

## The Influence of Religious Coping on Burnout with Resilience as a Mediator among Healthcare Workers at PKU Muhammadiyah X Hospital

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### Abstract:

Burnout is a condition marked by diminished personal performance resulting from prolonged stress. While common, it can be alleviated through strategies such as religious coping and resilience. This study aimed to investigate the impact of religious coping on burnout, with resilience explored as a potential mediator, among healthcare workers at PKU Muhammadiyah X Hospital. The research included 106 participants, comprising nurses, pharmacist assistants, pharmacists, midwives, and other healthcare professionals. Measurement tools used in the study were the Maslach Burnout Inventory (MBI), the Religious Coping Scale (RCOPE), and the Resilience Scale. Mediation analysis conducted using JAMOVI revealed that resilience did not mediate the relationship between religious coping and burnout. However, religious coping was found to have a direct effect on reducing burnout, accounting for 83.4% of the influence.

**Keyword:** Burnout; Coping; Mediation

### Introduction:

In Indonesia, the doctor-to-resident ratio stands at approximately 0.4 doctors per 1,000 residents (Rashardy, 2023), which is significantly lower than the World Health Organization's recommended ratio of 1 doctor per 1,000 residents. This shortage of healthcare professionals leads to various challenges, including excessive and uneven workloads. Such workload imbalances contribute to mental fatigue, commonly referred to as burnout, among healthcare workers. Research by Rizky & Suhariadi (2021) highlights that workload is a major factor influencing burnout.

Burnout is characterized by emotional exhaustion, depersonalization or cynicism (Oka Triani et al., 2023). Kabunga & Oklo (2021) further define burnout as a condition of chronic stress marked by depersonalization, emotional exhaustion, and diminished personal accomplishment. Other sources describe it as a state of frustration, hopelessness, depression, feeling overwhelmed by work, rudeness, detachment, lack of concern for the environment, and low self-esteem (Astuti et al., 2022).

One effective approach to mitigating burnout among healthcare workers is through religious coping (Nadhilah & Supradewi, 2021; Wibowo,

2023). Religious coping involves using spiritual beliefs and one's relationship with God as a strategy for managing stress. According to Juniarly (2018), individuals who are religious and employ suitable coping mechanisms are better able to handle stress. In the healthcare setting, where workers are constantly exposed to stressors that can negatively impact their well-being (Angganantyo, 2014), religious coping can help by encouraging regular prayer and seeking divine guidance (Triwahyuni & Kadiyono, 2020). This approach enables employees to develop effective strategies for managing stress.

Previous research highlights resilience as a crucial factor in mitigating burnout. According to Lailia & Nuzulia (2024), resilience refers to an individual's capacity to navigate and overcome challenging situations. High resilience levels enable professionals to minimize the adverse effects of working in stressful environments, including reducing the risk of burnout (Busti et al., 2023). Therefore, strengthening resilience is expected to enhance the effectiveness of religious coping in alleviating burnout among healthcare workers.

This study distinguishes itself from prior research in several ways. While previous studies have examined resilience as a mediator, they often did so in conjunction with other variables, such as Fear of COVID-19 and burnout (Kusuma & Purba, 2021), or work stress and burnout (Atrianah et al., 2023). Similarly, past research has explored religious coping as an independent variable related to burnout, but these studies frequently involved different populations, such as teachers rather than healthcare professionals. Consequently, this study brings novelty by investigating these variables specifically within the healthcare sector, offering fresh insights into the psychology of burnout.

**Methods:**

This study involved 106 healthcare workers, including health analysts, pharmacists, pharmacist assistants, midwives, doctors, nurses,

radiologists, medical record personnel, and dental therapists. The majority of participants were nurses (N=67; 63.20%), while the smallest groups consisted of health analysts, doctors, and radiologists, each with 1 participant (N=1; 0.94%). In terms of gender, the sample was predominantly female (N=88; 83.01%).

**Table 1. Demographic Data Description**

Kategori	Jml	(%)
Types of Health Workers		
• Health Analysts	1	0,94
• Pharmacists	4	3,77
• Pharmacists Assistants	18	16,98
• Midwives	10	9,43
• Doctors	1	0,84
• Nurses	67	63,20
• Radiologists	1	0,94
• Medical Records	2	1,88
• Dental Therapists	2	1,88
Gender		
• Male	18	16,98
• Female	88	83,01

Source: Researcher's Personal Documents

The study focuses on three key variables: burnout as the dependent variable, religious coping as the independent variable, and resilience as the mediator. Burnout was measured using a 22-item scale developed by Mirad (2019), based on the theory by Maslach et al. (2001), with a reliability score of 0.838. Religious coping was assessed

using a 26-item scale created by Kur'ani (2016), grounded in Pargament's (2000) theory, with a reliability of 0.858. Resilience was evaluated using a 22-item scale designed by Ritami (2020), based on McEwen's (2011) theory, with a reliability score of 0.867.

The questionnaires were distributed online via Google Forms by a research team member at the study location.

This method was chosen due to the timing of the study, which coincided with a flood disaster near the research site. Using Google Forms allowed for uninterrupted data collection without disrupting healthcare services, as the location was serving as a referral center for flood victims. Additionally, the widespread familiarity with Google Forms made it a practical and convenient tool for data gathering.

**Results and Discussion:**

**Results**

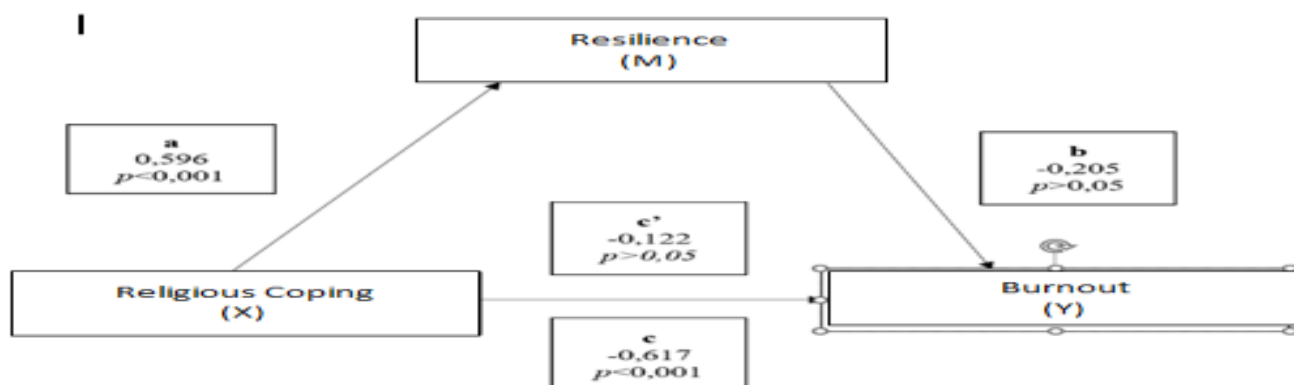
**Table 2 Mediation Path Analysis**

95% C.I (a)								%
Jalur		b	SE	Lower	Upper	$\beta$	p	Mediation
Path a*b (Indirect Effect)	(X → M → Y)	-0,122	0,123	-0,364	0,119	-0,995	0,320	16,6
Path b	(X → M)	0,596	0,058	0,481	0,711	10,128	<,001	-
Path b	(M → Y)	-0,205	0,205	-0,608	0,197	-1,000	0,317	-
Path c' (Direct Effect)	(X → Y)	-0,617	0,175	-0,959	-0,274	-3,531	<,001	83,4
Path c (Total Effect)	(X → Y)	-0,739	0,125	-0,984	-0,494	-5,909	<,001	100

Source: Researcher's Personal Documentation

In Table 2, path a represents the effect of religious coping (X) on resilience (M), with a path coefficient of 0.596 ( $p < 0.001$ ), indicating that religious coping significantly influences resilience. However, path b, which measures the impact of resilience (M) on burnout, shows no significant effect with a path coefficient of -0.205 ( $p > 0.05$ ), meaning resilience does not affect burnout since the significance value exceeds 0.05. Meanwhile, path c' shows that religious coping significantly impacts burnout,

with a path coefficient of -0.617 ( $p < 0.001$ ). The indirect effect analysis in Table 3 shows a significance level of  $p > 0.05$ , leading to the conclusion that resilience does not mediate the relationship between religious coping and burnout. Therefore, the hypothesis proposed in this study is rejected. A visual representation of the relationship between religious coping, burnout, and resilience as a mediator is provided.:



**Figure 1. Overall Pathway Representation (Source: Personal Documentation)**

## Discussion:

In Indonesia, the doctor-to-population ratio is around 0.4 per 1,000 residents (Rashardy, 2023), while the World Health Organization recommends a ratio of 1 doctor per 1,000 residents. This shortage of healthcare professionals results in excessive and unbalanced workloads, which can lead to mental exhaustion or burnout among healthcare workers. This study examines the influence of religious coping on burnout, with resilience explored as a potential mediator. The hypothesis testing revealed that resilience does not act as a mediator in this relationship. For resilience to serve as a mediator, it must significantly influence the dependent variable (burnout) through its mediating role, but this was not supported by the test results.

The absence of resilience as a mediator in this study could be attributed to several factors, such as the unique characteristics of the participants, potential issues with the collected data, or the possibility that both the independent and dependent variables stem from the same source, influencing internal aspects of the dependent variable. Additionally, the lack of a mediating effect from resilience may be viewed as a limitation of the study. Despite this, the results offer scientific insights into the role of resilience in mediating the relationship between religious coping and burnout, demonstrating that the hypothesis regarding resilience as a mediator was not supported.

Although resilience did not have a significant indirect effect as a mediator, the direct effect of religious coping on burnout was confirmed, with a significance level of  $p < 0.001$  and a path coefficient of  $-0.617$ . This suggests that higher levels of religious coping among healthcare workers are associated with lower levels of burnout. This finding is consistent with prior research by Nadhilah & Supradewi (2021), which also reported a negative relationship between religious coping and burnout. Similarly, Azkiati et al. (2019) noted that increasing religious coping can help reduce burnout.

Religious coping refers to the use of religious beliefs to manage stress (Angganantyo, 2014). For healthcare workers, stress frequently arises from excessive and imbalanced workloads. During burnout, engaging in religious activities can provide relief. As Supradewi (2019) highlights, religion can serve as a tool to reduce or prevent stress, including burnout, among healthcare workers.

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