on examining the resources/protective factors that might facilitate a resilient outcome. This scale was developed to have a specific focus on bouncing back from stress. The BRS consisted of six items with a 5-point Likert response scale, ranging from 1 = strongly disagree to 5 = strongly agree. Three items were positively phrased and the other three were negatively phrased. The BRS was scored by reverse coding items 2, 4, and 6, and then calculating the mean of the six items. In the current study, Cronbach alpha was found to be 0.73.

**Professional Quality of Life Scale (ProQOL).** This was the scale used in determining respondents' burnout and compassion fatigue. ProQOL. Stamm (2010) developed the ProQOL as a self-report measure to assess compassion fatigue, compassion satisfaction, and burnout based on how frequently a person has experienced certain antecedents (e.g., "I am happy" or "I feel trapped by my job as a helper") within the past 30 days. The ProQOL is comprised of 30 items (10 items for each subscale) that are reflective of the three subscales content. Items were rated on a five-point Likert-type scale, ranging from 1 (never) to 5 (very often). Several items on the Burnout Subscale were reversed scored. Items for each subscale were summed and the average score on each subscale was 50 (SD = 10), with higher scores being indicative of the subscale's content. In the present study, Cronbach alpha was found to be 0.83 for the overall scale, 0.90 for compassion satisfaction, 0.88 for compassion fatigue, and .71 for burnout.

**Data Collection Procedures** - The study began with a comprehensive review of day-to-day literature relevant to resilience, burnout, and compassion fatigue to establish a strong theoretical foundation. The initial research plan and proposed study objectives were presented to the thesis professor to seek approval. Following this, a focused search was conducted to identify standardized and validated tests for measuring the constructs of resilience, burnout, and compassion fatigue. Letters requesting permission to use these standardized instruments were sent to the respective test authors to ensure ethical compliance and proper authorization.

In preparation for data collection, formal communication efforts were initiated by drafting a letter addressed to the Human Resources Department of the Philippine National Police (PNP) to request the involvement and participation of Police Health Service Personnel. Once institutional consent was obtained, the research was presented to academic panelists during the Pre-Oral Defense for critical review, suggestions, and final acceptance to proceed. For actual fieldwork, informed consent was provided to the participants to ensure they voluntarily agreed to partake in the study with full awareness of their rights and the confidentiality of their responses. Subsequently, the standardized questionnaires were systematically distributed to the sampled police health service personnel. The completed questionnaires were then collected and the data encoded carefully.

The gathered data were forwarded to a statistician who performed the necessary computations and statistical analyses to examine the relationships among resilience, burnout, and compassion fatigue. The research team then drafted the results and discussion sections, interpreting the findings in the context of existing literature. Following initial manuscript completion, the study was presented for Oral Defense before a panel to assess the rigor and quality of the research. Based on feedback, the paper underwent necessary edits and revisions. The revised paper was submitted to a panel of examiners for comprehensive evaluation and was also reviewed by a grammarian to ensure clarity and correctness of language. Finally, after all approvals and reviews, the paper was prepared for binding, culminating the research process.

**Ethical Considerations** - The ethical considerations in the study were thoroughly addressed to ensure the protection, rights, and welfare of the participants in alignment with established ethical research principles. First, informed consent was obtained from all participants prior to their involvement in the study. This process involved clearly explaining the study's purpose, procedures, potential risks, and benefits to the participants. Participants were assured of their voluntary participation and their right to withdraw from the study at any time without penalty,

ensuring respect for autonomy. Likewise, confidentiality and anonymity were prioritized by assigning codes or identifiers to each respondent in place of personal information. This safeguarded sensitive data, especially given the vulnerable context of police personnel whose mental health status can have professional implications. Results were reported in aggregate form to prevent individual identification. Permission and support for conducting the research were formally secured from the Human Resources Department of the Philippine National Police, respecting institutional authority and fostering transparency. The researchers also sought and obtained authorization from the authors of standardized test instruments used to measure resilience, burnout, and compassion fatigue, thus adhering to intellectual property guidelines.

The study adhered to professional ethical standards relevant to research involving police personnel, who face unique occupational stressors and ethical considerations. The researchers carefully balanced the need for valid data collection with sensitivity to participants' psychological well-being to avoid causing additional distress. Psychological safety was maintained by providing participants with contacts for support services if participation raised any concerns or emotional discomfort. Lastly, the research protocol received approval from the academic institution's ethics review board, ensuring comprehensive oversight and compliance with national and international ethical standards for human subjects research.

### 3. Results and discussions

**Table 1**

*Profile of the Respondents (n=360)*

| Demographic Profile | f   | %    |
|---------------------|-----|------|
| Sex                 |     |      |
| Male                | 194 | 54.8 |
| Female              | 160 | 45.2 |
| Age                 |     |      |
| 21 - 27 years old   | 185 | 51.4 |
| 28 - 34 years old   | 140 | 38.9 |
| 35 - 41 years old   | 27  | 7.5  |
| 42 - 48 years old   | 7   | 1.9  |
| 49 - 55 years old   | 1   | 3    |

Table 1 present the profile of the respondents. Based on the respondent profile in the study (n=360) with a majority being male (54.8%) and young adults aged 21–27 years (51.4%), In terms of age, majority of the respondents were within the age range 21-27 years old with a frequency of 185 or 51.4% among the respondents. It is followed by 28-34 years old with a frequency of 140 or 38.9%, 35-41years old (f=27, %=7.5), 42-48 years old (f=7, %=1.9). It also noted that the least number of the respondents were among the age range of 49-55 years old with a frequency of f=1, (%=3). This finding aligned with the demographic data in the present study, underscoring that police health services were largely staffed by male personnel, which has implications for addressing gender-specific needs and stressors in police occupational health programs.

**Table 2**

*Level of Resilience of the Respondents*

| Variable   | Mean | Std. | Rank | Interpretation |
|------------|------|------|------|----------------|
| Resilience | 3.09 | 0.42 |      | Normal         |

Legend: 1.00 – 2.99 – Low Resilience; 3.00 – 4.30 – Normal Resilience; 4.31-5:00 – High Resilience

Table 2 indicates the resilience of the respondents. As displayed, the respondents obtained a mean score of 3.09 with SD 0.42 categorized as normal resilience. A relevant study conducted is by Steenbeek et al. (2020), which reviewed literature examining resilience among police officers and its positive association with mental health and quality of life outcomes. The study found that police personnel generally demonstrated levels of resilience considered to be within the normal range, which helped them cope effectively with job-related stressors and traumatic incidents. This normal resilience contributed to better psychological well-being and functional capacity despite the demanding nature of police work. Police work is characterized by exposure to

critical incidents, organizational pressures, and difficult work-life balance challenges that could compromise psychological well-being. However, Steenbeek et al. highlighted that resilience fosters adaptive coping strategies such as seeking social support, cognitive reframing, and sustained motivation, which collectively contribute to officers' improved mental health and overall life satisfaction. Moreover, stability in resilience over time was also noted, suggesting that resilience is a relatively stable trait but can be enhanced through targeted support programs, such as resilience training, mindfulness, and wellness initiatives. The authors advocated for integrating resilience-building interventions within police departments as a proactive strategy to mitigate risks of burnout, PTSD, and depression. These programs help cultivate emotional regulation, stress management, and problem-solving skills that sustain functional capacity and quality of life. Thus, normal resilience among police officers as affirmed by the literature plays a vital role in sustaining their psychological well-being and operational effectiveness. The level of resilience of the respondents classified as normal resilience, may have importance to explain and confirm studies that tentatively shown that resilience may have an important mitigating role in reducing the devastating effects of compassion fatigue and burnout among disaster mental health providers (Burnett, 2017; Burnett & Wahl, 2015) such as police officers in the health services.

**Table 3***Burnout Level of the Respondents*

| Variable       | Mean  | Std. | Interpretation |
|----------------|-------|------|----------------|
| <i>Burnout</i> | 32.69 | 5.24 | Average        |

*Legend: 22 or less – Low; 23-41 – Average; 42 or more – High*

As indicated in Table 3, respondents have an average burnout level with a Mean of 32.69 and SD of 5.24. Finding reflected a state of moderate physical, emotional, and mental exhaustion caused by continuous job stress and demanding work conditions. This level of burnout indicated that while officers faced significant occupational pressures such as high job demands, organizational stress, lack of job control, workload, and exposure to traumatic events they retained some ability to cope and function but were at risk of further psychological strain if these stressors persisted or intensified. Average burnout may manifest through symptoms like tiredness, decreased motivation, cynicism toward work, and reduced job satisfaction, but not to the extent of severe exhaustion or complete emotional withdrawal. It highlights a critical zone where intervention is necessary to prevent escalation into more debilitating burnout stages that can impair job performance, increase absenteeism, and harm mental health.

A research finding revealing that police health services personnel have an average level of burnout is supported by a study conducted by Queirós et al. (2020). In their cross-sectional study involving 1,131 police officers, the authors found that burnout levels among police personnel were generally moderate, with approximately 23.7% presenting high levels and 10.9% critical levels of psychological exhaustion—a core dimension of burnout. The study highlighted that while burnout is prevalent, many officers scored in a middle range that reflects an average experience of job-related emotional exhaustion, depersonalization, and reduced personal accomplishment. In addition, the level of respondents' burnout (BO) may be a cause for reasonable concern as burnout process is linked to work-related stress (Prada-Ospina, 2019). It was reported by the respondents that they feel moderately worn out due to their work as helping professionals and they also feel overwhelmed due to their case workload that appears to be endless. This is in accordance with Laufs and Waseem's (2020) statement that police officer stress may become exacerbated due to increased workload and long working hours.

According to Figley (1995), burnout, as mentioned, is a gradual process that is a consequence of emotional exhaustion, involves lack of professional accomplishment, and depersonalization (Da Costa & Pinto, 2017) resulting from continuous exposure to stressors in the (Circenis & Millere, 2011). Burnout can be experienced in any occupation and is not limited to those who work with traumatized, and police officers in the health services are not excused. Although their levels of burnout lie on the average, there is still a need for precautions for possible

future fluctuations since it was expected to move gradually. The implication of this finding is that police health services personnel require continuous support, stress management, and resilience-building programs to maintain their well-being and prevent burnout from worsening. Regular monitoring and tailored interventions could help sustain their mental health and job effectiveness, ensuring better service delivery in the demanding police healthcare environment.

**Table 4**

*Level of Compassion Fatigue of the Respondents*

| Variable           | Mean  | Std. | Interpretation |
|--------------------|-------|------|----------------|
| Compassion Fatigue | 26.16 | 7.78 | Average        |

Legend: 22 or less – Low; 23-41 – Average; 42 or more – High

Table 4 describes the level of compassion fatigue of the respondents. Their level of compassion fatigue falls under the average with a mean of 26.16 and SD of 7.78. When police service personnel experienced average compassion fatigue, it means they were moderately affected by the emotional and physical strain resulting from continuous exposure to the trauma and suffering of the people they served. This level of compassion fatigue typically manifested as feelings of being emotionally drained, exhausted, and overwhelmed by their work demands, which can lead to decreased empathy, increased irritability, intrusive thoughts about traumatic events, sleep disturbances, and a diminished sense of motivation or personal accomplishment. Despite these challenges, officers with average compassion fatigue still maintain some functioning capacity but are at risk of further decline if effective coping strategies and support are not provided.

Research indicates that compassion fatigue in police officers stems from the combination of secondary traumatic stress arising from exposure to others' trauma and job-related pressures such as heavy workloads, organizational issues, and lack of control over stressful situations (Ondrejková & Halamová, 2022). When compassion fatigue is left unaddressed, it can impair decision-making, heighten emotional distress, and negatively impact officers' relationships both at work and in their personal lives. To mitigate compassion fatigue, it is crucial for police departments to foster awareness, provide mental health resources, encourage peer support, and promote self-care strategies that enhance emotional resilience and well-being. Another related study supporting the experience of average compassion fatigue among police service personnel is by Grant et al. (2019). In their exploratory study of urban US police officers, they found that overall levels of compassion fatigue were not high but varied, with many officers reporting moderate (average) levels. The study emphasized that although officers face ongoing exposure to trauma and stress, many maintain a balance reflecting average compassion fatigue rather than severe exhaustion.

**Table 5**

*Difference in Resilience, Burnout and Compassion Fatigue when Grouped According to Sex*

| Profile            | Sex   |         | Interpretation. |
|--------------------|-------|---------|-----------------|
|                    | t     | p-value |                 |
| Resilience         | 1.299 | .195    | Not Significant |
| Burnout            | 2.418 | .016    | Significant     |
| Compassion Fatigue | 1.308 | .192    | Not Significant |

Legend: Difference is significant at 0.05 alpha level, S – Significant, NS – Not Significant

Shown in Table 5 is the differences among the means of level of resilience, burnout and compassion fatigue when grouped according to gender. The results indicated that there was a statistically significant difference in burnout levels between male and female police health service personnel ( $t = 2.418$ ,  $p = .016$ ), while differences in resilience and compassion fatigue by sex were not significant. This suggested that sex played a role in how burnout was experienced within this population, but not necessarily in resilience or compassion fatigue. Supporting this finding, Pinki et al. (2021) conducted a study comparing stress symptoms and burnout between male and female police constables and found that males reported higher burnout levels, particularly in reduced personal accomplishment, while females experienced higher stress symptoms overall. The gender differences in burnout are influenced by differing job roles, expectations, and coping styles between sexes. Some studies

also suggest that females face additional stressors including work-family role conflict and organizational challenges, while males may experience burnout differently due to job demands and social norms.

Thus, the significant gender difference in burnout found in this study aligns with existing literature indicating that male and female police officers experience and respond to burnout differently. This highlights the need for gender-sensitive policies and interventions tailored to address the specific burnout risk factors and coping needs of both males and females in police health services. In addition, a related study that supports the significant difference in burnout between male and female police officers is by Ogungbamila (2016). This study found that female police officers experienced higher levels of occupational burnout compared to their male counterparts. The research highlighted that gender moderates the relationship between job stress and burnout, with female officers perceiving greater job stress that translates into higher burnout levels. Factors contributing to this include the dual burden of work and family responsibilities, gender-specific organizational challenges, and societal expectations. The study underscored the importance of gender-sensitive interventions to address burnout effectively in police services.

**Table 6**

*Difference in Resilience, Burnout and Compassion Fatigue when Grouped According to Age*

| Variable           | Age   |         | Interpretation . |
|--------------------|-------|---------|------------------|
|                    | F     | p-value |                  |
| Resilience         | 1.475 | .209    | Not Significant  |
| Burnout            | .468  | .759    | Not Significant  |
| Compassion Fatigue | .607  | .658    | Not Significant  |

Legend: Difference is significant at 0.05 alpha level, S – Significant, NS – Not Significant

Table 6 presents findings on the differences in resilience, burnout, and compassion fatigue among police health service personnel when grouped according to age. The F values for resilience (1.475), burnout (0.468), and compassion fatigue (0.607) demonstrated no statistically significant differences as all corresponding p-values (.209, .759, .658) exceeded the conventional alpha level of 0.05. This indicated that age did not significantly influence resilience, burnout, or compassion fatigue levels among this population. The lack of significant age differences in resilience suggests that the ability to adapt and recover from stressors remains relatively stable irrespective of age in police health service personnel. This may be due to the nature of their work, which often involves exposure to traumatic events and stresses that require a uniformly high level of resilience across ages. Supporting this, Turgoose et al. (2017) found no significant relationships between age and resilience or compassion fatigue in police officers, indicating age may not be a determining factor in psychological resilience in these roles.

Burnout, characterized by emotional exhaustion and reduced personal accomplishment, also showed no significant variation across age groups. This may reflect that the occupational stressors experienced by police personnel impact individuals similarly, regardless of their age. Pasquin et al. (2023) reported moderate operational stress levels among police officers irrespective of age or years of service, reinforcing the notion that burnout risk may not be age-dependent within policing contexts. Additionally, the protective effects of psychological resilience and coping strategies could balance burnout levels across different age groups. Compassion fatigue, or secondary traumatic stress from exposure to others' suffering, did not differ significantly by age here, suggesting that all age groups are equally vulnerable to the emotional toll of their work. Ondrejková & Halamová, (2022) emphasize that compassion fatigue is related more to the nature of traumatic exposure and work stressors than demographic variables like age. Similarly, research by Turgoose et al. (2017) supports no meaningful age differences in compassion fatigue levels among police officers.

This overall pattern indicated that age was not a significant factor affecting resilience, burnout, or compassion fatigue in police health service personnel, suggesting these psychological outcomes were influenced more by occupational demands and trauma exposure than by chronological age. The implication of the finding that age is not a significant factor affecting resilience, burnout, or compassion fatigue in police health service personnel is

that interventions and support programs should prioritize occupational and environmental factors over demographic factors like age. Since these psychological outcomes are more strongly influenced by the specific demands and trauma exposures encountered in police work, efforts to enhance wellbeing should focus on reducing occupational stressors, improving work conditions, and providing trauma-informed support accessible to all personnel, regardless of age.

**Table 7**

*Correlations Among Resilience, Burnout and Compassion Fatigue*

| Variables Paired                | r    | p-value | Interpretation     |
|---------------------------------|------|---------|--------------------|
| Resilience – Burnout            | .377 | <.01    | Highly Significant |
| Resilience – Compassion Fatigue | .468 | <.01    | Highly Significant |
| Burnout – Compassion Fatigue    | .663 | <.01    | Highly Significant |

Legend: Correlation is significant at 0.01 alpha level, S – Significant, NS – Not Significant

Table 7 shows the correlations of the variables of the study. The sample’s average score for the resilience scale lies at the moderate level ( $\bar{X}$  =3.09, SD=.42). The sample’s average score for the burnout indicated a low level of burnout ( $\bar{X}$  = 32.69, SD = 5.24). For the compassion fatigue, the sample’s average score also indicated a low level of compassion fatigue ( $\bar{X}$  =26.16, SD=7.78). Burnout showed a positive association with resilience ( $r = .377, p < .01$ ). Compassion fatigue correlated positively with burnout ( $r = .663, p < .01$ ) and resilience ( $r = .468, p < .01$ ). The direction and magnitude of correlations among the three variables were positive and moderate. These findings indicated that as resilience increased, so do experiences of burnout and compassion fatigue, and burnout and compassion fatigue tended to co-occur strongly.

This may seem counterintuitive for resilience, which is generally regarded as a protective factor. However, the positive correlations can be interpreted as police health service personnel with higher resilience may still be exposed to or aware of high occupational stress and trauma, which contribute to burnout and compassion fatigue. The strong burnout-compassion fatigue link aligns with the established understanding that both conditions share common emotional exhaustion pathways due to ongoing exposure to job stressors and trauma. A related study by Grant et al. (2019) found that while compassion fatigue and burnout are closely linked among police officers, compassion satisfaction (a component of resilience) acts as a buffer that reduces the severity of burnout and compassion fatigue. This suggests that resilience is multifaceted, and its protective effects may depend on the presence of positive coping and satisfaction in work. The positive association in the current data might reflect samples experiencing ongoing stress but also deploying resilience capacities. In the context of resilience, this study suggested that resilience was not merely the absence of stress or trauma but included the presence of positive psychological resources like compassion satisfaction, which enhance coping capacity. Police officers may still face ongoing stress and trauma that contribute to burnout and compassion fatigue, but those with higher compassion satisfaction can counterbalance these effects with feelings of reward and purpose in their work.

**Table 8**

*Mediation Estimates*

| Path      | Effect      | SE     | Lower | 95% C.I.<br>Upper |        |
|-----------|-------------|--------|-------|-------------------|--------|
| Indirect  | BO⇒ RE ⇒ CF | .142** | .036  | .0785             | .2217  |
| Component | BO⇒ RE      | .307** | .040  | .2285             | .3853  |
|           | RE⇒ CF      | .462** | .074  | .3166             | .6072  |
| Direct    | BO⇒CF       | .842** | .060  | .7233             | .9600  |
| Total     | BO ⇒ CF     | .983** | .059  | .8681             | 1.0987 |

Note: \*\*p<.001; C.I.=Confidence Interval; SE=standard error; BO=Burnout; RE=Resilience; CF=Compassion Fatigue; bootstrap sample size=10000; covariates: age, gender; N=360

Table 8 presents the mediation analysis examining the relationships among burnout (BO), resilience (RE), and compassion fatigue (CF) while controlling for age and gender, with a sample size of 360 participants. The analysis revealed that burnout had a significant indirect effect on compassion fatigue through resilience, with an effect size of .142 and a 95% confidence interval ranging from .0785 to .2217, indicating that resilience partially mediated

this relationship. This means that burnout influences compassion fatigue not only directly but also indirectly by affecting resilience levels. Notably, burnout has a significant positive effect on resilience (.307), and resilience, in turn, positively influences compassion fatigue (.462). Although it may seem counterintuitive that resilience increases alongside burnout and compassion fatigue, this dynamic illustrates the complex interplay where resilience may be mobilized as a coping mechanism in response to heightened burnout but can still leave individuals vulnerable to compassion fatigue. The direct effect of burnout on compassion fatigue is also strong (.842), suggesting that burnout significantly predicts compassion fatigue independent of resilience. Combining both direct and indirect effects, the total impact of burnout on compassion fatigue is very strong (.983).

This mediation model implies that while burnout substantially increases compassion fatigue among police health service personnel, resilience plays a nuanced role as a partial mediator. It suggests that individuals experiencing burnout engage resilience in coping with their stress, which then influences compassion fatigue levels. Supporting this complexity, Grant et al. (2019) emphasized that resilience is multifaceted its positive components like compassion satisfaction can buffer burnout and compassion fatigue, but resilience may also be depleted in stressful police contexts. Therefore, mental health programs should aim not only to strengthen resilience but also to manage and reduce burnout to effectively alleviate compassion fatigue.

This analysis underscores the intertwined roles of burnout and resilience in shaping compassion fatigue levels and highlights the importance of integrated support systems to maintain psychological health among police health service personnel. An additional related study that supports the mediation findings in Table 8 is by Ondřejková & Halamová, (2022), which explored compassion fatigue, burnout, and resilience among police officers. The study found that burnout significantly predicts compassion fatigue but that resilience plays a mediating role in this relationship. Specifically, resilience serves as both a coping resource and a psychological buffer that can lessen the impact of burnout on compassion fatigue levels. However, the study also highlighted that in highly stressful contexts such as policing, resilience itself can be taxed or strained by burnout, which may in turn influence compassion fatigue. This complex interplay mirrors the findings in Table 8, where burnout has both a direct and indirect effect on compassion fatigue through resilience, confirming the partial mediation model. Ondřejková & Halamová, emphasized the importance of fostering resilience along with burnout management to effectively reduce compassion fatigue among police personnel.

This study aligned closely with the mediation estimates presented in Table 8, reinforcing the critical roles of burnout, resilience, and compassion fatigue in police health service personnel and highlighting the need for integrative mental health interventions that target these interconnected constructs. The figure likely illustrates a mediation model where resilience acts as a mediator between burnout and compassion fatigue. This means burnout has both a direct impact on compassion fatigue and an indirect effect through its influence on resilience. Specifically, individuals with higher burnout tend to have lower resilience, which in turn increases their risk of compassion fatigue. However, resilience can also act as a protective factor, reducing compassion fatigue despite burnout's presence. The results confirm this study's hypothesis as resilience mediates the relationship between burnout and compassion fatigue among PNP medical frontliners. This finding suggests that frontliners with low level of burnout tends to have a moderate level of resilience leading to a low level of compassion fatigue.

Health frontliners with moderate level of resilience may result in a lower level of compassion fatigue. It suggests that individuals with low levels of resiliency may struggle to adapt to the stressful and exhausting demands of the disaster mental health response field. When examining the results regarding the various levels of resilience, it was found that individuals with moderate to high resilience levels did better when it came to compassion fatigue (burnout and secondary traumatic stress) and compassion satisfaction. In general, higher levels of resilience are linked to lower levels of compassion fatigue and burnout as well as increased levels of compassion satisfaction (Burnett, 2017). In this sense, when individuals experience multiple stress and adverse circumstances, such as the COVID-19 pandemic, resilience is the adaptation process against distressing events and can be an effective factor in maintaining mental health (Joyce et al., 2018; Serrão et al., 2021). Thus, maintaining moderate to high levels of resilience is important in order to buffer the harmful effects of compassion fatigue (secondary

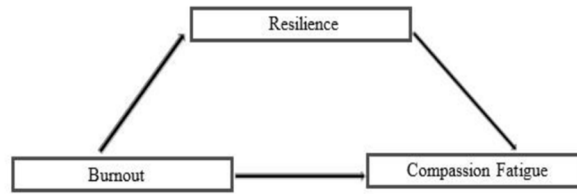


Figure 1. The hypothesized model of mediating and moderating effects

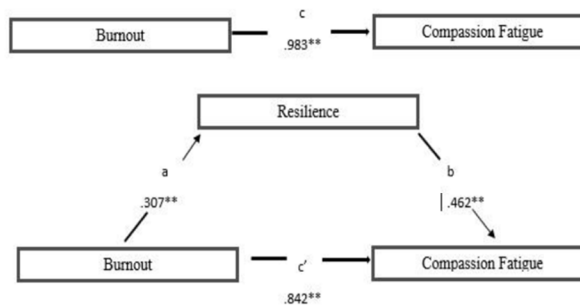


Figure 2. Path models showing total effect and mediated effect of resilience on psychological well-being.

Note: \*\*p < .001; a, b = regression coefficients; c = total effect; c' = direct effect

traumatic stress and burnout (Gonzalez et al., 2019).

Overall, the figure visually represents the complex interplay where burnout exacerbates compassion fatigue, but resilience serves as a crucial psychological resource reducing this effect. Enhancing resilience and managing burnout are therefore key strategies for protecting the mental health of personnel exposed to trauma.

The proposed psychological intervention program for police health service personnel aims to address their mental health needs by focusing on three key areas: normal resilience, average burnout, and average compassion fatigue. The program intends to enhance and maintain optimal resilience levels through resilience training programs that include workshops on stress management, mindfulness, and coping skills. Mental health professionals and trainers lead these workshops, with success indicated by improved resilience scores and increased coping capacity. To reduce burnout symptoms and promote recovery, the program implements burnout prevention and recovery activities such as psychoeducation, peer support groups, and relaxation techniques. These are facilitated by supervisors and counselors, with the goal of decreasing burnout scores and improving work engagement. For compassion fatigue, the program focuses on minimizing its effects and promoting self-care by providing education sessions on recognizing its signs and creating personalized self-care plans. Wellness coordinators manage these activities, aiming for lower compassion fatigue scores and enhanced overall well-being.

Table 9

*Proposed Psychological Intervention Program for Police Health Services Personnel*

| Key Result Areas  | Objectives                                     | Program                     | Activities   | Responsible Persons                   | Success Indicators                                  |
|-------------------|--|-----------------------------|--|---------------------------------------|---|
| Normal Resilience | Enhance and maintain optimal resilience levels | Resilience Training Program | Workshops on stress management, mindfulness, coping skills | Mental Health Professionals, Trainers | Improved resilience scores; increased coping skills |

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|                            |   |                               |  |                         |   |
|----------------------------|---|-------------------------------|--|-------------------------|---|
| Average Burnout            | Reduce burnout symptoms and promote recovery      | Burnout Prevention & Recovery | Psychoeducation, peer support groups, relaxation techniques        | Supervisors, Counselors | Decreased burnout scores; better work engagement                |
| Average Compassion Fatigue | Minimize compassion fatigue and promote self-care | Compassion Fatigue Awareness  | Education sessions on signs of compassion fatigue; self-care plans | Wellness Coordinators   | Lower compassion fatigue scores; improved well-being indicators |

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#### 4. Conclusions

- The demographic profile showed that police health service personnel were predominantly young adults and largely male, indicating a youthful and male-dominated workforce that may require targeted support programs addressing the unique stressors faced by younger officers compared to older or female personnel.
- Police health service personnel exhibited normal resilience, average burnout, and average compassion fatigue, which collectively indicated a workforce that generally maintained an adequate capacity to cope with occupational stressors but simultaneously experienced moderate levels of emotional exhaustion and stress associated with their demanding roles.
- Respondents' sex was found to have a significant difference in burnout, indicating that gender played a crucial role in how burnout was experienced within the workforce; this highlighted the complexity of occupational stress and suggested that female personnel may be more vulnerable to burnout due to pressures from both their professional duties and personal lives.
- The moderate positive correlation between resilience and burnout indicated that as resilience was engaged, it may also be challenged by the stressors contributing to burnout among police health service personnel.
- Burnout significantly affected compassion fatigue among police health service personnel, showing both a strong direct impact and an indirect influence through resilience, indicating that higher levels of burnout greatly increased the likelihood of experiencing compassion fatigue.
- The proposed psychological program for police health service personnel with normal resilience, average burnout, and average compassion fatigue aimed to enhance their psychological well-being by strengthening resilience, reducing burnout symptoms, and minimizing compassion fatigue

#### *Recommendation*

- Police health service personnel may actively participate in resilience-building workshops and self-care activities to maintain their psychological well-being and better manage burnout and compassion fatigue.
- Family members may provide emotional support and understanding to police personnel, encouraging open communication and promoting healthy coping strategies at home.
- Co-workers of the police personnel may foster a supportive work environment by promoting teamwork, peer support groups, and shared stress management practices.
- The PNP HR Director may implement policies that prioritize mental health resources, regular assessment, and tailored interventions addressing burnout and compassion fatigue among personnel.
- PNP officials may allocate sufficient funding and resources to develop and sustain comprehensive

psychological intervention programs, ensuring accessibility and confidentiality.

- Future researchers may explore longitudinal studies to evaluate the long-term effectiveness of psychological programs and identify additional risk and protective factors in this population.
- Before the implementation of the proposed psychological program, it may undergo pilot testing and stakeholder consultations to ensure its relevance, acceptance, and practicality within the police health service context.

## 5. References

- Bozdag, F. and Ergun, N. (2020). Psychological resilience of healthcare professionals during COVID-19 pandemic. *Psychological Reports*, 124(6), 2567-2586. [10.1177/0033294120965477](https://doi.org/10.1177/0033294120965477).
- Burnett, H. (2017). Revisiting the compassion fatigue and resilience connection: A survey of resilience, compassion fatigue, burnout, and compassion satisfaction among trauma responders. *Journal of Police Emergency Response*, 7(3), 1-10.
- Burnett, H. & Wahl, K. (2015). The compassion fatigue and resilience connection: A survey of resilience, compassion fatigue, burnout, and compassion satisfaction among trauma responders. *International Journal of Emergency Mental Health and Human Resilience*, 17, 318-326. Doi: 10.4172/1522-4821.1000.
- Circenis, K. and Millere, I. (2011). Compassion fatigue, burnout and contributory factors among nurses in Latvia. *Procedia-Social and Behavioral Sciences*, 30(2011), 2042-2046. <https://doi.org/10.1016/j.sbspro.2011.10.395>.
- Da Costa, B. R. C., & Pinto, I. C. J. F. (2017). Stress, burnout and coping in health professionals: A literature review. *Journal of Psychology and Brain Studies*, 1(1), 4.
- Dean, E. (2014). What does it take to cope with the pressures of work? *Nursing Management*, 21(3), 8-9.
- Department of Health. (2021). Updates on Novel Coronavirus Disease (COVID-19) | Nationwide Cases Data. <https://doh.gov.ph/2019-nCoV>.
- Gonzalez, T. C., Helm, H., & Edwards, L. I. (2019). An Examination of Resilience, Compassion Fatigue, Burnout, and Compassion Satisfaction between Men and Women among Trauma Responders. *North American Journal of Psychology*, 21(1). <https://digitalcommons.andrews.edu/1013>.
- Grant, H. B., Kinman, G., & Alexander, D. A. (2019). An exploratory study of police officers: Low compassion fatigue and burnout and the role of compassion satisfaction. *Frontiers in Psychology*, 10, 2793. <https://doi.org/10.3389/fpsyg.2019.02793>
- Joyce, S., Shand, F., Tighe, J., Laurent, S. J., Bryant, R. A., & Harvey, S. B. (2018). Road to resilience: a systematic review and meta-analysis of resilience training programmes and interventions. *BMJ open*, 8(6), e017858.
- Labrague, L.J., De los Santos, J.A.A., Fakguera, C.C. (2021). Social and Emotional Loneliness among College Students during the COVID-19 Pandemic: The Predictive Role of Coping 23 Behaviors, Social Support and Personal Resilience. *Perspectives in Psychiatric Care* (Ahead of print).
- Laufs, J., & Waseen, Z. (2020). Policing in pandemics: A systematic review and best practices for police response to COVID-19. *International Journal of Disaster Risk Reduction*, 51(2020) 101812. <https://doi.org/10.1016/j.ijdr.2020.101812>
- Ogungbamila, B., & Fajemirokun, I. (2016). Job stress and police burnout: Moderating roles of gender and marital status. *IAFOR Journal of Psychology and the Behavioural Sciences*, 2(3), 17-32.
- Ondrejková, N., & Halamová, J. (2022). Qualitative analysis of compassion fatigue and coping strategies among nurses. *International journal of nursing sciences*, 9(4), 467-480.
- Pinki, P., Panchal, S., & Pal, S. (2021). Gender differences in stress symptoms and burnout among police constables. *Indian Journal of Psychology and Mental Health*, 13(2), 15-28. <https://doi.org/10.5958/2394-2061.2021.00018.4>
- Prada-Ospina, R. (2019). Social psychological factors and their relation to work-related stress as generating

- effect of burnout. *Interdisciplinaria*, 36(2), 39-53.
- Queirós, C., Passos, F., Bártolo, A., Faria, S., Fonseca, S. M., Marques, A. J., ... & Pereira, A. (2020). Job stress, burnout and coping in police officers: relationships and psychometric properties of the organizational police stress questionnaire. *International journal of environmental research and public health*, 17(18), 6718.
- Serrão, C.; Castro, L.; Teixeira, A.; Rodrigues, A.R.; Duarte, I. Resiliência em médicos: Contributos para a validação da versão portuguesa da Escala de Resiliência. *Acta Med. Port.* 2021, in press.
- Shechter, A., Diaz, F., Moise, N., Anstey, D. E., Ye, S., Agarwal, S., & Claassen, J. (2020). Psychological distress, coping behaviors, and preferences for support among New York healthcare workers during the COVID-19 pandemic. *General hospital psychiatry*, 66, 1-8.
- Steenbeek, A., et al. (2020). Resilience support to enhance positive health outcomes for police officers: A systematic review. *BMJ Open*, 10(12), e038895. <https://doi.org/10.1136/bmjopen-2020-038895>
- Turgoose, D., Glover, N., Barker, C., & Maddox, L. (2017). Empathy, compassion fatigue, and burnout in police officers working with rape victims. *Traumatology*, 23(2), 205.