

Burnout: Manifestation of Work Engagement and Avoidance Coping Among Nurses

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Abstract

Purpose – This study analyzes the relationship between work engagement, avoidance coping, and burnout among nurses. It specifically investigates the mediating role of avoidance coping in the pathway from positive work engagement to reduced burnout.

Design/methodology/approach – A quantitative, explanatory cross-sectional design was used. Data were collected via questionnaires from 59 inpatient nurses at a private hospital in Surabaya and analyzed using the PLS-SEM method.

Originality – This study clarifies the specific behavioural mechanism (avoidance coping) through which a positive psychological state protects nurses. This confirms that engagement prevents burnout through a dual pathway: directly, and indirectly by reducing the adoption of maladaptive coping strategies.

Findings and Discussion – The results show that work engagement significantly and negatively predicts both burnout and the use of avoidance coping. Avoidance coping, in turn, was a significant positive predictor of burnout. The key finding is that avoidance coping significantly mediates the relationship between work engagement and burnout. This implies that engagement's protective effect is not just psychological but also behavioral.

Conclusion – Work engagement prevents burnout through a dual pathway: it acts as a direct psychological shield and, indirectly, it reduces the adoption of maladaptive coping strategies.

Keywords – Burnout, Work Engagement, Avoidance Coping, PLS-SEM, Nurse

Introduction

The urgency of this research is underscored by the significant and escalating phenomenon of burnout among nurses, which directly threatens the quality of healthcare and patient safety. At Private hospital Surabaya, this issue is not merely anecdotal but is evidenced by concrete data showing high work fatigue, a significant nurse-to-patient ratio of up to 1:10, and a surge in patient complaints detailing critical neglect, slow response times, and cynical attitudes from nursing staff. These behaviours, manifestations of emotional exhaustion and depersonalization, have led to tangible negative outcomes, including medication errors and a decline in the hospital's reputation, forcing patients to opt for lower-class wards in search of better care. This crisis, fueled by a chronic shortage of staff and an increasingly complex patient profile post-

pandemic, demands immediate investigation to understand the underlying psychological mechanisms and formulate effective interventions before the quality of care is further eroded.

Table 1.1 Attendance Recapitulation Data for Inpatient Unit Nurses

Year	Number of Nurses	Sick Days	Leave Days	Alpha (Absent) Days	Total Absence (days)	Total Attendance (days)
2022	145	42	197	8	222	5250
2023	143	15	203	0	197	5283
2024	146	12	277	0	197	4735

Source: HRD Report, Private Hospital Surabaya, 2024

Private hospital Surabaya was selected as the research object because it presents a well-documented and acute case of the challenges facing urban hospitals today. Unlike a generic study, this research leverages specific internal data from Private hospital, including multi-year attendance records that indicate a shift towards more planned absences, detailed performance indicators (BOR, ALOS, BTO) showing rising workloads, and direct access to a platform of patient complaints that provide qualitative evidence of declining service quality. Furthermore, interviews with hospital management reveal unique institutional dynamics, such as the "hidden workload" created by staff turnover and the complex interplay between systemic pressures and managerial perceptions. This combination of quantitative data and qualitative insights makes Private hospital a distinct and ideal environment to study the burnout phenomenon in-depth, offering a microcosm of a systemic issue with specific, measurable variables.

Table 1.2 Recapitulation of Performance Indicators and Inpatient Involvement

Service Performance Indicator	Year		
	2022	2023	2024
Bed Occupancy Rate (BOR)	47,92%	54,46%	60,72%
Average Length of Stay (ALOS) (days)	4,13	4,15	3,65
Bed Turn Over (BTO) (times)	42,76	44,29	61,71
Total Patient Visits (New and Old)	135.118 (New) 7.290 (Old)	143.674 (New) 7.939 (Old)	190.498 (New) 9.182 (Old)
Total Patients	142.408	151.613	199.680

Source: HRD Report, Private Hospital Surabaya, 2024

This study investigates the intricate relationship between work engagement, burnout, and the mediating role of avoidance coping. Work engagement is conceptualized as a positive psychological state characterized by vigor,

dedication, and absorption, acting as a protective resource for employees. Conversely, burnout is a negative syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment resulting from chronic workplace stress. The central hypothesis is that high work engagement has a direct negative effect on burnout. This relationship is further explained through the mediating variable of avoidance coping—a maladaptive strategy where individuals evade stressors rather than confronting them. It is proposed that highly engaged nurses, possessing greater psychological resources, are less likely to resort to avoidance coping, and it is this proactive, problem-focused approach that ultimately shields them from the debilitating effects of burnout.

A critical research gap was identified from a review of previous studies, particularly the work of Sari (2021) conducted in Surabaya. Sari's research found that while work engagement successfully mediated the relationship between job resources and burnout, it failed to mediate the link between job demands and burnout. This crucial finding raised an unanswered question: what psychological mechanism explains how high job demands lead to burnout if not through a decrease in engagement? While other recent studies, such as Renggani & Zona (2024), have explored resilience as a mediator, and Herachwati et al. (2024) examined job satisfaction, none have specifically tested maladaptive coping strategies as the missing link in the job demands pathway. This study posits that avoidance coping is the overlooked variable that can explain this gap, suggesting that under high demand, the choice of coping strategy is a more direct determinant of burnout than the level of engagement alone.

This research addresses a significant gap by proposing and testing a novel framework where avoidance coping mediates the relationship between work engagement and burnout. The novelty lies in identifying a specific behavioural mechanism (avoidance coping) that explains why even engaged employees might succumb to burnout under high job demands, a question left unanswered by previous studies. The practical benefit of this research is to provide hospital management with a more nuanced understanding of nurse well-being, suggesting that interventions should not only focus on fostering engagement but also on actively training nurses in adaptive, problem-focused coping strategies to prevent the adoption of harmful avoidance behaviours. Theoretically, this study contributes to human resource management literature by clarifying the process through which a positive psychological state (engagement) can be undermined, leading to negative outcomes (burnout). The objectives are therefore to empirically prove the negative influence of work engagement on both burnout and avoidance coping, the positive influence of avoidance coping on burnout, and ultimately, to confirm the significant mediating role of avoidance coping in this critical relationship. This study aims to analyze the direct and indirect effects of work engagement on burnout mediated by avoidance coping among nurses at Private Hospital Surabaya.

Literature Review

This study's theoretical framework integrates three complementary theories to explain the relationship between work engagement, avoidance coping, and burnout:

1. The Job Demands-Resources (JD-R) Model provides the primary framework, positioning Work Engagement (X) and Burnout (Y) as opposing psychological outcomes.
2. The Transactional Model of Stress and Coping (Lazarus & Folkman, 1984) introduces the behavioural mechanism, Avoidance Coping (Z), which explains how individuals manage workplace stress.
3. The Conservation of Resources (COR) Theory (Hobfoll, 1989) supplies the underlying psychological motivation, explaining why an individual's level of resources (in this case, engagement) dictates their choice of coping strategy.

2.1 The Relationship Between Work Engagement (X) and Burnout (Y)

Burnout (Y), the primary dependent variable, is a psychological syndrome defined by three dimensions: emotional exhaustion, depersonalization (or cynicism), and a sense of reduced personal accomplishment (Maslach & Jackson, 1981). It is a well-documented crisis in the nursing profession, resulting from chronic, unmanaged workplace stress. Its conceptual and empirical "antipode" is Work Engagement (X). It is a positive, fulfilling state of mind characterized by vigor (high energy), dedication (strong involvement and purpose), and absorption (full concentration). According to the JD-R model, burnout is often the result of high job demands and low job resources. Conversely, work engagement is fostered by high job resources (like support, autonomy, and professional development), which in turn provides individuals with the personal resources to combat burnout. This established negative relationship forms the basis for the first hypothesis.

- H1: Work Engagement has a negative effect on Burnout in inpatient nurses at Private Hospital in Surabaya.

2.2 The Research Gap and The Mediating Role of Avoidance Coping (Z)

However, this direct relationship does not explain the full picture. Previous research in the Surabaya context (Sari, 2021) found that while engagement mediated the link between resources and burnout, it failed to fully explain the link between high job demands and burnout. This suggests a critical gap: how exactly does a positive state like engagement protect a nurse from the stress of high demands?

This study proposes that the "missing link" is not just the state of engagement, but the behavioural choices it enables—namely, the choice of coping strategy. This is where the Transactional Model of Stress and Coping becomes relevant, holding that stress is an interaction between an individual and their environment, managed via cognitive and behavioural efforts.

We focus specifically on Avoidance Coping (Z), a maladaptive strategy where an individual tries to escape from a stressor through behavioural disengagement (e.g., giving up, procrastinating), mental disengagement (e.g., daydreaming), or denial. While avoidance may offer short-term relief, it is a counterproductive strategy for chronic workplace stressors. By failing to address the root problem, the stressor (e.g., high workload) is allowed to persist, which continuously drains the nurse's resources. This directly

accelerates the "loss spiral" into emotional exhaustion and depersonalization.

- H3: Avoidance Coping has a positive effect on Burnout in inpatient nurses at Private Hospital in Surabaya.

2.3 The Link Between Work Engagement (X) and Avoidance Coping (Z)

The final and most critical step is to connect work engagement (X) to avoidance coping (Z). This link is best explained by the Conservation of Resources (COR) Theory, which argues that individuals are motivated to acquire and protect their resources (e.g., energy, time, self-efficacy).

A nurse with high work engagement possesses a "resource caravan"—a surplus of energy, optimism, and purpose. When faced with a stressor, they have the resources to "invest" in active, problem-focused solutions. They are less likely to see the need for "cheap" but passive strategies like avoidance. Conversely, a nurse with low engagement is already in a state of depleted resources. They lack the energy to confront problems directly and are thus forced to resort to avoidance coping as a defense mechanism to protect what little energy they have left.

This suggests that engaged nurses are not just less burned out; they are less burned out because they cope differently. This integrated theoretical framework leads to the study's central hypotheses.

- H2: Work Engagement has a negative effect on Avoidance Coping in inpatient nurses at Private Hospital in Surabaya.
- H4: Work Engagement has a negative effect on Burnout through the mediating role of Avoidance Coping in inpatient nurses at Private Hospital in Surabaya.

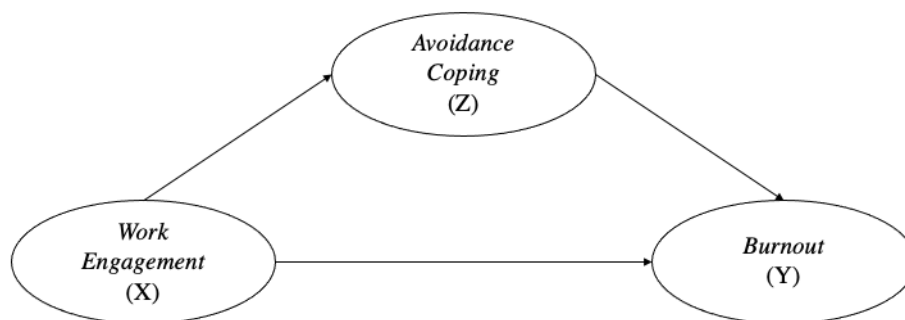


Figure 2.1 Conceptual Research Framework

Methods, Data, and Analysis

This study uses a quantitative approach with an explanatory research design to explain the causal relationships between variables. Viewed from its time dimension, this study uses a cross-sectional design, where all data for the independent, dependent, and mediating variables were collected from respondents at the same point in time. The data used in this study consist of primary data and secondary data.

The population in this study was all nurses on duty in the inpatient installation unit of a private hospital in Surabaya, totaling 146 people. The

sampling technique used a non-probability method, and the sample size was calculated using the Slovin Formula with a margin of error of 10% or 0.1.

$$n = \frac{N}{1 + N(e)^2} = \frac{146}{1 + 146(0,1)^2} = 59,3$$

Based on the formula calculation, a minimum sample size of 59.3 was obtained, which was rounded to 59 respondents.

Primary data collection was carried out by distributing questionnaires (angket) directly to the 59 respondents who met the criteria. Meanwhile, secondary data were obtained from internal hospital documents, interview data, and relevant literature studies. Measurement of research variables used tested instruments and adopted an ordinal Likert scale. The data analysis technique used was Partial Least Squares Structural Equation Modeling (PLS-SEM) with the assistance of SmartPLS software. This analysis was conducted in two stages: first, descriptive analysis to provide a general overview of the data, and second, inferential analysis (PLS-SEM). The PLS-SEM analysis began with the evaluation of the measurement model (outer model) to ensure instrument validity and reliability, which included convergent validity testing (loading factor values > 0.70; AVE > 0.50; Composite Reliability > 0.70) and discriminant validity (Fornell-Larcker criterion and HTMT < 0.90). After the measurement model was deemed valid and reliable, the structural model (inner model) was evaluated to test the hypotheses by analyzing path coefficients and their significance through the bootstrapping procedure (T-statistic > 1.96 and p-value < 0.05), as well as examining the coefficient of determination (R²) and mediation effects (indirect effects).

Results

4.1 Respondent Characteristics and Research Context

This research involved 59 inpatient nurses from a private hospital in Surabaya. The sample was dominated by female nurses (84.7%) with a high level of professional maturity, as reflected in the dominant age group of 31-35 years (59.3%) and an accumulated work tenure in the 6-15 year range (totalling 81.4%). With a majority (52.5%) having completed higher education (S1 Keperawatan/Ners), the research sample generally possesses mature personal resources, which is a relevant context for discussing engagement and coping strategies.

Table 4.1 Summary of Measurement Model (Outer Model) Test

Variable	Indicator	Loadings	Cronbach's Alpha	Composite Reliability (CR)	AVE
Work Engagement (X)	X1.1 (Vigor)	0.927	0.844	0.907	0.761
	X1.2 (Dedication)	0.935			
	X1.3 (Absorption)	0.741			
Avoidance Coping (Z)	Z1.1 (Behavioural Diseng.)	0.911	0.850	0.875	0.769

Variable	Indicator	Loadings	Cronbach's Alpha	Composite Reliability (CR)	AVE
	Z1.2 (Mental Diseng.)	0.808			
	Z1.3 (Denial)	0.908			
	Y1.1 (Emotional Exhaustion)	0.717	0.811	0.865	0.726
Burnout (Y)	Y1.2 (Depersonalization)	0.929			
	Y1.3 (Reduced Personal Accomplishment)	0.895			

Source: Questionnaire Data Processing Results (2025)

4.2 Evaluation of the Measurement Model (Outer Model)

The measurement model was confirmed as robust, demonstrating strong validity and reliability for hypothesis testing. All indicators met the standards for convergent validity, with outer loading values above the 0.70 threshold and Average Variance Extracted (AVE) values for all constructs exceeding 0.50. Reliability was similarly high, with Cronbach's Alpha and Composite Reliability (CR) values surpassing 0.80. Discriminant validity was also established, meeting the Fornell-Larcker criterion. Thus, the instruments were deemed valid and reliable for evaluating the structural model.

4.3 Hypothesis Testing

Analysis of the structural model confirmed all four research hypotheses and demonstrated substantial predictive power. The model successfully explained 53.7% of the variance in Burnout ($R^2 = 0.537$) and 21.3% of the variance in Avoidance Coping ($R^2 = 0.213$), indicating that work engagement is an important predictor for both variables.

The specific path coefficients (see Table 4.3) provide a clear and coherent argumentative model:

- **H1: Work Engagement → Burnout** A significant negative effect was confirmed ($b = -0.161, p < 0.05$). This finding is consistent with the foundational Job Demands-Resources (JD-R) Theory, empirically supporting the proposition that engagement acts as a direct psychological "shield" against the debilitating effects of burnout.
- **H3: Avoidance Coping → Burnout** Avoidance coping was confirmed as a powerful positive predictor of burnout ($b = 0.644, p < 0.001$). This aligns with the Transactional Model of Stress, confirming that maladaptive strategies like denial or disengagement are dysfunctional; they allow stressors to accumulate, thereby accelerating the path toward emotional exhaustion and depersonalization.
- **H2 & H4: The Mediation Pathway** The most substantial contribution lies in the confirmation of the mediation pathway. First, **H2 (Work Engagement → Avoidance Coping)** was strongly supported ($b =$

-0.462, $p < 0.001$). This finding establishes a crucial bridge between a psychological state (engagement) and a behavioural choice (coping). This strongly supports the **Conservation of Resources (COR) Theory**, implying that resourceful employees (i.e., highly engaged nurses) possess the "resource caravan" to "invest" in proactive, problem-focused coping rather than resorting to defensive, low-energy avoidance strategies.

Finally, **H4 (Work Engagement → Avoidance Coping → Burnout)** was accepted ($b = -0.297, p < 0.001$), confirming that avoidance coping significantly mediates the primary relationship. This result is critical as it demonstrates that engagement protects nurses through two simultaneous pathways: a direct psychological shield (H1) and an indirect behavioural catalyst (H4) that promotes healthier coping choices, thereby mitigating burnout risk.

Table 4.2 Coefficient of Determination (R-Square) Values

Dependent Variable	R-Square	R-Square Adjusted	Description
Avoidance Coping (Z)	0.213	0.199	Weak
Burnout (Y)	0.537	0.521	Moderate

Source: Questionnaire Data Processing Results (2025)

Table 4.3 Hypothesis Testing Results (Direct and Indirect Effects)

Hypothesis	Influence Path	Coefficient	T-Statistics	P-Values	Description
H1	Work Engagement -> Burnout	-0.161	5.876	0.045	Accepted
H2	Work Engagement -> Avoidance Coping	-0.462	4.658	0.000	Accepted
H3	Avoidance Coping -> Burnout	0.644	7.050	0.000	Accepted
H4	Work Engagement -> Avoidance Coping -> Burnout	-0.297	3.662	0.000	Accepted

Source: Questionnaire Data Processing Results (2025)

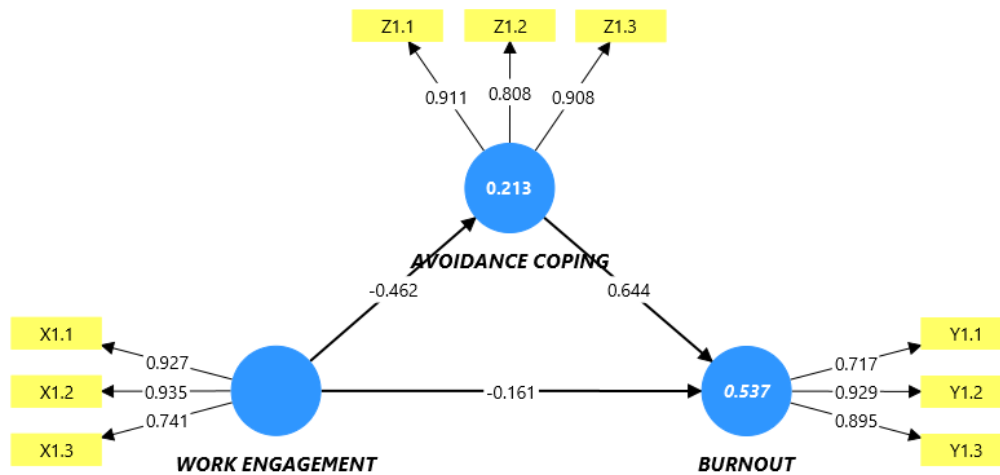


Figure 4.1 Structural Model of PLS Analysis Results
Source: Questionnaire Data Processing Results (2025)

Discussion

This study's main purpose was to empirically prove the influence of work engagement on burnout, specifically examining the mediating role of avoidance coping among inpatient nurses at RSI Jemursari Surabaya. The primary contribution of this research is its response to a significant gap identified in previous regional literature, particularly the work of Sari (2021). While prior research confirmed engagement's role, it failed to identify the mechanism linking high job demands to burnout. This study successfully addresses this gap by proposing and empirically validating avoidance coping as a key "missing link".

The results of the analysis confirmed all four of the study's hypotheses.

- H1: Work engagement was found to have a significant negative effect on burnout ($\beta = -0.161$, $p < 0.05$). This finding is consistent with the foundational Job Demands-Resources (JD-R) Theory, which posits engagement as a psychological "shield" against burnout. An interesting finding from the data is that the psychological "battle" appears to be primarily 'Dedication' (the core of engagement) actively fighting 'Depersonalization' (the core of burnout).
- H3: Avoidance coping was confirmed as a powerful positive predictor of burnout ($\beta = 0.644$, $p < 0.001$). This aligns with previous studies (e.g., Fitri, et al., 2022), confirming that maladaptive strategies like denial or behavioural disengagement are dysfunctional, as they allow stressors to accumulate and accelerate exhaustion.
- H2 & H4: The most substantial contribution lies in the mediation pathway. H2 was accepted ($\beta = -0.462$, $p < 0.001$), establishing a crucial bridge between the psychological state and behavioural choice: high work engagement significantly reduces the use of avoidance coping. This finding is strongly supported by the Conservation of Resources (COR) Theory; engaged nurses possess a "resource caravan" of energy and meaning, enabling them to "invest" in proactive, problem-focused coping rather than resorting to defensive avoidance. Finally, H4 ($\beta = -0.297$, $p < 0.001$) confirmed that avoidance coping significantly and partially mediates the

relationship between work engagement and burnout . This demonstrates that engagement protects nurses through two simultaneous pathways: a direct psychological shield (H1) and an indirect behavioural catalyst (H4) that promotes healthier coping choices.

The study found no unexpected or non-significant results, as all four hypotheses were accepted, providing a clear and coherent model.

The managerial implications of this dual mechanism are significant. The findings show that it is insufficient for hospital management to only focus on programs that boost engagement (like appreciation or career pathing). While engagement is crucial, this study proves that how a nurse copes with stress is a powerful, distinct predictor of burnout. Therefore, management must also actively provide stress management training. This training should be specifically designed to help nurses identify and replace maladaptive avoidance strategies with adaptive, problem-focused coping skills, especially for those in early career stages.

The study's findings must be interpreted within its limitations. First, the research employed a cross-sectional design, which identifies associations at a single point in time but limits the ability to infer causality. Second, the sample was drawn from a single private hospital and consisted of 59 respondents, which limits the external validity and generalizability of the findings to other contexts, such as public hospitals.

These limitations highlight insightful directions for future research. A non-obvious opportunity is to move beyond if these variables are related to how they interact over time. Future investigations should employ a longitudinal design to track the development of burnout and the choice of coping strategies in response to fluctuating work engagement. Additionally, replicating this model with larger, more diverse samples is essential to validate these findings and test their applicability in different healthcare contexts.

Conclusion

This study provides key conclusions regarding the psychological mechanisms of burnout among inpatient nurses at one of the private hospital in Surabaya. The main finding is that work engagement protects nurses through a dual-mechanism pathway: it not only acts as a direct psychological "shield" against emotional exhaustion and depersonalization but also serves as an indirect protector by changing behaviour. The results confirmed that high engagement significantly reduces the adoption of maladaptive avoidance coping strategies. This is a crucial finding, as avoidance coping itself was identified as a powerful positive predictor of burnout. For general readers, particularly hospital management, the implications are clear: interventions must be twofold. Fostering engagement (e.g., through appreciation and career pathing) is insufficient on its own. It must be actively paired with stress management training that equips nurses to replace avoidance strategies with adaptive, problem-focused coping skills. For advanced researchers, this study empirically validates avoidance coping as a significant mediator, suggesting that this behavioural variable is essential for future models of occupational stress in healthcare.

Limitation

It is important to acknowledge this study's limitations and their direct impact on the findings. The cross-sectional design limits internal validity; while it confirms a strong statistical association, it prevents a definitive conclusion of causality, meaning we cannot rule out reverse-causality (e.g., burnout eroding engagement). Furthermore, the study's external validity is constrained by its sampling method—a non-probability sample of 59 respondents from a single private hospital. This context-specific sample means the findings, such as the specific strength of the path coefficients, may not be generalizable to the broader nursing population in different settings, like public hospitals. Finally, the reliance on self-report questionnaires introduces potential common method bias, which could artificially inflate the relationships between variables, and social desirability bias, which may have led nurses to under-report the true extent of their burnout or use of avoidance coping.

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