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Health Professional Stress, Self-Efficiency, and Social Family Support Towards Burnout with Resilience as Moderator and Mediator in Health Workers Handling Covid-19 In Karawang

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Abstract

This research is motivated by the inconsistency of the results of previous studies regarding the factors that influence burnout. Skirrow & Hatton (2017), Attri & Devi (2017),and Liu & Aungsuroch (2019) found that health professional stress, self-efficacy, and familysocial support had an effect on burnout. However, research by Jenkins & Elliot (2014), Alireza, Saeed, & Sholeh (2019), Ghazali et al., (2018) and Greenglass, Burke, & Konarski(2017) found that it had no significant effect on burnout. Researchers suspect that further research is needed to be able to provide clarity on several variables that affect burnout. Researchers make resilience as a mediator variable and also a moderator to be able to providea consistent influence. The purpose of this study was to examine the theoretical model of resilience as a moderator of health professional stress, and a mediator of self-efficacy, familysocial support on burnout. The research model that the researcher uses is a structural modelwith a total of 367 respondents, which were taken by purposive sampling technique. Data were collected using the Maslach Burnout Inventory-Human Services Survey (MBI-HSS), Connor-Davidson's Resilience Scale (CD-RISC), Health Professional Stress Inventory (HPSI), General Self-Efficacy scale, and Family Support Inventory. Based on the results ofthe model test, it is known that resilience as a moderator of health professional stress, and amediator of self-efficacy, family social support for burnout fit (matches) with empirical data. Based on the results of statistical tests of resilience, and self-efficacy have a negative and significant effect on burnout, health professional stress has a positive and significant effect on burnout. Meanwhile, family social support has no negative and significant effect on burnout. Resilience has a significant

function as a moderator of the effect of health professional stress, and a mediator of the effect of self-efficacy on burnout. However, resilience cannot mediate the effect of family social support on burnout.

Keywords: Burnout, Resilience, Health Professional Stress, Self-Efficacy, Family Social Support, Health Workers, Covid-19, Karawang.

Introduction

During the Covid-19 pandemic, health workers were at the forefront of handling cases of patients infected with Covid-19. There has been a spike in the increase in active cases of Covid-19 in a number of countries, where the transmission covers a wider layer of society, this is because the level of public awareness of Covid-19 has decreased after the Covid-19 case has decreased (Kompas, 2021). Industrial clusters have been the biggest contributor to the increase in the number of confirmed Covid-19 positives, especially the largest industrial area in Southeast Asia which is located in Karawang, Indonesia, with approximately 1,762 factories operating (karawangkab.bps.go.id, 2021).

This has an impact on health facilities and also health care workers, because the number of patients exposed to Covid-19 is increasing. Health workers are starting to get overwhelmed with the current conditions in serving health services for Covid-19 patients, and the condition is made worse by the presence of health workers who are exposed to the corona virus. Based on the results of interviews with health workers, they felt tired not only physically but emotionally because they had failed in their efforts to help overcome this pandemic problem. They feel that they have struggled to help treat and heal patients exposed to Covid-19 but at the same time some people do not implement health protocols, thereby reducing feelings of empathy in treating Covid-19 patients. Besides that, working conditions must use Personal Protective Equipment (PPE) greatly affects movement and mobility, as well as long working hours, resulting in health workers being less able to carry out their work optimally.

The phenomenon of the health service situation in Karawang above, has the potential to experience burnout or mental fatigue. This is in accordance with the findings in a study conducted by a research team from the Faculty of Medicine, University of Indonesia showing the fact that as many as 83% of health workers in Indonesia during the Covid-19 pandemic had experienced moderate to severe burnout, with 41% of health workers experiencing emotional exhaustion at a high level of burnout. moderate and severe, 22% experienced moderate and severe loss of empathy, and 52% experienced ineffectiveness in reducing productivity at work at moderate and severe levels (FKUI, 2020). Another study investigated the link between burnout, anxiety, and stress during the Covid-19 pandemic, showing that doctors and nurses experience high levels of mental health problems including burnout (Sung, et al., 2020).

Burnout is a syndrome, emotional exhaustion and reduced sense of empathy that often occurs among individuals who have worked especially in the field of human service (Abushaikha & Saca-Hazboun, 2009). Leiter & Maslach (2016) added that burnout is a syndrome of emotional exhaustion, reduced empathy, and feeling ineffective referring to a decrease in productivity at work that can occur in individuals who work more with people-related jobs such as health jobs. Health workers experience higher burnout rates than other service workers (Xian, Zhai, Xiong, & Han, 2020).

A study conducted on healthcare professionals showed a positive and significant relationship between stress and burnout (Morgantini, et al., 2020). Stress felt by health care

professionals has the greatest influence on fatigue compared to other factors (Akintola, Hlengwa, & Dageid, 2013). Health professional stress are factors that cause stress in health workers that occur more specifically than some other general factors that make them vulnerable

to burnout (Wolfgang, in Susanti, 2014). Systematic findings conducted by Skirrow & Hatton,(2017) show that stress can predict burnout in health care workers for individuals with intellectual disabilities. And on the other hand, a review in the research of Khamisa, Peltzer, & Oldenburg (2013) states that the relationship between health professional stress and burnout has a low quality relationship. It can be seen that the analysis of the relationship between the two constructs has not shown consistent results.

Conditions that may also affect burnout of health workers during a pandemic are internal factors in the form of cognitive factors, namely having confidence in whether they have the ability to deal with an incident effectively. Self-efficacy is needed by a health worker in solving various problems related to their services to patients and avoiding burnout syndrome. Based on research studies reported that increased self-efficacy among nurses will lead to a decrease in emotional exhaustion and will reduce burnout levels (Moghadam & Poorahmad, 2012). Furthermore, a study conducted by Kokkonen, Cheston, Dallos, & Smart (2014) on nurses caring for the elderly with dementia, also showed that high levels of burnout were associated with low levels of self-efficacy.

Although several studies have analyzed the relationship between self-efficacy and burnout, the results of the analysis of the relationship between the two constructs have not shown consistent results. In Alireza, Saeed, & Sholeh's research (2019), it is stated that there is no negative correlation found between self-efficacy with depersonalization and emotional exhaustion, meaning that a high level of self-efficacy will not reduce levels of emotional exhaustion and depersonalization.

To be able to block the burnout felt by health workers during the Covid-19 pandemic, not only strengthening through internal factors, but also strengthening from external factors is needed. According to Morgan (2011), psychological external factors that play an important role in the welfare of life are social support. The results of El-Zoghby, Soltan, & Salama (2020) research conducted on 510 respondents found that to reduce the various impacts of the Covid-19 pandemic, there was an increase in social support from friends by 24.2%, support from family members by 40, 6%, and social support from others by 34.5%, from the results of the study it can be seen that the increase in social support from family members increases, this shows that the family can be a very influential factor in determining individual strength in dealing with the Covid-19 pandemic situation.

Research conducted by Liu & Aungsuroch (2019) shows that family social support directly affects burnout. This is in line with several studies conducted by Bourbonnais, Comeau, & Vézina, (2009), Jonge, Janseen, & Breukelen (2016), and Tummers, Landeweerd, & Merode (2012) on a sample of health workers, that work-related social support had a significant primary effect on emotional exhaustion. Several studies have analyzed the relationship between family social support and burnout, but the results of the analysis of the relationship between these two constructs have not found consistent results. In a study conducted by Greenglass, Burke, & Konarski (2017) found that no significant effect of social support was found to affect burnout, this may indicate that social support received does not affect burnout perceived by individuals.

The dynamics of the relationship between health professional stress, self-efficacy, and

family social support on burnout in the above explanation described through previous studies, there are still research findings that are not uniform between these variables on burnout. Researchers suspect that further research is needed to be able to provide clarity on some of these variables that affect burnout. So in this study, researchers used resilience as a mediator and moderator variable to be able to provide a consistent influence on the relationship between health professional stress, self-efficacy, and family social support on burnout. Resilience is considered as a dynamic process that can positively adapt to adversity and prevent potential damage from hazardous events (Jackson, Firtko, & Edenborough, 2017). Resilience is an important concept for health workers because this profession gets a lot of pressure such as critical patients, shortage of medical personnel and emotional exhaustion (Turner, 2014).

Several studies provide information that resilience can function as a moderator between stress and burnout, which means that resilience can reduce the detrimental effects of stress on burnout (Hao, Hong, Xu, Zhou, & Xie, 2015). Resilience can reduce the ill effects of fatigue, and will promote positive mental health during difficult times such as a pandemic. On the other hand, several studies have also shown that resilience can act as a mediator. Treglown, Palaiou, Zarola, & Furnham (2016) by observing how people with good self-efficacy and have greater optimism, will feel less mental fatigue or burnout. Based on the background of the problems and previous studies described above, the researcher has an interest in conducting scientific clarification through this research.

Burnout

Burnout according to Maslach & Leiter (2017) is a term that describes the emotional condition of a person who feels tired and saturated mentally, emotionally and physically as a result of increased work demands. Maslach & Leiter further said that when individuals experience fatigue, energy turns into emotional exhaustion, engagement turns into cynicism, and achievement turns into decreased achievement. In line with the above definition, Maslach & Schaufeli (Schaufeli, 2008) define burnout as physical and emotional exhaustion that leads to negative self-perceptions, a lack of focus, and negative work attitudes.

Maslach & Leiter (2017) state that there are three aspects of burnout, namely (1) Emotional exhaustion resulting from the emotional depletion of energy to handle events brought on by workload or work obligations. In the field of social services, emotional exhaustion can lead to reduced service levels, resulting in less responsiveness and engagement with customers. (2) Cynicism refers to negative responses such as being hostile or being cold and distant towards work and the people around them so that they often lose their ideals. And cynicism is related to negative attitudes, keeping a distance from other people, withdrawing and not caring about those around them. (3) Ineffectiveness refers to decreased feelings of competence and productivity in the workplace. Usually, ineffectiveness at work is indicated by less caring for others, an unfriendly attitude when serving clients, reduced empathy, feeling that the activities carried out are useless.

Resilience

According to Connor & Davidson (2003), resilience enhances personal qualities that enable a person to thrive in the face of adversity. Wagnild (Yu & Zhang, 2007) argues that resilience is a personal characteristic that can increase the ability to adapt positively when under stress or difficulty. Resilience is identified as a condition in which an individual who faces various kinds of stress is able to do something as well as someone who does not face stress. Resilience is not always defined when an individual is able to do something well even under pressure or after the pressure comes, but resilience is more than that, because resilience lasts for a long time (Hill et al., 2007).

Connor and Davidson (2003) suggest resilience in five aspects including (1) Personal competence, describing the attitude of individuals who will be persistent to achieve goals even though they are in a stressful situation. (2) Believing in yourself, which means believing in the feelings and instincts that are felt by yourself. (3) Positive reactions in the face of change and having safe relationships with others. (4) Self-control, Resilient individuals are individuals who are able to control emotions and behavior well. (5) Spirituality. The spiritual aspect is the belief in the existence of God and being able to take lessons from the events experienced.

The aspects of resilience that have been described by Connor and Davidson (2003) were then modified by Yu and Zhang (2007) which were tested on Chinese citizens and resulted in three aspects of resilience, including (1) Persistence, this aspect describes behavior that has mastery of control. self-esteem, punctuality, and good problem solving when one faces

challenging and frustrating situations. (2) Strength, this strength shows not only the ability to bounce back from a previous state, but is able to achieve an achievement and develop more positively after struggling with bad experiences. (3) Optimism, this aspect represents the behavior of someone who generally behaves in a positive direction and has a strong belief to get through bad situations and risky events.

Health Professional Stress

Wolfgang in 1988 conducted a study on stress in health workers, especially doctors and nurses to describe the findings of factor analysis on specific stress factors that cause burnout in health workers. Health professional stress (Wolfgang, in Susanti, 2014) are factors that cause stress in health workers that occur more specifically than some other general factors that make them vulnerable to burnout. Stress experienced by health professionals will have an impact on performance and affect the quality of health services for patients. Stress that occurs in the processional health workers can occur when the workload exceeds their capabilities so they are unable to complete their duties (Cartwright and Cooper in Mankunegara, 2008).

Wolfgang (Susanti, 2014) compiled four dimensions of health professional stress used in the field of health organizations, namely (1) Working conditions, can be described as job demands related to the existence of the role of health workers and conditions related to work as health workers in hospitals. ; (2) Job uncertainty, taking into account unexpected stressful events that often occur beyond the control of a health worker; (3) Lack of recognition and support, Attitudes that undermine the skills of health workers, their experience and qualifications by other health professionals, and lack of social support; (4) Interpersonal conflicts, conflicts that arise from work are closely related to patients and their families, as well as co-workers, all of these things occur at the same time which cause acute stress conditions.

Self-Efficacy

Someone who has a perception of self-efficacy will be able to determine the type of settlement behavior, how diligent the individual's efforts are to overcome problems or complete tasks, and how long the individual will be able to deal with unwanted obstacles (Warsito, 2004). Self-efficacy is the ability and a person's belief to carry out a form of self-control over the functioning of the individual itself and events in the environment. Self-efficacy is based on human agents, efficacy refers to a person's self-confidence that the person can perform a behavior (Feist & Feist, 2010).

Bandura (2010), divides self-efficacy into three dimensions, namely (1) Magnitude/level is related to the level of task difficulty for each individual which will not be the same. This dimension affects the selection of activities or tasks according to the ability to

do them; (2) Generalization, defined as the extent to which individuals believe in their abilities in various task situations. Individuals will generalize the belief in the success they have obtained in previous experiences, giving rise to the belief that success is not only in this regard but can be used in other endeavors; (3) Self-competence, defined as the level of individual stability in their beliefs about their self-competence. Individuals who have strong beliefs about their abilities will maintain their business.

Family Social Support

Family support is an important aspect that can protect a person from the bad effects of stress (Kaplan and Sadock, 2002). Family support according to Friedman (2010) is an attitude, an act of family acceptance of his family members, in the form of assessment support, informational support, instrumental support, and emotional support. Family support is part of social support according to Sarafino (2008) which is defined as the pleasure felt by a person because of the appreciation for the care given from a person or group of people. According to the Commission on the family (2009) that family support can strengthen each individual,

increase self-esteem, create family strength, has the potential as the main prevention strategy for the whole family in facing challenges in everyday life. King, Mattimore, King, and Adams(1995) further explain that family support is the attitudes, actions, and acceptance of the familythat are received by individuals and will affect the behavior in their environment. Emotional and instrumental support provided by the family will have an impact on individuals in showingtheir performance at work.

Sarafino (2006) describes social support into four functions, namely emotional/esteem support, tangible/instrument support, informational support, and companion support. Because of the various dimensions of social support, King, Mattimore, King, & Adams (1995) identify two main dimensions of social support that are consistently most prominent and may include several ideas of social support. The two dimensions are emotional support and instrumental support. Emotional support includes social recognition from others which consists of appreciation of behavior or results and aspects of social encouragement or social reinforcement consisting of trust, sympathy, encouragement and reassurance. This instrumental support dimension consists of providing information or advice and behavioral task support which consists of providing assistance by giving time or expertise in order to help others complete their work tasks (Shakespeare-Finch & Obst, 2011).

Method

This study uses a quantitative approach in an effort to test the hypotheses that have been compiled. Quantitative research is a research method that uses numbers, where the process starts with data collection, interpretation of these numbers, and the appearance of the results (Arikunto, 2012). The research design used in this study is a causal research. Causality research design is research conducted to determine the effect of one or more variables on certain variables (Ariwidanta, 2016).

The population in this study were all health workers in charge of handling Covid-19 in Karawang. Based on data from the Departement of Health, health workers who directly handle Covid-19 patients in Karawang consist of: 1. Medical personnel, consisting of general practitioners, dentists, and specialists; 2. Nursing staff, consisting of various types of nursing;

3. Midwifery staff, consisting of midwives on duty at hospitals and village midwives at puskesmas; and 4. Pharmaceutical staff, consisting of pharmacists and pharmaceutical

technical personnel; 5. Nutritionist, consisting of nutritionists and dietitien; 6. Biomedical engineering personnel, medical laboratory technology experts, consisting of radiographers, electromedics, electromedics, medical laboratory technology experts, medical physicists, radiotherapists, and prosthetic orthotics.

The criteria for the subject of this research are men and or women who work as health workers who directly handle Covid-19 patients in Karawang, and are domiciled in Karawang. Based on the characteristics mentioned above, the total population in this study was 4,386 people. This study uses the Slovin formula in sampling, the number must be representative so that the research results can be generalized, so the number of samples is 367 respondents.

Measurement

The burnout scale was measured using the Maslach Burnout Inventory - Human Services Survey (MBI-HSS) in this study. This scale is used based on aspects of burnout according to Maslach & Leiter (2017), namely emotional exhaustion (emotional exhaustion) which consists of physical exhaustion and emotional exhaustion, cynicism, and ineffectiveness (ineffectiveness). The scale in this study uses seven alternative answers, namely (1: never, 2: several times a year, 3: once a month or less, 4: several times a month, 5: once a week, 6: several times a week, 7: every day) . Respondents were asked to respond according to how they felt about each item of the statement on each continum on the scale (Maslach & Jackson, 1981). In this study, it adapts to Indonesian culture, which rarely categorizes habits within a span of

time, per week, per month. So the researcher replaced it with "Number 1 means never and getting closer to number 7 means very often".

The measurement of resilience in this study is based on the Chinese version of the resilience scale designed by Yu and Zhang (2007), the scale is an adaptation of Connor-Davidson's Resilience Scale (CD-RISC). Yu and Zhang (2007) describe a resilience scale which consists of 25 items and is in the form of a statement. Subjects were asked to respond to the statements submitted on the scale by choosing one of the five types of options proposed, namely Very Not Appropriate (Score 1), Not Appropriate (Score 2), Sometimes (Score 3), Appropriate (Score 4). and Very Appropriate (Score 5).

The Health Professional Stress scale in this study was measured based on the concept compiled by Gupchup & Wolfgang (2004) through the Health Professional Stress Inventory. Wolfgang (1988) developed and validated a measurement instrument called the Health Professional Stress Inventory (HPSI) to measure the four dimensions of health professional stress (job conditions, job uncertainty, lack of professional recognitions and support, and interpersonal conflict). This instrument consists of 30 items, which consist of 7 items of job conditions, 8 items of lack of Professional Recognition and Support, 7 items of patient uncertainty, and 8 items of interpersonal conflict.

The self-efficacy scale in this study used the General Self-Efficacy (NGE) Scale which was compiled based on aspects of Bandura (2010), which consisted of three aspects, namely, magnitude/level (level), generality (generalization), and self-competence. The General Self-Efficacy Scale was originally developed by Matthias Jerusalem and Ralf Schwarzer in 1979 which consists of 20 items (Scholz et al., 2002). In 1995 this instrument was modified into 10 items (Teo & Kam, 2014). The General Self-Efficacy Scale has been translated into 32 languages and used in research in various countries. The question items consist of 10 items consisting of 3 question items in the magnitude aspect, 3 questions in the generality aspect, and 4 questions in the self-competence aspect. Subjects were asked to respond to the statements

submitted on the scale by choosing one of the five types of options proposed, namely Very Disagree (Score 1), Not Appropriate (Score 2), Sometimes (Score 3), Appropriate (Score 1) 4) and Very Appropriate (Score 5).

The family support instrument in this study uses the Family Support Inventory scale where the dimensions consist of two dimensions, namely emotional sustenance and instrumental assistance consisting of 15 question items (7 question items for emotional support aspects, and 8 question items for 78 instrumental support aspects). The literature review shows that the Family Support Inventory has been used in various cultures (Shek & Lai, 2010).

Results

Analysis of research data using Structural Equation Model (SEM) using Smart PLS version 3.0, consisting of three stages, namely Outer Model Analysis (Measurement Model), Inner Model Analysis (Structural Model) and hypothesis testing. The measurement model (outer model) was used to assess the validity of the model. The validity test was conducted to determine the ability of the research instrument to measure what it should measure (Abdillah, 2009).

In the measurement of convergent validity, it shows that not all items that represent indicators are declared valid. The resilience variable with the OP or optimism indicator is declared invalid because it has a loading factor value below 0.7, which is 0.450. For this reason, it is necessary to test the validity of the second model by excluding the previously invalid items. The results of the re-test of the second model can be seen in table 1. The results of the re-estimation of the loading factor have met the standard value of convergent validity, all indicators meet the criteria by having a factor loading value of > 0.7, and testing the Average

Variance Extracted (AVE) value of > 0.5 so that it can be said that all constructs are valid andcan be used to measure each latent variable.

Table 1. *Analysis of the outer model (measurement model) of health professionalstress, self-efficacy, family social support, and resilience to burnout in health workers.*

Variable	Aspect	Outer Loadings	AVE	Cronbach's Alpha
Burnout	KL	0.991	0.941	0.968
	SN	0.958		
	KE	0.961		
Resilience	TN	0.986	0.972	0.971
	ST	0.986		
Health Professional Stress	JC	0.982	0.937	0.986
	JU	0.936		
	LP	0.964		
	IC	0.989		
Self-Efficacy	MG	0.845	0.859	0.989
	GN	0.964		
	KD	0.966		
Family Social Support	DE	0.911	0.902	0.908
	DI	0.987		
	HPS*RE	1.148	-	1.000

Table 1 shows that all variable values in both reliability testing using Cronbach's Alpha have values above 0.7. Therefore, it can be concluded that the tested variables are reliable, so that structural model testing can be carried out. Structural model analysis by testing the inner

structural model was carried out to see the effect of the relationship between constructs, significance value, and R-square of the research model. The structural model was evaluated using the Variance Inflation Factor (VIF), R-square, f-square, and GoF.

Table 2. *Analysis of the inner model (measurement model) of health professional stress,self-efficacy, family social support, and resilience to burnout in health workers.*

Variabel	VIF	*R Square*	*Predictive*
Burnout	Resiliensi	*Adjusted*	*Relevance (Q^2)*
Burnout		0.966	0.890
Resiliensi	1.747	0.874	0.898
Health Professional Stress	4.444		
Dukungan Sosial Keluarga	1.007	1.001	
Efikasi Diri	4.274	1.001	
Efek Moderasi	1.253		

Collinearity is a term used to describe the relationship between latent variables in a model whose predictive power is reliable and not inconsistent. The correlation value between the observed variables (VIF) is not allowed to be more than 7 (Hair & Ringle, 2018). If the VIF

value is greater than 7 the configuration variable should be removed from the structural model(unfit model). Table 2 shows that the VIF value for all variable constructs is below 7. Thus, allthe independent variables have a VIF value < 7 so it can be concluded that there is no multicollinearity between the independent variables.

The value of R-Square adjusted (R2) or the coefficient of determination of exogenous constructs simultaneously affects burnout by 0.966 or 96.6%. In other words, the burnout variable is influenced by other variables in the model by 96.6%. Variables that affect burnout include resilience, health professional stress, self-efficacy, family social support. The remaining 3.4% is influenced by other factors outside the model. The value of R-Square adjusted (R2) or the coefficient of determination of the exogenous construct that simultaneously affects resilience is 0.874 or 87.4%. In other words, the resilience variable is influenced by other variables in the model by 87.4%. Variables that affect burnout include health professional stress, self-efficacy, family social support. The remaining 12.6% is influenced by other factors outside the model. The Q2 value for each latent variable is the Burnout value of 0.890 and the Resilience value of 0.898. The value is greater than 0 which means that a construct model is relevant. This means that the exogenous variables used to predict the endogenous variables are correct.

Table 3. *Results f^2 Effect Size of Exogenous to Endogenous Variables*

Variable	f^2	Category
Resilience → Burnout	0,178	Medium
Health Professional Stress → Burnout	0,067	Small
Self-Efficacy → Burnout	0,194	Medium
Family Social Support →Burnout	0,000	No Effect
Self-Efficacy → Resiliensi	0,379	High
Family Social Support → Resiliensi	0,000	No Effect
Resilience moderates Health Professional Stress → Burnout	0,367	High

In table 3, it can be found that there is a relationship that has a large effect size with criteria f-squared > 0.35 is the effect of self-efficacy on resilience, and health professional

stress on burnout moderated by resilience. And what is included in the medium or moderate effect is the f-squared between 0.15-0.35 is the effect of resilience on burnout, and self-efficacy on burnout. Meanwhile, what is included in the small effect category, namely f-squared between 0.02-0.15, is health professional stress on burnout. And for the f-squared value of less than 0.02, it is considered that there is no effect, namely the effect of family social support on burnout, family social support on resilience. From the analysis of f2 (effect size) that there are variations in effect size in this structural model.

Table 4. Goodness of Fit Analysis

Communality		Average Communality	GoF
Burnout	0.817		
Family Social Support	0.516	= 3,602	√0,720 x 0,966 =
Self-Efficacy	0.677	5	0,834
Health Professional Stress	0.865	= 0,720	
Resilience	0.727		
Moderation Effect	1.000		
Moderation Effect		1.000	

Based on table 4 above, that the GoF value is 0.834, meaning that the greater the GoF value, the more appropriate the description of the model. According to Sarwono (2015), (Yuniar Rahman et al., 2021) the GoF value category is divided into three, namely 0.1 (weak),

0.25 (moderate), and 0.36 (large). The GoF value is interpreted as a large GoF, meaning that the measurement model (outer model) with the structural model (inner model) is feasible.

Table 5. Research Hypothesis Test Results

Direct Effect Results

	Sampel Asli (O)	Standar Deviasi (STDEV)	T Statistik (|O/STDEV|)	Kriteria	P Values	Kriteria
Resilience -> Burnout	-0.494	-0.531	2.870		0.000	
HPS -> Burnout	0.471	0.159	2.957		0.003	
Self-Efficacy -> Burnout	-0.323	0.044	7.346	T-	0.000	P Value
Family Social Support -> Burnout	-0.004	0.011	0.354	statistik >1.96	0.724	<0.05
Self-Efficacy -> Resiliensi	0.964	0.005	19.668		0.000	
Family Sosial Support -> Resilience	0.005	0.013	0.399		0.690	

Indirect Effect Result

	Sampel (O) Asli	Standar (STDEV) Deviasi	T Statistik (|O/STDEV|)	Kriteria	P Values	Kriteria
Re-> HPS*Bo -> Family Social Support -> Resilience -> Burnout	-0.103 0.004	-0.103 0.011	7.110 0.390	statistik >1.96	0.000 0.697	P *value* <0.05
Self-Efficacy -> Resilience -> Burnout	0.786	0.168	4.672		0.000	

The effect of resilience on burnout shows path coefficients -0.494 which is close to -1,

T-Statistic value is 2.870 (>1.96), and p-value is 0.004 (<0.05), so it can be concluded that the structural relationship of resilience to burnout is accepted. Health professional stress on burnout shows path coefficients value of 0.471 which is close to +1 value, T-Statistic value is 2.957 (> 1.96), and p-value is 0.003 (<0.05), so it can be concluded that the hypothesis is accepted. Self-efficacy on burnout shows the path coefficients value of -0.323 which is close to the value of -1, the T-Statistic value is 7346 (> 1.96), and the p-value is 0.000 (<0.05), so it can be concluded that the hypothesis is accepted. Family social support for burnout shows the path coefficients -0.004, the T-Statistic value is 0.354 (<1.96), and the p-value is 0.724 (>0.05), so it can be concluded that it is rejected.

The effect of health professional stress on burnout with resilience as a moderator of health workers in Karawang, shows the path coefficients value of -0.103, the T-Statistic value of 7.110 (> 1.96), and the p-value of 0.000 (<0.05), where this value indicates the presence of moderating effect, so it can be concluded that the hypothesis is accepted. The indirect effect of self-efficacy and burnout through resilience variables on health workers in Karawang Regency, shows path coefficients 0.786 which is close to +1 value, T-Statistic value is 4.672 (> 1.96) and p-value is 0.000 (<0.05), where the value This shows that resilience can partially mediate the relationship, so it can be concluded that the hypothesis is accepted.

The indirect effect of family social support and burnout through the resilience variable on health workers in Karawang, shows the path coefficients value of 0.004, the T-Statistic value of 0.390 (<1.96) and the p-value of 0.679 (>0.05), where this value indicates the effect of not significant so it can be concluded that resilience does not mediate the relationship partially (no mediation), so it can be concluded that the hypothesis is rejected.

Discussion

Resilience in this study has a direct and significant effect on burnout. This is in line with the opinion of Deldar, Froutan, Dalvand, Gheshlagh, & Mazloum (2018) which states that resilience is a factor that can prediction of burnout, so that increasing resilience can reduce burnout levels in nurses. The relationship between resilience and burnout reveals that resilience boosts a person's capacity to cope with stress, which lowers psychological exhaustion, emotive and motivational signs at work. On the other side, decreased resilience on the cynicism subscale results in the creation of negative attitudes and emotional reactions toward the person and their environment. Low scores on the ineffectiveness subscale result in lower self-esteem, a negative assessment of one's work, and ineffective interactions with coworkers and clients (Momeni, Salehi, & Seraji, 2010). Thus it can be said that resilience is a successful coping capacity that can reduce burnout in the human services profession in the health sector.

Health professional stress in this study has a positive and significant effect on burnout. This is in line with research conducted by Morgantini, et al., (2020) who conducted a study on health care professionals who found that there was a positive and significant relationship between stress and burnout. Stress felt by health care professionals has the greatest influence on fatigue compared to other factors (Akintola, Hlengwa, & Dageid, 2013). Health workers are very likely to be involved in more work-related stress, such as long working hours, lack of adequate staff for patient care, being physically or verbally abused by the patient and/or relatives of the patient, being emotionally affected by the patient's death, experiencing conflict with other people, medical colleagues, and lack of emotional and financial support (Faraji, Valiee, Mazidi, Ramazanh, & Farahani, 2012).

This study also obtained the results of a negative and significant effect of self-efficacy

on burnout, which means that the higher the self-efficacy, the lower the burnout. This is in line with research conducted by Chwalisz, Altmaier, & Russell (2016) which states that individuals with high self-efficacy are able to manage stress by directing them to problem-solving efforts, have confidence in their ability to work, develop a positive attitude, and with Thus it is able to carry out its functions properly. Self-efficacy is needed by a health worker in solving various problems related to their services to patients and avoiding burnout syndrome.

In this study, it was also found that family social support had no effect on burnout. Although social support is generally viewed as positive, support from family can lead to maladaptive outcomes or may not be effective for achieving well-being in some cases (Rohde-Brown & Rudestam, 2011). In a study of 310 nurses in Colorado, United States, it was found that married nurses do not always get adequate support from their families to help them deal with burnout at work, even that the family environment can create undue stress on nurses who have too many nurses. work (Constable & Russell, 2006). Supported by research by Prins, et al., (2015) which states that there is no significant relationship between social support and burnout, this may indicate that social support received does not affect burnout perceived by individuals. Coupled with the conditions during the Covid-19 pandemic, where social restrictions are related to preventing virus transmission, it will affect the intensity and quality of social relations, especially relations with the closest family.

In the results of further research, it was found that resilience can act as a moderator of the effect of health professional stress on burnout. This is in line with the research of Hao, Hong, Xu, Zhou, & Xie (2015) who found that resilience as a moderator between work stress

and burnout can serve as a buffer to reduce the adverse effects of work stress. Furthermore, thestudy shows that a high level of resilience can weaken the positive relationship between job stress and burnout, and conversely, a low level of resilience can strengthen the positive relationship between job stress and burnout. The findings of this study also indicate that resilience can function as a mediator between self-efficacy and burnout. by Treglown, Palaiou, Zarola, & Furnham (2016) observed how people with greater self-efficacy and resilience whoare more focused on interest will perceive job challenges with greater confidence and less inhibition, leading this situation to a state of more mental exhaustion. less.

In this study, the results also showed that there was no effect of family social support on the burout through resilience as a mediator. Considerations regarding marital status can help to explain the relevant dynamics regarding the ineffectiveness of family social support and resilience which is a buffer to reduce burnout in health workers. In a study conducted on 164 nurses in critical care units from eight hospitals in Northern California, United States, Norbeck (2005) found that peer support was more effective than family support in reducing burnout at work through resilience as a mediator, for married nurse. Married health workers in this Covid-

19 pandemic situation, have a heavy workload and must limit interactions with their husband/wife, children, and other closest family so as not to cause serious consequences. So the presence or absence of family social support, and strengthening through resilience, will not affect the burnout felt by health workers who handle Covid-19 patients during this Covid-19 pandemic.

Implication

The findings in this study are expected that future studies can consider resilience as a variable that has an important position in reducing burnout. This research can also trigger further research to evaluate the role of resilience. Evaluation of the role of resilience in terms

of mediation and moderation given to individuals in both work settings and social settings, particularly with regard to burnout, health professional stress, self-efficacy, and family social support. Future research can use other reinforcement variables that can weaken the burnout felt by workers in the human services sector (such as social support from colleagues, coping strategies, and psychological capital).

This finding has important value for associations or associations of national health workers, hospitals, and other institutions involved, towards increasing the resilience (resilience) of health workers. In the findings of this study, the context of resilience involves strength (strength) and tenacity (tenacity), so that efforts to increase resilience to health workers who treat Covid-19 patients can be centered through increasing personal strengths in order to be able to face the difficulties experienced, as well as programs for improving and development of individual potential in order to maximize persistence at work.

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