# Occupation Burnout as a Mediating Mechanism in the Relationship Between Transformational Leadership and Nurse Engagement: Evidence from a Hospital Group

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## Abstract

Employee engagement is essential for healthcare service quality, yet nurses frequently experience high job demands that undermine their psychological well-being and work involvement. This study investigates the effects of interpersonal relationships, management support, career development, and work environment on nurse engagement, with occupational burnout as a mediating variable and transformational leadership as a moderating variable. A quantitative explanatory design was employed involving 173 inpatient nurses from three hospitals within X Hospital Group, Indonesia. Data were collected using structured questionnaires and analyzed through path analysis, Sobel mediation testing, and moderated regression analysis.

The results indicate that interpersonal relationships, management support, career development, and work environment significantly reduce occupational burnout and positively influence nurse engagement. Occupational burnout exerts a significant negative effect on engagement and partially mediates the relationships between organizational resources and engagement. Furthermore, transformational leadership significantly weakens the negative impact of burnout on nurse engagement, highlighting its buffering role under high work strain.

These findings confirm that nurse engagement is shaped by the interaction between organizational resources, psychological well-being, and leadership dynamics. This study extends the Job Demands–Resources framework by integrating burnout as a mediating mechanism and transformational leadership as a boundary condition. Practically, hospitals should strengthen workplace support systems and leadership capacity to prevent burnout and sustain workforce engagement.

## Article Info

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## 1. INTRODUCTION

Employee engagement refers to an employee's emotional connection with the organization, reflected in pride, commitment, and voluntary efforts that go beyond formal job requirements (John and Saks, 2019). Engaged employees demonstrate high levels of energy, dedication, and deep involvement in their work, enabling them to contribute meaningfully to organizational success. In healthcare settings, particularly among nurses, employee engagement plays a critical role in ensuring service quality, patient safety, and organizational effectiveness (Pandita & Bedarkar, 2015; Hetzel-Riggin et al., 2020) Engaged nurses exhibit strong power in facing demanding tasks, dedication toward professional values and organizational goals, and absorption that allows them to remain focused despite high work pressure (Goyal dan Kaur, 2023; Moscelli dkk., 2022). However, the nature of nursing work exposes professionals to intense emotional demands, heavy workloads, and continuous time pressure, making engagement in healthcare organizations more complex than in other sectors. Empirical evidence increasingly reports a paradox in which nurses are expected to maintain high commitment while simultaneously experiencing

disengagement, emotional exhaustion, and declining motivation (Goyal & Kaur, 2023). This contradiction suggests that engagement among nurses is shaped by multifaceted organizational and psychological mechanisms that require contextual investigation.

This challenge is evident within X Hospital Group, a private healthcare organization managing several hospitals in Indonesia, including units in Cirebon, Bekasi, and Tangerang. Internal engagement assessments reveal consistently low levels of nurse dedication across all units, indicating weak emotional attachment to the organization and limited motivation to contribute beyond routine responsibilities. Complementary qualitative evidence from human resource managers highlights pervasive fatigue, declining enthusiasm, and reduced concentration during service delivery. Nurses frequently report physical exhaustion following extended shifts, limited recognition for performance, insufficient managerial communication, and increasing distraction at work. These conditions collectively signal a systemic engagement problem that threatens service quality and organizational sustainability.

Preliminary survey findings further confirm this phenomenon, showing high proportions of nurses experiencing work-related exhaustion, declining motivation to improve care quality, and difficulties maintaining focus during patient treatment. The convergence of quantitative and qualitative evidence indicates that nurse engagement across X Hospital Group remains suboptimal and demands strategic organizational intervention.

Prior studies have identified several organizational determinants of employee engagement, including interpersonal relationships, managerial support, career development opportunities, and work environment quality (Al-Ahmari dan Kattan, 2024; Assi dkk., 2024; Bhagra dkk., 2020; Boakye dkk., 2019; Duque dkk., 2020; Gemeda dan Lee, 2020; Kim dan Lee, 2023; Othman dkk., 2019; Szilvassy dan Širok, 2022; Yang dkk., 2023). These factors are generally found to enhance engagement by fostering psychological safety, professional growth, and supportive working conditions. Nevertheless, empirical findings remain inconsistent. Some studies report insignificant effects of supervisory support Kurniawan dan Anindita (2021) and career development Pronajaya dkk. (2021), suggesting that engagement mechanisms may operate indirectly or depend on intervening psychological conditions.

This inconsistency highlights the need for more integrative models that explain how organizational resources translate into engagement outcomes. In the healthcare context, occupational burnout emerges as a critical psychological mechanism that may mediate these relationships. Nurses routinely face high emotional, physical strain, and performance pressure, which can result in chronic exhaustion, cynicism, and reduced professional efficacy. Burnout has been consistently linked to lower levels of employee engagement, including among healthcare workers (Castro et al., 2020; Contreras et al., 2020; Mohamed et al., 2022). When nurses experience burnout, positive organizational conditions may lose their capacity to foster engagement, as physical and emotional depletion undermines motivation and involvement.

Beyond mediation effects, leadership dynamics may further shape how burnout influences engagement. Transformational leadership, characterized by inspirational motivation, individualized consideration, intellectual stimulation, and vision-driven influence, has been widely recognized as a powerful driver of employee engagement (Bass & Avolio, 1994; Gemeda & Lee, 2020). In healthcare settings, transformational leaders can help nurses reinterpret work stressors as meaningful challenges, provide emotional support, and promote adaptive coping strategies. Consequently, even under high burnout conditions, strong transformational leadership may buffer the negative impact of exhaustion on engagement.

Recent studies suggest that transformational leadership moderates key psychological relationships in organizational behavior, including engagement-related outcomes (Kim et al., 2023; Meng et al., 2022). However, limited research has examined its moderating role specifically in the burnout–engagement link among nurses, particularly within emerging healthcare contexts. Addressing these gaps, this study proposes an integrative moderated mediation model in which interpersonal relationships, managerial support, career development, and work environment influence nurse engagement through occupational burnout, while transformational leadership moderates the effect of burnout on engagement. This framework offers a more nuanced understanding of how organizational resources operate under psychological strain and leadership conditions.

The novelty of this study lies in combining multiple organizational determinants with burnout as a mediating mechanism and transformational leadership as a boundary condition within a unified

empirical model in the healthcare sector. By grounding the analysis in real organizational challenges faced by a hospital group, this research contributes both theoretically to engagement literature and practically to hospital management strategies aimed at sustaining workforce motivation and service quality.

## 2. METHODS

### Research Design

This study employed a quantitative explanatory research design aimed at examining causal relationships among organizational factors, occupational burnout (job burnout), transformational leadership, and nurse engagement. The model investigates the direct effects of interpersonal relationships, management support, career development, and work environment on nurse engagement, while testing Job burnout as a mediating variable and transformational leadership as a moderating variable. This approach enables a comprehensive understanding of both underlying mechanisms and boundary conditions influencing engagement in healthcare settings.

### Research Setting and Participants

The research was conducted within X Hospital Group, a private healthcare organization operating three hospital units in Indonesia: Cirebon, Bekasi, and Tangerang. The population consisted of all inpatient nurses across the three hospitals, totaling 302 nurses. The study focused specifically on nurses directly involved in patient care in medical, surgical, obstetric, geriatric, and intensive care units.

A purposive sampling technique was applied to ensure that respondents met relevant professional criteria, including a minimum of two years of work experience, active employment status, and at least a diploma-level nursing qualification. Nurses on leave, outside inpatient units, or experiencing health conditions affecting participation were excluded. Sample size was determined using the Yamane formula with a 5% margin of error, resulting in 173 respondents, proportionally distributed across hospital units to ensure representativeness.

### Data Collection Procedures

Primary data were collected through structured self-administered questionnaires distributed electronically. Participation was voluntary, and respondents were assured of confidentiality. The instrument measured interpersonal relationships, management support, career development, work environment, occupational burnout, transformational leadership, and nurse engagement using a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5). Secondary data were obtained from official institutional reports, prior empirical studies, and relevant healthcare publications to support contextual understanding and theoretical framing.

### Measurement Instruments

All constructs were operationalized based on established theoretical frameworks. Interpersonal relationships were assessed through indicators of communication quality and collaborative interaction. Management support covered resource provision, guidance, emotional support, and information clarity. Career development encompassed organizational opportunities and individual career planning. Work environment focused on physical conditions such as cleanliness, lighting, safety, ventilation, and noise control. Occupational burnout (job burnout) was measured across emotional exhaustion, depersonalization, and reduced personal accomplishment dimensions. Transformational leadership included idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. Nurse engagement was assessed through vigor, dedication, and absorption.

### Instrument Validation and Reliability

A pilot study involving 30 nurses was conducted to assess instrument validity and reliability. Item validity was confirmed through item-total correlation coefficients exceeding the recommended threshold of 0.30. Reliability analysis using Cronbach's alpha indicated strong internal consistency across all constructs, with coefficients ranging from 0.934 to 0.988, exceeding the acceptable minimum of 0.70. These results demonstrate that the measurement instruments were both valid and reliable for large-scale data collection.

### Data Analysis Techniques

Data analysis was performed using SPSS version 30. Path analysis was employed to examine direct and indirect relationships among variables. Two structural equations were estimated: the first tested the effects of organizational factors on occupational burnout (job burnout), and the second assessed the

effects of organizational factors and burnout on nurse engagement. Mediation effects were tested using the Sobel test to evaluate the significance of indirect pathways. Moderation effects of transformational leadership were examined using Moderated Regression Analysis (MRA) through the residual approach, allowing for robust detection of interaction effects without multicollinearity bias. Statistical significance was determined at a 5% confidence level.

## 3. RESULTS AND DISCUSSION

### Descriptive Overview

| Characteristics | Category | Respondents | Percentage (%) |
|---|---|---|---|
| Sex | Male | 31 | 17.9 |
| | Female | 142 | 82.1 |
| | **Total** | **173** | **100** |

| Characteristics | Category | Respondents | Percentage (%) |
|---|---|---|---|
| Ages | 20-25 Years | 7 | 4.0 |
| | 26-35 Years | 132 | 76.3 |
| | 36-45 Years | 34 | 19.7 |
| | **Total** | **173** | **100** |

| Karakteristik | Characteristics | Category | Respondents |
|---|---|---|---|
| Educational Background | D3 (Diploma) | 105 | 60.7 |
| | S1(Bachelor degree) | 68 | 39.3 |
| | **Total** | **173** | **100** |

| Characteristics | Category | Respondents | Percentage (%) |
|---|---|---|---|
| Income | 2 Million – 3 Million | 7 | 4 |
| | >3 Million – 5 Million | 36 | 21 |
| | >5 Million – 7 Million | 107 | 62 |
| | >7 Million – 10 Million | 19 | 11 |
| | >10 Million | 3 | 2 |
| | **Total** | **173** | **100** |

The respondents were predominantly female nurses (82.1%), mostly within the productive age group of 26–35 years (76.3%). The majority held diploma-level nursing education and had less than four years of professional experience, reflecting a relatively young and early-career workforce. Despite moderate perceptions of interpersonal relationships, management support, leadership, and work environment, nurses reported high levels of work fatigue and only neutral engagement, indicating a critical imbalance between job demands and organizational resources.

Hypothesis Test Results

| Model | *Direct* | *Indirect* | T-hitung | *P-Value* | *Fsig* | $R^2$ | Conclusions |
|---|---|---|---|---|---|---|---|
| **d** | | | **Path Model 1 ($X_1$ $X_2$ $X_3$ $X_4$ ke $Y_1$)** | | | | |
| $X_1$ ($P1Y_1X_1$) | -0,295 | | -3.336 | 0.001 | | | $H_1$ accepted |
| $X_2$ ($P2Y_1X_2$) | -0.298 | | -3.663 | <0,001 | <0,001 | 0,722 | $H_2$ accepted |
| $X_3$ ($P3Y_1X_3$) | -0.200 | | -3.467 | <0,001 | | | $H_3$ accepted |
| $X_4$ ($P4Y_1X_4$) | -0.164 | | -2.835 | 0.005 | | | $H_4$ accepted |
| $X_1$ $X_2$ $X_3$ $X_4$ ke $Y_1$ | | | | | | | $H_5$ accepted |
| | | | **Path Model 2 ($X_1$ $X_2$ $X_3$ $X_4$ $Y_1$ ke $Y_2$)** | | | | |
| $X_1$ ($P5Y_2X_1$) | 0.199 | | 2.238 | 0.027 | | | $H_6$ accepted |
| $X_2$ ($P6Y_2X_2$) | 0.228 | | 2.772 | 0.006 | | | $H_7$ accepted |
| $X_3$ ($P7Y_2X_3$) | 0.151 | | 2.591 | 0.010 | <0,001 | 0,738 | $H_8$ accepted |
| $X_4$ ($P8Y_2X_4$) | 0.117 | | 2.037 | 0.043 | | | $H_9$ accepted |
| $Y_1$ ($P9Y_2Y_1$) | -0.272 | | -3.629 | <0,001 | | | $H_{10}$ accepted |
| $X_1$ $X_2$ $X_3$ $X_4$ $Y_1$ ke $Y_2$ | | | | | | | $H_{11}$ accepted |

| | | | | | |
|---|---|---|---|---|---|
| | | ***Indirect Effect*** | | | |
| $X_1$-->$Y_1$-->$Y_2$ | | 0,080 | 0,014 | | $H_{12}$ accepted |
| $X_2$-->$Y_1$-->$Y_2$ | | 0,081 | 0,01 | | $H_{13}$ accepted |
| $X_3$-->$Y_1$-->$Y_2$ | | 0,055 | 0,012 | | $H_{14}$ accepted |
| $X_4$-->$Y_1$-->$Y_2$ | | 0,045 | 0,026 | | $H_{15}$ accepted |
| | | **Moderation** | | | |
| [e^]=βY2 | -0.083 | | 0.027 | | $H_{16}$ accepted |

a. Interpersonal relationships have a positive effect on nurse engagement. The effect size is 0.199 or 19.9%.
b. Management support has a positive effect on nurse engagement. The effect size is 0.228 or 22.8%.
c. Career development has a positive effect on nurse engagement. The effect size is 0.151 or 15.1%.
d. Work environment has a positive effect on nurse engagement. The effect size is 0.117 or 11.7%.
e. Job fatigue has a negative effect on nurse engagement. The effect size is -0.272 or -27.2%.
f. Job burnout mediates the influence of interpersonal relationships on nurse engagement, with a significance value of 0.014 < 0.05.
g. Job burnout mediates the influence of management support on nurse engagement, with a value of 0.010 < 0.05.
h. Job burnout mediates the influence of career development on nurse engagement, with a significance value of 0.012 < 0.05.
i. Job burnout mediates the influence of the work environment on nurse engagement, with a significance value of 0.026 < 0.05.
j. Transformational leadership weakens the relationship between work burnout and nurse engagement.

The R Square value shows 0.722 which when expressed as a percentage becomes 72.2%, meaning that the ability of interpersonal relationship variables, management support, career development, and work environment is able to provide an explanation of the variation in changes in work fatigue variables by 72.2%, while the remaining 27.8% is explained by other variables not included in this estimation model.

Discussions

The empirical findings demonstrate that interpersonal relationships, management support, career development, and the physical work environment significantly and negatively influence occupational/job burnout among inpatient nurses. Strong interpersonal communication, mutual trust, and effective teamwork reduce emotional strain by facilitating coordination and emotional support in demanding clinical settings. Similarly, management support in the form of adequate staffing, recognition, training opportunities, and clear communication functions as a critical organizational resource that alleviates stress and prevents energy depletion. Career development opportunities further contribute to lower burnout by fostering professional growth, motivation, and psychological security regarding future prospects. In addition, a supportive physical work environment—characterized by proper lighting, ventilation, cleanliness, and safety—reduces physical discomfort and mental fatigue, enabling nurses to sustain performance under pressure.

These findings align closely with the Job Demands–Resources (JD-R) theory, which posits that burnout arises when high job demands are not sufficiently counterbalanced by available resources. In healthcare contexts where emotional motivation, time pressure, and patient care complexity are inherently high, organizational resources become essential buffers that protect nurses from chronic exhaustion.

Beyond their effect on burnout, interpersonal relationships, management support, career development, and work environment were also found to positively influence nurse engagement. Nurses who experience supportive social interactions tend to develop stronger emotional attachment and a sense of belonging within their teams. Managerial recognition and guidance enhance psychological safety and commitment, encouraging nurses to invest greater effort in their roles. Clear career pathways provide meaning and long-term motivation, while comfortable working conditions promote focus and enthusiasm. Together, these factors foster higher levels of motivation, dedication, and absorption in daily work activities.

Conversely, occupational burnout exerts a substantial negative impact on engagement. Emotional exhaustion, detachment, and reduced feelings of professional accomplishment undermine nurses' capacity to remain motivated, committed, and psychologically present in patient care. This supports the

health-impairment process within JD-R theory, whereby sustained job demands drain personal resources and trigger withdrawal behavior, ultimately weakening work engagement.

The mediation analysis further confirms that occupational burnout serves as a key psychological mechanism linking organizational resources to nurse engagement. Improvements in interpersonal relations, managerial practices, career development, and working conditions enhance engagement largely by reducing emotional exhaustion. This indicates that organizational interventions aimed solely at motivating nurses may be insufficient unless accompanied by systematic efforts to prevent burnout. Burnout reduction therefore represents a central pathway through which workplace quality translates into sustainable engagement outcomes.

Moreover, transformational leadership was found to moderate the relationship between burnout and engagement by attenuating the negative effect of exhaustion. Leaders who articulate inspiring visions, provide individualized support, encourage learning, and demonstrate empathy help nurses maintain psychological resilience even under high workload conditions. By providing emotional motivation and serving as role models, transformational leaders reshape how individuals interpret stress—turning it into a constructive challenge instead of a source of pressure. Nevertheless, the moderate level of perceived transformational leadership suggests that its buffering potential has not yet been fully realized within the hospital group, indicating room for leadership development initiatives.

Overall, the findings reveal that nurse engagement is not driven by isolated organizational factors but emerges from the interaction between workplace resources, psychological well-being, and leadership dynamics. Strengthening interpersonal collaboration, enhancing managerial support systems, developing structured career pathways, improving physical work environments, and cultivating transformational leadership are essential for minimizing burnout and fostering long-term engagement in healthcare organizations.

## 4. CONCLUSION

This study confirms that interpersonal relationships, management support, career development, and work environment significantly reduce occupational burnout among inpatient nurses at X Hospital Group. These organizational resources function as critical protective factors that buffer emotional exhaustion in high-demand healthcare settings. Collectively, they exert a strong simultaneous effect in suppressing burnout levels. Furthermore, interpersonal relationships, management support, career development, and work environment significantly and positively influence nurse engagement. Supportive social interactions, effective managerial practices, clear career pathways, and conducive physical working conditions enhance nurses' enthusiasm, dedication, and psychological involvement in their work. Occupational burnout was found to significantly and negatively affect nurse engagement, indicating that emotional exhaustion undermines motivation, commitment, and work immersion. The mediation analysis further demonstrates that burnout serves as a central psychological mechanism through which organizational resources influence engagement. Improvements in workplace conditions enhance engagement primarily by reducing burnout. In addition, transformational leadership significantly moderates the relationship between burnout and engagement by weakening the negative effect of exhaustion. Leaders who inspire, support, and motivate nurses help maintain engagement even under high work strain. Overall, nurse engagement emerges from the interaction between organizational resources, psychological well-being, and leadership dynamics. Addressing burnout while strengthening workplace support systems and leadership quality is essential for fostering sustainable engagement in healthcare organizations.

Recommendations

Hospital management should prioritize strengthening interpersonal relationships through structured communication training, team-building initiatives, and collaborative work culture to reduce emotional strain among nurses. Managerial support must be enhanced through fair supervision, recognition systems, adequate staffing, and continuous professional development.

Career development programs should be institutionalized through clear promotion pathways, mentoring systems, and competency-based training to sustain motivation and reduce work fatigue. Simultaneously, improvements in the physical and psychosocial work environment—such as lighting, ventilation, cleanliness, safety, and rest facilities—should be treated as strategic investments in employee well-being.

Routine monitoring of burnout levels, balanced shift scheduling, and stress management programs are essential to prevent chronic exhaustion. In addition, leadership development initiatives focused on transformational leadership competencies should be implemented to strengthen leaders' capacity to buffer burnout and sustain engagement.

Theoretical Implications

This study enriches the literature on nurse engagement and occupational burnout by empirically validating burnout as a mediating mechanism linking organizational resources to engagement. It further extends existing frameworks by integrating transformational leadership as a moderating factor that buffers the adverse effects of burnout. These findings strengthen the application of the Job Demands–Resources perspective in healthcare contexts and provide a more comprehensive explanatory model of employee engagement.

Practical Implications

The results offer evidence-based guidance for hospital management in designing integrated human resource strategies. Interventions should not focus solely on increasing motivation but must simultaneously enhance workplace resources, prevent psychological exhaustion, and strengthen leadership capacity. Investments in interpersonal climate, managerial support, career development, work environment quality, and transformational leadership development are crucial for achieving sustainable nurse engagement and service performance.

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