

## The Effect of Self-Efficacy and Hardiness on Burnout in Nurses

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### ABSTRACT

**Objective:** This study aimed to examine the relationship between self-efficacy, hardiness, and burnout among nurses, considering burnout as a psychological response to prolonged occupational stress. **Method:** Utilizing a correlational quantitative design, the study involved 161 nurses selected through random sampling from a population of 300. Data were collected using validated psychological scales: a self-efficacy scale (38 items,  $\alpha = 0.829$ ), a hardiness scale (16 items,  $\alpha = 0.820$ ), and a burnout scale (32 items,  $\alpha = 0.973$ ). Data analysis was conducted using multiple linear regression via IBM SPSS 30.0. **Results:** The analysis revealed a significant joint influence of self-efficacy and hardiness on burnout ( $F(3,00) = 62.778; p < .001$ ). Furthermore, partial tests indicated that both self-efficacy ( $t = -8.609, p < .001$ ) and hardiness ( $t = -2.900, p = .004$ ) had significant negative effects on burnout, suggesting that higher levels of these psychological traits are associated with lower levels of burnout. **Novelty:** This study contributes to the field by empirically demonstrating the protective roles of self-efficacy and hardiness against burnout in healthcare professionals, offering evidence-based insights for psychological resilience-building interventions in high-stress clinical environments.

## INTRODUCTION

The quality of a hospital is highly determined by its human resources, especially health workers, including nurses. Based on research conducted by the Indonesian Ministry of Health in the Putri & Indrawati research, nurses are professions in the health sector that play an important role in the provision of health services and have an obligation to take care of patients [1]. As medical professionals, nurses have a great responsibility in saving patients' lives as well as accompanying them in the healing process. Given that their duties directly impact patient safety, this profession demands optimal physical and mental readiness. The high workload and demands to work in accordance with hospital service standards are often a source of pressure in itself. As a result, not a few nurses experience stress and emotional exhaustion. If not managed properly, this condition can develop into burnout which negatively impacts the performance and quality of nursing services [2].

Burnout, according to Maslach, is a negative response that arises as a result of prolonged stress in the work environment, which is characterized by emotional, mental and physical exhaustion. This condition, triggered by constant stress, can also lead to feelings of hopelessness, decreased cognitive function, and a sense of helplessness [3]. According to Slivar, burnout is an individual's psychological condition characterized by symptoms of physical and psychological fatigue due to increasing work demands [4].

According to Maslach, burnout It can be divided into three categories: a) emotional exhaustion (emotional weariness); b) depersonalization (depersonalization); and c) decreased personal achievement (poor personal accomplishment) [5].

According to the World Health Organization (WHO), cited in Meylanie's study, the prevalence of burnout among nurses globally ranges from 25% to 70% [6]. Meanwhile, in East Java as one of the provinces in Indonesia, a research conducted by Setyowati & Kuswantoro (2019) with the title "Prevalence of burnout syndrome among nurses in general hospitals in provincial East Java: Cross-sectional study" using a sample of 485 nurses. In the study, it was shown that 24.3% of nurses who worked in hospitals experienced depersonalization, there were nurses who showed symptoms of emotional fatigue as much as 34.8% and symptoms of decreased personal achievement as much as 24.5% [7]. Similarly, a study conducted by Chairany & Mendrofa (2023) in a private hospital in Medan, involving a sample of 37 nurses, and almost all respondents experienced relatively high burnout (64.9%), while a small percentage showed a high level of burnout. burnout low (35.1%) [8].

Based on the preliminary study carried out, it was found that the phenomenon of nurses in private hospitals in Sidoarjo Regency experiencing burnout. An initial survey involving 35 nurses showed that most respondents were experiencing symptoms burnout. As many as 47% showed a tendency to emotional fatigue, 19% experienced depersonalization, and 34% experienced a decrease in personal achievement. In general, the burnout experienced are in the medium category. These findings are in line with the characteristics of individuals who experience burnout, as explained by Saparwati and Apriyatmoko. They state that emotional fatigue is generally characterized by prolonged tiredness as well as depleted emotional capacity, resulting in individuals becoming less responsive to their surroundings. In the aspect of depersonalization, individuals who experience burnout tend to lose meaning in their work, withdraw from social interactions, and show cynical attitudes towards colleagues and patients. Meanwhile, a decline in personal achievement is generally reflected in negative self-evaluation and a decline in confidence in professional achievement [9].

Schaufeli and Buunk state that burnout has a number of negative impacts. First, the emotional aspect is characterized by symptoms of depression, mood swings, and prolonged feelings of sadness. Second, cognitive impairment includes feelings of helplessness, hopelessness, and loss of energy. Third, physical disorders appear in the form of chronic fatigue, body weakness, and decreased physical endurance. Fourth, behavioral changes are shown through a tendency to withdraw from work, which ultimately harms the organization. Finally, low motivation is reflected in decreased enthusiasm, desire, and interest in completing tasks [10]. According to Maslach, there are two factors that cause the occurrence burnout, namely First, situational factors such as organizational conditions, job characteristics, and the type of work they do, while personal factors such as personality, attitudes towards work, and demographics [3].

Among these factors, personality is one of the most influential, in particular self-efficacy and hardiness.

Bandura defines self-efficacy as an individual's capacity to function creatively, which includes social, emotional, and cognitive components. Even in challenging situations, nurses with high self-efficacy are able to overcome obstacles effectively [11]. Meanwhile, Lestari revealed that self-efficacy is a belief experienced by an individual in his ability to perform his duties under certain conditions [12]. Previous research obtained by Fairusa and Maryatmi found that there was a significant negative correlation of self efficacy and burnout in the nurse at hospital X. In that study, results were obtained that proved that there were nurses in the hospital who experienced self-efficacy high with burnout low, inversely compared nurses with a self efficacy rendah is more susceptible to burnout [13]. This is in line with the characteristics of nurses who have self-efficacy tall. According to Putri and Febriani, nurses with self-efficacy High indicates a greater level of confidence in providing nursing care, especially when dealing with situations that require specialized knowledge and skills. They also have high motivation to provide the best service, show an unyielding attitude, and have a strong belief in their abilities [14]. Bandura states that self-efficacy It consists of three components, namely: (a) magnitude (the difficulty level of the task that can be overcome), (b) generality (the scope of the situation in which self-efficacy applies), and (c) strength (the level of resilience of confidence in one's abilities) [11]. Besides self-efficacy, hardiness It is also a character trait that affects the level of burnout in individuals.

Marisa stated that hardiness is a personality trait that allows individuals to manage unexpected situations and turn stressful conditions into opportunities [15]. Then, according to Kobasa in Yulhaida's research, describing hardiness as a set of personality characteristics that help individuals cope with stress and reduce its negative impact by building strength, resilience, stability, and an optimistic attitude [16]. As for the aspects hardiness by Kobasa namely: a. Commitment, b. Control, c. Challenge [17]. Previous research by Suryani and Mulyana found that there is a significant relationship between Burnout and hardiness in nurses. The results of the study showed a moderate negative correlation between these variables, which indicated that apabioa hardiness high, will cause low burnout. Conversely, burnout tends to be higher in a person due to low hardiness [18]. These findings are in line with the personality of individuals with relatively high hardiness, namely they are actively and enthusiastically involved in living life, have good self-control, show strong commitment, and view change as a challenge in the process of self-development [19].

This research is important because burnout among nurses is a widespread problem globally, including in Indonesia, and has a significant impact on organizational productivity, individual welfare, and the quality of health services. If not handled properly, burnout can trigger negative behaviors that harm patients and the work environment, as well as cause physical, emotional, and mental fatigue. Although many related studies have been conducted, there are still differences in terms of subjects,

variables studied, and data collection locations. In contrast to previous studies that generally only highlighted the relationship between a single independent variable and a bound variable, this study makes a new contribution by exploring the simultaneous influence of self-efficacy and hardiness on burnout. Based on the background of the problem that has been described, this study proposes three hypotheses, namely: First, the major hypothesis and Second, the minor hypothesis. Major hypothesis (H1): There is a negative influence between self-efficacy and hardiness simultaneously on burnout. Minor hypothesis (H2): There is a negative effect between self-efficacy and burnout. Minor hypothesis (H3): There is a negative effect between hardiness and burnout.

## RESEARCH METHOD

The approach in this study uses quantitative correlation. This study aims to determine the relationship between variables. The researcher used three types of research variables, namely self-efficacy as the first independent variable (X1), hardiness as the second variable (X2), and burnout as the bound variable (Y). The population of this study includes all nurses in one of the Private Hospitals in Sidoarjo City with a total population of 300 people. In the sampling of the study, the researcher chose to use the random sampling method. To determine the number of research samples, the researcher chose based on the table of Issac and Michael as a guideline with an error rate of 5%, so the number of samples in this study was 161 people.

In collecting data, researchers use questionnaires by distributing online questionnaires through google forms. This study uses three types of psychological scales as instruments in research, namely: self-efficacy scale, hardiness scale and burnout scale. In this study, the researcher used the likert scale as a model for alternative answer choices aimed at the respondents by choosing one possible answer that is in accordance with the respondent's condition, namely: very inappropriate (STS), inappropriate (TS), appropriate (S), and very appropriate (SS).

Self-efficacy (X1) tested with General Self-Efficacy Scale (GSE) adopted from the scale compiled by Kapu (2020). Aspects self-efficacy which consists of: (a) Magnitude (level of difficulty), (b) Generality (area), and (c) Strength (resilience). This scale has a reliability of 0.829 with a total of 38 items [20]. Variable hardiness (X2) measured using Occupational Hardiness Questionnaire, which is adopted from the scale compiled by Yulhaida (2018). Based on personality aspects, hardiness includes: (a) Commitment, (b) Control, and (c) Challenge. This scale has a reliability of 0.820 with a total of 16 items [16]. Meanwhile, the burnout (Y) measured using Maslach Burnout Inventory-Human Services Survei (MBI-HSS), which is adopted from the scale compiled by Milsa (2024). The aspects of the self-efficacy scale consist of three types: emotional exhaustion, depersonalization and decreased achievement of personal achievement. This scale has a reliability of 0.973 with a total of 32 items [21]. Furthermore, after the researcher obtained the data, multiple linear regression analysis was carried out using software IBM SPSS 30.0 for Windows. The purpose of this analysis is to test the influence of self-efficacy and

hardiness against burnout in nurses. Before conducting the main analysis, the researcher tested classical assumptions first including: normality test, linearity test and multicollinearity test.

## RESULTS AND DISCUSSION

### Results

**Tabel 1.** Categorization

Category	Burnout		Self-Efficacy		Hardiness	
	Frequency	%	Frequency	%	Frequency	%
Low	26	16%	30	19%	9	6%
Keep	113	70%	112	69%	135	84%
Tall	22	14%	19	12%	17	10%
Total	161	100%	161	100%	161	100%

Based on the results of the categorization of 161 respondents, it was shown that the level of burnout in nurses varied. Of which as many as 22 nurses (14%) experienced high burnout, 113 nurses (70%) were at a moderate level, and 26 nurses (16%) had low burnout rates. Thus, overall, the burnout rate of nurses is in the medium category. In the self-efficacy variable, as many as 19 nurses (12%) had high self-efficacy, 112 nurses (69%) were at a moderate level, and 30 nurses (19%) had low self-efficacy. These results show that the majority of nurses who have a moderate level of self-efficacy are in the category. Meanwhile, in the hardiness variable, as many as 17 nurses (10%) had high hardiness, 135 nurses (84%) were at moderate levels, and 9 nurses (6%) had low hardiness. Thus, it can be concluded that the level of hardiness of nurses is also in the medium category.

**Tabel 2.** Normality Test

One-Sample Kolmogorov-Smirnov Test		
N		Unstandardized Residual
		161
Normal Parameters <sup>a,b</sup>	Mean	.000000
	Std. Deviation	5.82185805
Most Extreme Differences	Absolute	.064
	Positive	.046
	Negative	-.064
Test Statistic		.064
Asymp. Sig. (2-tailed) <sup>c</sup>		.200 <sup>d</sup>

a. Test distribution is Normal.

b. Calculated from data.

c. Lilliefors Significance Correction.

d. This is a lower bound of the true significance.

The results of the above normality test showed that the value of Asymp.Sig (2-tailed) = 0.200 > 0.05. This means that the data produced is distributed normally. The

table above proves that the assumption of normality has been fulfilled and can be further analyzed.

**Tabel 3.** Multicollinearity Test

Model	Collinearity Statistics		Information
	Tolerance	VIF	
<i>Self Efficacy</i>	0.824	1.213	Multicollinearity does not occur
<i>Hardiness</i>	0.824	1.213	Multicollinearity does not occur

a. Dependent Variable: *Burnout*

Based on the results of the test above, there was no multicollinearity (VIF = 1.213; tolerance = 0.824), meaning that no relationship was found to have a significant effect on the predictor variable. This means that there is no multicollinearity, so further analysis can be carried out.

**Tabel 4.** Linearity Test

Variable Test	F	Sig. Linierty	Information
<i>Burnout – Self Efficacy</i>	123.59	<.001	Linear
<i>Burnout – Hardiness</i>	45.572	<.001	Linear

The results of the linearity test showed that there was a relationship between the variables of self-efficacy and hardiness to burnout. The table above shows the value of sig. Linearity of <0.05. This means that the regression model can be used to analyze the relationship between variables.

**Tabel 5.** Coefficiency Test Determination

Model Summary <sup>b</sup>				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.665 <sup>a</sup>	0.443	0.436	5.859

a. Predictors: (Constant), Hardiness, Self Efficacy

b. Dependent Variable: Burnout

The test table above shows that the results of the multiple linear regression test show that self-efficacy and hardiness together contributed an effective value of 44.3% to burnout (R<sup>2</sup> = .443) and 55.7% of other effective contributions are caused by other variables.

**Tabel 6.** Simultaneous Test (F Test)

		ANOVA				
Model		Sum of Squares	df	Mean Square	F	Mr.
1	Regression	4309.477	2	2154.738	62.778	<.001b
	Residual	5423.045	158	34.323		
	Total	9732.522	160			

a. Dependent Variable: Burnout

b. Predictors: (Constant), Hardiness, Self Efficacy

The results of Anova's one-way analysis showed that self-efficacy and hardiness simultaneously affected burnout ( $F(3.00) = 62.778$ ;  $p < .001$ ). This means that it was found that self-efficacy can have an impact on burnout.

**Tabel 7.** Partial Test (T Test)

		Coefficients <sup>a</sup>				
		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	151.806	7.79		19.488	<.001
	<i>Self Efficacy</i>	-0.634	0.074	-0.563	-8.609	<.001
	<i>Hardiness</i>	-0.37	0.128	-0.19	-2.900	0.004

a. Dependent Variable: Burnout

The results of the partial test (t-test) showed that the self-efficacy variable had an effect on burnout ( $t = -8,609$ ;  $p = < 0.001$ ), where the higher the self-efficacy received, the lower the level of burnout experienced by the individual. In addition, hardiness also affects burnout ( $t = -2,900$ ;  $p = 0.004$ ), which indicates that when the level of individual hardiness is high, the burnout rate becomes low.

**Tabel 8.** Independent Test of Sample T- Test Burnout by Gender

		Independent Sample Test					
Variabel	Jenis Kelamin	N	Mean	Std. Deviation	t	df	p (2-tailed)
<i>Burnout</i>	Laki-laki	28	66,29	8,032	0,699	159	0,486
	Perempuan	133	65,15	7,766	0,699	159	0,486

Based on the table above, it was found that there was no significant difference in burnout between male and female nurses ( $t[159] = 0.699$ ;  $p = 0.486$ ). Male nurses ( $M = 66.29$ ;  $SD = 8.032$ ) had higher burnout than female nurses ( $M = 65.15$ ;  $SD = 7.766$ ).

**Table 9.** Independent Test of Sample T- Test of Burnout by Age

Variable	Age	N	Mean	Std. Deviation	t	df	p (2-tailed)
<i>Burnout</i>	20-40 Years	139	65,59	7,735	0,990	159	0,324
	41-54 Years	22	63,82	8,215	0,990	159	0,324

The table above proves that there is no significant difference in burnout in nurses aged 20-40 years and 41-54 years ( $t[159] = 0.990$ ;  $p = 0.324$ ). Nurses aged 20-40 years ( $M = 65.59$ ;  $SD = 7.735$ ) had a slightly higher burnout rate than nurses aged 41-54 years ( $M = 63.82$ ;  $SD = 8.215$ ).

### Discussion

The results of the regression test conducted on the nurses showed a value of ( $F = 62.778$ ;  $p < .001$ ), which indicates that self-efficacy and hardiness simultaneously have a significant effect on burnout therefore, the major hypothesis (H1) is accepted. The results of the second hypothesis test (partial test) showed that the value ( $t = -8.609$ ,  $p < .001$ ). Therefore, the minor hypothesis (H2) is accepted and proves that self-efficacy has a significant negative effect on burnout. This means that if the level of self-efficacy in nurses is high, it will have a low impact on perceived burnout, and conversely, if the level of self-efficacy is low, the burnout rate in nurses will also be higher. Meanwhile, the test results of the hardiness variable showed a value ( $t = -2.900$ ,  $p = 0.004$ ). Furthermore, the minor hypothesis (H3) was accepted, which states that hardiness has a significant negative effect on burnout. This means that if the level of hardiness in nurses is high, it will have an impact on the low burnout felt. Conversely, if the hardiness is high, it will cause a high level of burnout that is felt.

Previous research obtained by Rohman et al. revealed that there is a significant negative relationship between self efficacy and burnout nurses in the emergency room and ICU. The results of the analysis show that the value ( $T = -0.523$ ,  $p = .000$ ) which indicates a strong correlation between variables. These findings confirm that self-efficacy The higher it is, it will have an impact on the low burnout felt by nurses [22]. This is reinforced by his theory self-efficacy put forward by Bandura, part of social cognitive theory, which emphasizes the individual's confidence in his ability to organize and complete his tasks in a timely manner [11]. In the context of employment, nurses with self-efficacy Taller is more confident in facing challenges, able to manage stress well, and more resilient in dealing with work pressure. On the other hand, those with low confidence levels are more likely to be exposed to anxiety, stress, and emotional exhaustion which leads to an increased risk burnout [23].

Besides self-efficacy, burnout faced by nurses can also be minimized through hardiness. The results of previous research conducted by Aprilia and Yulianti showed that the two variables were negatively related by ( $r = -0,560$ ,  $p < 0.01$ ) [24]. This is supported by the existence of a theory hardiness according to Kobasa in Yulhaida's research, explaining hardiness is a personality trait that makes a person have resistance to stress and be better able to face challenges in life [16]. However, there are other studies that are not in the same direction as this study such as the one conducted by Polapa et al. saying that no relationship was found hardiness With burnout on the nurses of X Manado Hospital [25]. In the context of employment, nurses who have hardiness will show a strong interest in being able to complete the tasks assigned to him. Not only that, the characteristics of individuals who have a high hardiness personality are that they are able to think positively, be proactive to solve problems, and admit things when there is a change in the work environment. On the other hand, if individuals have a low level of hardiness, they tend to be more prone to depression, stress, and other health diseases [26]. They are also more prone to feeling insecure when facing challenges at work.

This study highlights that self-efficacy and hardiness play a role in reducing burnout in nurses. Self-efficacy helps nurses feel more confident in dealing with work pressure, so they can better manage stress, complete tasks effectively, and stay motivated in their work. With confidence in their own abilities, nurses are better prepared to face challenges without feeling emotionally burdened. Meanwhile, hardiness acts as a psychological bulwark, allowing nurses to survive stressful work situations, stay focused on goals, and develop a positive attitude towards challenges. Nurses with high hardiness do not give up easily when faced with difficulties, but rather see it as an opportunity to develop and strengthen mental endurance.

The results of the analysis show that self-efficacy and hardiness contributed 44.3% to burnout ( $R^2 = 0.443$ ). Meanwhile, 55.7% were influenced by other variables, such as social support [27], Workload [28], spiritual well-being [29], work stress [30], emotional intelligence [31], demographics include age, gender, and marital status [32]. These findings are in line with Maslach, who states that burnout is related to situational factors that include the type and personality of the worker and the organizational environment, while individual factors, namely demographics, attitudes towards the profession, and personality [3].

The results of the analysis of independent sample t-test from burnout Reviewed by gender, it showed that there was no significant difference in burnout between male and female nurses ( $t[159] = 0,699$ ;  $p = 0.486$ ). Which male nurses have a level burnout which is slightly higher than female nurses. This research is supported by previous research by Fyana and Rozali which stated that there is no difference in level burnout between the male and female sexes. The main factor influencing this is equality in the work environment, where organizations apply the same workload and targets. In addition, organizational policies, including career advancement opportunities, apply equally

regardless of gender. With these conditions, individuals from both groups have similar perceptions in dealing with job demands [33].

Then, based on the results of the independent sample t-test burnout reviewed based on age that there is no difference burnout between nurses aged 20-40 years and 41-54 years ( $t[159] = 0,990$ ;  $p = 0.324$ ). Where nurses aged 20-40 years have a level of burnout which is slightly higher with a value ( $M = 65.59$ ) compared to nurses aged 41-54 years ( $M = 63.82$ ). The results of the study showed that in the same direction as the previous study conducted by Prihantoro stated that there was no significant difference in the tendency burnout if viewed from age. The Independent Samples Test proves the value ( $p = 0.294$ ), so the difference is not statistically significant [34].

Based on the results of the categorization, as many as 113 out of 161 nurses (70%) had a burnout rate in the medium category, while 22 nurses (14%) were still in the high category, in the self-efficacy categorization 112 nurses (69%) had a level of self-efficacy in the medium category, but there were still 30 nurses (19%) in the low category. In the hardiness categorization, 135 nurses (84%) were at a moderate level, while 9 nurses (6%) had low hardiness. Overall, these results suggest that the levels of self-efficacy, hardiness, and burnout in nurses tend to be in the moderate or moderately good category. However, there are still nurses with low self-efficacy and hardiness as well as high burnout, which requires more attention from hospitals to prevent negative impacts on the welfare of nurses and the quality of services provided.

How to reduce the risk of burnout in nurses, with increased self-efficacy and hardiness can be done through various strategic interventions. Self-efficacy can be strengthened through hands-on experience-based training, providing positive feedback, and social support from colleagues and superiors. Meanwhile, hardiness can be improved by building psychological resilience through adaptive coping strategies, strengthening meaning in work, and stress management training. In addition, creating a supportive work environment and providing self-development programs also contribute to increasing nurses' resilience to work pressure, so that the risk of burnout can be minimized.

## CONCLUSION

**Fundamental Finding :** The study confirms that self-efficacy and hardiness have a significant negative influence on burnout among nurses, both simultaneously and partially, indicating that higher levels of these psychological resources are associated with lower levels of burnout. **Implication :** These findings underscore the critical need for hospitals to implement interventions that foster self-efficacy and hardiness among nurses, such as experience-based training, positive reinforcement, stress management programs, and supportive work environments to enhance psychological resilience and mitigate occupational burnout. **Limitation :** However, the study is limited by its focus on only two psychological variables and a single professional group within one setting, which may restrict the generalizability of the results across broader healthcare

populations and work contexts. **Future Research** : Further studies should examine additional variables influencing burnout—such as social support, spiritual well-being, emotional intelligence, workload, and demographic characteristics—and employ qualitative or longitudinal methods to gain a deeper understanding of the dynamic psychological experiences of nurses in high-pressure clinical environments.

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