

The Effect of Work Engagement, Nurse Resilience, Burnout, Job Satisfaction, and Social Support on Turnover Intention

Factors Influencing
Nurse Turnover
Intention

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ABSTRACT

Turnover intention is critical in hospitals, as high rates disrupt healthcare stability and raise organizational costs. This study aims to examine the direct relationships between work engagement, resilience, burnout, job satisfaction, and social support in explaining nurse turnover intention in a private hospital in Bali. This study used a quantitative, cross-sectional approach, surveying 171 nurses with a structured questionnaire. Data were analyzed using PLS-SEM in SmartPLS to assess the measurement and structural models. The results showed that work engagement had a positive and significant effect on nurse resilience, while nurse resilience had a significant effect on burnout, job satisfaction, and social support. Furthermore, burnout had a significant positive effect on turnover intention, while job satisfaction had a significant negative effect on turnover intention. However, social support and work engagement were not proven to have a significant direct effect on turnover intention. This study concludes that nurse resilience, based on IPMA analysis, plays a significant role in shaping psychological conditions and work attitudes, which impact burnout, job satisfaction, and turnover intention. Therefore, hospitals are advised to improve nurse work engagement and resilience through psychological capacity-building programs, organizational support, and burnout prevention strategies to reduce turnover intention.

Keywords: Burnout, Job Satisfaction, Nurse Resilience, Social Support, Turnover Intention, Work Engagement.

INTRODUCTION

Nurse turnover represents a critical challenge in global healthcare systems, affecting workforce sustainability and care quality. A meta-analysis reports global turnover rates ranging from 8% to 36.6%, with an average of 16% (Ren et al., 2024). In Indonesia, private hospitals show higher rates (13.67%–27.3%), indicating potential service instability. High turnover increases organizational costs and is associated with reduced care quality, higher readmission rates, and patient safety risks (Zaheer et al., 2019). However, limited research examines causal relationships among work engagement, resilience, and turnover intention within integrated models, particularly in Indonesian public hospitals such as those in Bali (Wardhani & Hariyati, 2023). Kasih Ibu Hospital provides a relevant context, where workload, burnout risk, and protective factors interact (Brown et al., 2024).

Within the framework of Job Demands–Resources (JD-R) theory, turnover intention is seen as a consequence of an imbalance between high work demands and limited individual resources (Bakker & Demerouti, 2017; Roodt, 2018). Excessive demands, emotional stress, and intense clinical responsibilities increase burnout risk, which

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manifests as emotional exhaustion, depersonalization, and reduced personal accomplishment (Dall’Ora et al., 2020; Edú-valsania et al., 2022). Empirical evidence consistently identifies burnout as a significant predictor of nurse turnover intention across various hospital settings (Al Sabei et al., 2020; Bayer et al., 2021).

Personal and psychological resources play a crucial role in mitigating these effects. Work engagement, defined as a positive psychological state characterized by vigor, dedication, and absorption, is associated with well-being and a desire to remain in the organization (Saks, 2019). Nurses with higher work engagement tend to experience lower burnout and reduced turnover intention (Contreras et al., 2020; Tang et al., 2022). Similarly, resilience enables nurses to adapt, survive, and recover from prolonged work stress (Cooper et al., 2021; Chang & Kim, 2022). Studies show resilience is negatively associated with burnout and turnover intention, and positively linked to job satisfaction (Brown et al., 2024; Yi et al., 2024). From a conservation of resources perspective, resilience protects against resource loss under high work demands (Bon & Shire, 2022).

Job satisfaction and social support are additional determinants of nurse turnover dynamics. Job satisfaction, reflecting individuals’ affective evaluation of their work, serves as a protective factor against turnover intention (Al Sabei et al., 2020; Sinval & Marôco, 2020). Social support from supervisors, coworkers, and the organization buffers work stress, enhancing nurses’ mental health and well-being (Chen et al., 2020; Kim et al., 2020). However, studies report inconsistent results regarding the strength of job satisfaction and social support in influencing turnover intention, suggesting contextual complexity (Bani-Hani & Hamdan-Mansour, 2021; Morales-García et al., 2024).

Although burnout and turnover intention among nurses in Indonesia are well documented, most studies examine these factors separately. Few have developed integrated models explaining how work engagement and resilience influence turnover intention via burnout, job satisfaction, and social support simultaneously (Contreras et al., 2020; Zhao et al., 2021). This limitation hampers a comprehensive understanding of the psychosocial mechanisms driving nurse turnover. This study addresses these gaps by developing and testing an integrated structural model that examines the influence of work engagement and resilience on turnover intention, alongside burnout, job satisfaction, and social support. The novelty of this study lies in simultaneously integrating personal resources and psychological factors into a comprehensive framework, whereas prior research typically examined these relationships partially. By adopting the JD-R perspective, the study provides insight into how personal and social resources collectively shape nurses’ turnover intention.

Thus, this study aims to examine the direct relationships between work engagement, resilience, burnout, job satisfaction, and social support in explaining nurse turnover intention in a private hospital in Bali. The study focuses on nurses at Kasih Ibu Hospital, a public hospital in Bali with high clinical demands and complex work dynamics, contributing empirical evidence relevant to developing countries. Theoretical contributions include expanding the JD-R application in nursing by integrating personal and social resources, while practical contributions provide evidence-based guidance for hospital management to design effective nurse retention strategies and sustainably reduce turnover intention.

LITERATURE REVIEW & HYPOTHESIS DEVELOPMENT

The Effect of Work Engagement on Nurse Resilience

Work engagement refers to a positive psychological state characterized by vigor, dedication, and absorption in work, representing nurses’ energy, emotional involvement, and focused attention on their professional responsibilities (Saks, 2019). In the healthcare context, high work engagement is critical because it directly influences the sustainability, performance, and effectiveness of the nursing workforce. Nurses who are highly engaged not only demonstrate stronger commitment and motivation but also exhibit proactive behavior, greater perseverance, and higher task performance, all of which contribute to organizational stability and the consistent delivery of quality patient care. Engaged nurses

are also more likely to maintain a positive attitude toward challenges, fostering a supportive and resilient work environment that benefits both colleagues and patients (Cabrera-Aguilar et al., 2023).

From the perspective of Job Demands–Resources (JD-R) theory, work engagement is considered a key personal resource that enhances an individual's capacity to cope with high job demands, emotional stress, and clinical workload (Bakker & Demerouti, 2017). Empirical studies by Aydođdu (2024) indicate that nurses with higher engagement display greater resilience, adaptability, and psychological well-being when facing work pressures. Work engagement has also been linked to lower levels of burnout, higher job satisfaction, and reduced turnover intention, highlighting its protective role against work-related strain (Poku et al., 2025). By fostering work engagement, hospitals can strengthen nurses' ability to manage complex tasks, maintain motivation, and sustain long-term workforce stability, underscoring their essential role in ensuring both effective patient care and organizational performance.

H1: Work engagement has a positive effect on nurse resilience.

The Effect of Nurse Resilience on Burnout, Job Satisfaction, and Social Support

Nurse resilience refers to an individual's ability to adapt and recover from work-related stress and emotional challenges. It is a critical factor in maintaining psychological well-being and sustaining professional performance in demanding healthcare environments (Cooper et al., 2021; Brown et al., 2024). Resilient nurses tend to manage stress more effectively, demonstrating adaptive coping strategies that help them maintain focus and productivity under pressure.

Nurses with higher resilience exhibit lower levels of emotional exhaustion and are more likely to remain with their organization (Brown et al., 2024; Yi et al., 2024). In addition, resilience positively influences job satisfaction and perceptions of social support, enabling nurses to interpret work challenges more constructively and maintain a positive attitude toward their roles (Al Sabei et al., 2020; Sinval & Marôco, 2020; Zhao et al., 2021). Resilience also affects the ability to build and utilize social support networks in the workplace (Khan & Sultan, 2023). Resilient nurses are more proactive in seeking help, fostering interpersonal relationships, and leveraging organizational resources to manage stress effectively (Bon & Shire, 2022). Studies indicate that high resilience is associated with more positive perceptions of support from colleagues and the organization, which further reinforces psychological well-being and job satisfaction (Chen et al., 2020; Kim et al., 2020).

H2: Nurse resilience has a negative effect on burnout.

H3: Nurse resilience has a positive effect on job satisfaction.

H4: Nurse resilience has a positive effect on social support.

The Effect of Burnout, Job Satisfaction, and Social Support on Turnover Intention

Burnout is a state of emotional and psychological exhaustion resulting from prolonged work stress, negatively impacting individual well-being, service quality, and organizational stability in nursing (Dall'Ora et al., 2020; Edú-valsania et al., 2022). High emotional demands and workload are key triggers of burnout, which reduces work motivation, weakens engagement, and increases turnover intention (Al Sabei et al., 2020; Bayer et al., 2021; Yi et al., 2024). Nurses experiencing burnout are more likely to consider leaving their jobs, making it a critical factor in workforce retention. According to Kusuma et al. (2024), burnout increases nurses' turnover intention, while job satisfaction decreases it, highlighting the importance of enhancing psychological well-being and job satisfaction to retain nursing staff.

Job satisfaction, reflecting an individual's affective evaluation of their job, encompasses working conditions, professional relationships, and organizational support. High job satisfaction contributes to nurse retention and healthcare stability (Sinval &

Marôco, 2020). Research consistently shows a negative relationship between job satisfaction and turnover intention, as satisfied nurses tend to remain with their organization despite high work demands (Bani-Hani & Hamdan-Mansour, 2021; Zhao et al., 2021). However, in some contexts, higher satisfaction can increase mobility due to greater self-confidence and career opportunities.

Social support, including emotional, informational, and instrumental assistance from coworkers and the organization, is a vital resource for coping with work stress and maintaining psychological well-being (Kim et al., 2020). Studies indicate that social support reduces burnout, enhances job satisfaction, and strengthens organizational attachment, thereby lowering turnover intention (Zaheer et al., 2019; Zhao et al., 2021). In certain situations, strong social support may also facilitate job mobility by expanding professional networks (Chen et al., 2020). Together, burnout, job satisfaction, and social support are key determinants influencing nurses' decisions to stay or leave the organization.

H5: Burnout has a positive effect on turnover intention.

H6: Job satisfaction has a negative effect on turnover intention.

H7: Social support has a negative effect on turnover intention.

The Effect of Work Engagement on Turnover Intention

Turnover intention refers to a nurse's conscious tendency to leave their job within a certain period and is a strategic issue in nursing management because it affects organizational stability and the quality of healthcare services (Al Sabei et al., 2020; Ren et al., 2024). High turnover intention increases the workload of remaining staff, contributes to burnout, and can reduce the quality of nursing care (Wardhani & Hariyati, 2023). Turnover intention can be explained through the Job Demands–Resources (JD-R) theory, which posits that high job demands elevate burnout, while job resources such as work engagement, resilience, and social support help reduce turnover intention (Bakker & Demerouti, 2017). Conservation of Resources (COR) theory further emphasizes that loss of psychological resources triggers stress and burnout, ultimately increasing turnover intention (Bon & Shire, 2022). Empirical studies indicate that burnout is a major predictor of turnover intention, particularly in high-stress nursing environments (Bayer et al., 2021; Yi et al., 2024).

Job satisfaction mitigates the effects of negative work conditions and acts as a protective factor against turnover intention (Al Sabei et al., 2020; Zhao et al., 2021). Social support from coworkers and the organization similarly reduces turnover intention by enhancing feelings of security and work engagement (Zaheer et al., 2019; Kim et al., 2020). Work engagement is negatively associated with turnover intention, as engaged nurses show higher job satisfaction and organizational commitment (Edwards-Dandridge, 2019; Tang et al., 2022; Morales-García et al., 2024). Within the JD-R framework, work engagement functions as a personal resource that mitigates burnout from high work demands (Bakker & Demerouti, 2017). However, work engagement may also directly influence turnover intention, as highly engaged nurses possess greater self-confidence and awareness of job opportunities, potentially increasing their likelihood of leaving (Saks, 2019; Morales-García et al., 2024).

H8: Work engagement has a negative effect on turnover intention.

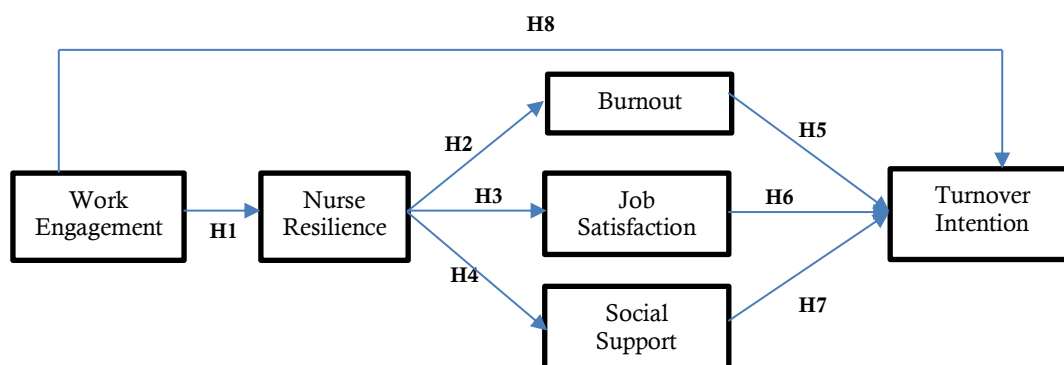


Figure 1. Research Framework

Figure 1 presents the conceptual framework of this research, based on Job Demands–Resources (JD-R) theory, which emphasizes the role of positive psychological states and personal resources in shaping individual responses to work demands (Bakker & Demerouti, 2017). In this model, work engagement is positioned as the initial factor influencing nurse resilience, a key personal resource. Nurse resilience subsequently affects burnout, job satisfaction, and social support, which are treated as variables that directly influence turnover intention. Work engagement is also assumed to have a direct effect on turnover intention (Al Sabei et al., 2020; Yi et al., 2024). By positioning resilience as a central variable bridging work engagement and various work outcomes, the framework provides a comprehensive understanding of the psychological mechanisms influencing nurse turnover intention (Contreras et al., 2020; Zhao et al., 2021).

RESEARCH METHODS

This explanatory research adopts a quantitative, cross-sectional survey design to examine psychosocial determinants of nurse turnover intention, including work engagement, resilience, burnout, job satisfaction, and social support. The study involved clinical nurses from Hospital X in Denpasar and Kedonganan, selected through purposive sampling based on predefined criteria, while excluding non-clinical staff, interns, and those on extended leave. The minimum sample size was determined using the inverse square root method, recommended for PLS-SEM due to its accuracy and robustness in estimating statistical power (Kock & Hadaya, 2018). A minimum of 160 respondents was required to ensure stable parameter estimates, enhance statistical power, improve external validity, and mitigate potential non-response or missing data.

This study examined six latent constructs: work engagement, nurse resilience, burnout, job satisfaction, social support, and turnover intention, all measured using standardized, validated, and reliable instruments. A five-point Likert scale was used for most variables, while work engagement and burnout followed their original scales. Instruments included UWES-9 for work engagement, BRS and RMRS for resilience, MBI-GS for burnout, Job Satisfaction Index for job satisfaction, MSPSS for social support, and Turnover Intention Scale for turnover intention. All instruments were adapted into Indonesian while preserving the original item meanings.

This study operationalizes six key variables. Work engagement reflects a nurse's engagement and passion for work, measured through vigor, dedication, and absorption, with indicators including energy, enthusiasm, pride, and task focus, using the UWES-9 (Carmona-Halty et al., 2019; Contreras et al., 2020; Fahditia et al., 2024). Nurse resilience captures the ability to respond to moral adversity and bounce back from challenges, measured with RMRS dimensions (moral challenges, integrity, relationship integrity, moral success) and BRS dimensions (recovery from difficult times) (Rushton et al., 2024; Nguyen et al., 2024). Burnout represents emotional and professional exhaustion, assessed via emotional exhaustion, depersonalization, and reduced personal accomplishment, with indicators such as fatigue, cynicism, and satisfaction with past/current

achievements, using the MBI-GS (Landay et al., 2022; Widhianingtanti & Lujtelaar, 2022; De Beer et al., 2024). Job satisfaction reflects affective evaluation of work, encompassing general, intrinsic, and extrinsic satisfaction, measured through satisfaction with job, superiors, coworkers, content, and salary/promotion using the Job Satisfaction Index (Sinval & Marôco, 2020; Inoyatova, 2021). Social support captures perceived support from family, friends, and significant others, including emotional, informational, and instrumental assistance, measured using the MSPSS. Turnover intention reflects the nurse’s tendency to leave the job, measured through thoughts of leaving, desire to leave, job search efforts, intention to stay, and willingness to move for better opportunities, using the turnover intention scale (Bon & Shire, 2022; Orpina & Abdul, 2022).

Data were collected via an online questionnaire. Data were analyzed using PLS-SEM with SmartPLS 4.0. Outer model assessment included convergent validity (outer loading, AVE), construct reliability (Cronbach’s Alpha, Composite Reliability), and discriminant validity (HTMT). Inner model evaluation involved multicollinearity (VIF), coefficient of determination (R^2), predictive relevance (Q^2), and path significance tested via bootstrapping with 5,000 subsamples. The analysis also included mediation testing and Importance–Performance Map Analysis (IPMA).

RESULTS

The study’s results are presented in this section, starting with descriptive statistics to give a summary of respondents’ opinions regarding the main research variables. The broad patterns in nurses’ intentions to leave their jobs, work engagement, resilience, burnout, job satisfaction, and social support are highlighted by the descriptive analysis. As a basis for further inferential analysis and hypothesis testing, these initial findings provide information about the amounts and variability of each construct. Table 1 provides comprehensive data on means, medians, standard deviations, and item-level responses that help interpret the correlations between the study’s variables.

Table 1. Descriptive Analysis and Factor Loading

Variable	Item	Median	Scale Min	Scale Max	Mean	Std. Dev	Factor Loading
Turnover Intention	TI1	2	1	5	2.228	0.905	0.795
	TI2				1.918	1.034	0.836
	TI3				2.018	0.994	0.825
	TI4				2.257	1.022	0.806
	TI5				2.368	1.237	0.837
	TI6				2.076	0.930	0.718
	TI7				2.029	0.901	0.73
	TI8				2.064	1.027	0.837
Work Engagement	A1	4	1	5	3.731	0.942	0.876
	A2				4.047	1.144	0.736
	A3				3.918	1.084	0.836
	DD1				3.848	0.991	0.923
	DD2				4.023	1.103	0.831
	DD				3.936	1.066	0.850
	V1				3.591	1.227	0.931
	V2				3.363	1.323	0.905
Nurse Resilience	V3	4	1	5	3.947	1.110	0.905
	BRS1				3.854	1.030	0.896
	BRS2				4.082	1.121	0.841
	BRS3				3.965	1.070	0.887
	BRS4				3.830	1.043	0.845
	BRS5				3.912	1.075	0.882
	BRS6				4.006	1.079	0.806
	PI1				3.942	1.085	0.914
	PI2				3.784	1.090	0.905
	PI3				3.819	1.101	0.908
	IR1				3.959	1.078	0.871
IR2	3.942	1.069	0.752				

Variable	Item	Median	Scale Min	Scale Max	Mean	Std. Dev	Factor Loading	
	IR3				3.854	1.122	0.883	
	IR4				3.713	1.231	0.898	
	MB1				3.942	1.085	0.879	
	MB2				3.871	1.063	0.863	
	MB3				3.947	1.136	0.842	
	MB4				3.988	1.098	0.852	
	MB5				3.825	1.157	0.859	
	RMA1				3.924	1.098	0.896	
	RMA2				3.784	1.152	0.868	
	RMA3				3.942	1.153	0.895	
	ABB1				3.719	1.156	1	
Burnout	EE1	2	1	5	2.754	1.246	0.843	
	EE2	3	1		2.877	1.538	0.814	
	EE3				2.251	1.170	0.824	
	EE4				2.211	1.135	0.79	
	EE5				2.462	1.343	0.843	
	EE6	2	1	5	2.491	1.221	0.829	
	EE7				2.468	1.330	0.863	
	DP1				2.480	1.344	0.757	
	DP2				2.550	1.307	0.735	
	DP3	3	1	5	2.871	1.400	0.766	
	DP4				2.538	1.285	0.785	
	DP5	2	1	5	2.287	1.259	0.832	
	DP6				2.158	1.167	0.792	
	DP7				2.275	1.209	0.814	
	Job Satisfaction	PA1				3.830	1.247	0.822
		PA2				3.819	1.158	0.836
PA3					3.778	1.143	0.887	
PA4		4	1	5	3.918	1.152	0.903	
PA5					3.854	1.148	0.898	
PA6					3.877	1.135	0.906	
PA7					3.830	1.124	0.885	
PP8					3.842	1.126	0.901	
Social Support	I1				3.825	1.051	1	
	E1				3.789	1.186	0.916	
	E2	4	1	5	3.842	1.172	0.881	
	E3				3.579	1.218	0.884	
	E4				3.713	1.162	0.891	
Social Support	GS1				3.643	1.153	1	
	FM1				3.731	1.112	0.917	
	FM2				3.860	1.176	0.886	
	FM3				3.789	1.125	0.876	
	FM4				3.830	1.119	0.928	
	FR1				3.667	1.170	0.852	
	FR2	4	1	5	3.854	1.143	0.86	
	FR3				3.883	1.118	0.856	
	FR4				3.848	1.140	0.887	
	SO1				3.801	1.117	0.914	
	SO2				3.865	1.134	0.866	
	SO3				3.801	1.106	0.892	
SO4				3.801	1.127	0.903		

Note: A = Absorption, ABB = Ability to Bounce Back, BRS = Brief Resilience Scale, DD = Dedication, DP = Depersonalization, E = Extrinsic, EE = Emotional Exhaustion, FM = Family, FR = Friend, GS = General Satisfaction, I = Intrinsic, IR = Integrity in Relationships, MB = Moral Belief, PA = Personal Accomplishment, PI = Personal Integrity, RMA = Responding to Moral Adversity, SO = Significant Other, TI = Turnover Intention, V = Vigor

The descriptive analysis in Table 1 shows that turnover intention was low (mean 1.918–2.368, median 2), while work engagement was high across vigor, dedication, and absorption (mean 3.363–4.047, median 4). Nurse resilience indicators ranged from 3.719 to 4.082, reflecting strong personal, moral, and relational resilience. Burnout was low to moderate (mean 2.158–2.538, median 2), while job satisfaction was high (mean 3.579–

3.842, median 4). Social support from family, friends, and colleagues was also strong (mean 3.731–3.883). These results indicate nurses exhibited high engagement, resilience, satisfaction, and support, alongside low turnover intention and moderate burnout.

Table 1 shows that the first stage outer loadings were examined to assess indicator validity for each construct. Work engagement showed strong loadings, especially in vigor (0.905–0.931) and dedication (0.850–0.923), confirming that passion, dedication, and absorption effectively define engagement. Nurse resilience indicators all exceeded 0.80, demonstrating the dominance of personal integrity, relationships, moral conviction, and bounce-back ability. Burnout loadings were adequate, particularly personal accomplishment (0.822–0.906), while depersonalization remained above the threshold (0.735–0.832). Job satisfaction loadings were high, with intrinsic at 1.00 and extrinsic at 0.881–0.916. Social support showed strong reliability, especially family and significant other dimensions. Turnover intention items ranged from 0.718 to 0.837, indicating all indicators validly measure nurses' turnover intentions.

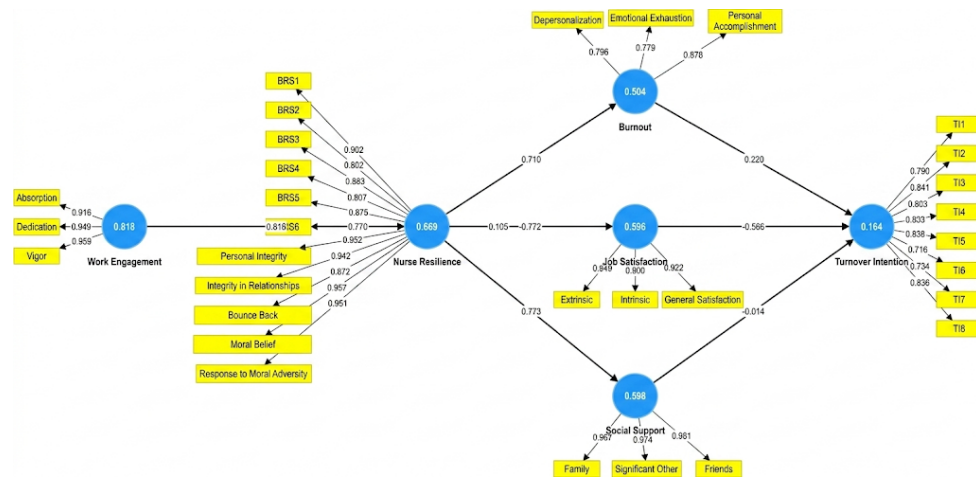


Figure 2. Outer Model

Table 2. Construct Outer Loadings, Validity, and Reliability

Construct	Indicators	Construct Outer Loading	Cronbach's Alpha	rho_a	rho_c	AVE
Burnout	Emotional Exhaustion	0.779	0.805	1.028	0.859	0.671
	Depersonalization	0.796				
	Personal Accomplishment	0.878				
Job Satisfaction	Intrinsic	0.900	0.914	0.919	0.946	0.853
	Extrinsic	0.949				
	General Satisfaction	0.922				
Nurse Resilience	BRS1	0.902	0.972	0.976	0.975	0.784
	BRS2	0.802				
	BRS3	0.883				
	BRS4	0.807				
	BRS5	0.875				
	BRS6	0.770				
Social Support	Personal Integrity	0.952	0.973	0.973	0.982	0.949
	Integrity in Relationships	0.942				
	Moral Belief	0.957				
	Response to Moral Adversity	0.951				
Social Support	Ability to Bounce Back	0.872	0.973	0.973	0.982	0.949
	Family	0.967				
	Friends	0.981				

Construct	Indicators	Construct Outer Loading	Cronbach's Alpha	rho_a	rho_c	AVE
Turnover Intention	Significant Other	0.974	0.920	0.940	0.934	0.639
	TI1	0.790				
	TI2	0.841				
	TI3	0.825				
	TI4	0.803				
	TI5	0.838				
	TI6	0.716				
	TI7	0.734				
	TI8	0.836				
Work Engagement	Vigor	0.959	0.936	0.938	0.959	0.886
	Dedication	0.949				
	Absorption	0.916				

Note: BRS = Brief Resilience Scale, TI = Turnover Intention.

Figure 2 and Table 2 show that the second stage showed that all latent constructs had indicators with outer loadings construct are above 0.70, thus meeting the convergent validity criteria. Work engagement had the highest loading on vigor (0.959), while social support showed a very high loading on friends (0.981). Nurse resilience also had a very strong indicator of moral belief (0.957). Thus, the measurement model can be declared valid because all indicators consistently represent their respective constructs. The Cronbach's alpha values for all constructs were above 0.80, with nurse resilience and social support even exceeding 0.97, indicating very high reliability. Composite reliability also met the requirements (>0.70). The AVE values for all constructs were greater than 0.50, indicating that the latent variables explained more than 50% of the variance in their indicators, thus meeting convergent validity.

Table 3. HTMT Results

Variable	Burnout	Job Satisfaction	Nurse Resilience	Social Support	Turnover Intention
Job Satisfaction	0.587				
Nurse Resilience	0.670	0.815			
Social Support	0.571	0.836	0.792		
Turnover Intention	0.257	0.367	0.175	0.250	
Work Engagement	0.583	0.852	0.853	0.812	0.220

The HTMT results in Table 3 show that all values are below the 0.90 threshold, confirming discriminant validity. The highest associations are between certain constructs, indicating they are related but remain distinct. Moderate correlations exist between some constructs, reflecting conceptual overlap without redundancy. Other constructs show moderate associations with several variables, maintaining distinctiveness. Correlations with the outcome variable are low, confirming it is conceptually separate from the others.

Table 4. VIF and F-Square

Path	VIF	f ²
Burnout → Depersonalization	1.000	–
Burnout → Emotional Exhaustion	1.000	–
Burnout → Personal Accomplishment	1.000	–
Burnout → Turnover Intention	1.457	0.030
Job Satisfaction → Extrinsic	1.000	–
Job Satisfaction → Intrinsic	1.000	–
Job Satisfaction → General Satisfaction	1.000	–
Job Satisfaction → Turnover Intention	2.916	0.110
Nurse Resilience → Burnout	1.000	1.016
Nurse Resilience → Personal Integrity	1.000	–
Nurse Resilience → Integrity in Relationships	1.000	–
Nurse Resilience → Job Satisfaction	1.000	1.478

Path	VIF	f ²
Nurse Resilience → Ability to Bounce Back	1.000	–
Nurse Resilience → Moral Belief	1.000	–
Nurse Resilience → Response to Moral Adversity	1.000	–
Nurse Resilience → Social Support	1.000	1.489
Social Support → Family	1.000	–
Social Support → Significant Other	1.000	–
Social Support → Friends	1.000	–
Social Support → Turnover Intention	2.902	0.000
Work Engagement → Absorption	1.000	–
Work Engagement → Dedication	1.000	–
Work Engagement → Nurse Resilience	1.000	2.025
Work Engagement → Vigor	1.000	–
Work Engagement → Turnover Intention	–	0.004

Table 4 shows that the VIF values for all paths were below the maximum threshold of 5.0, indicating no multicollinearity and that the exogenous constructs did not over-explain the endogenous constructs. The largest effect size was observed for the relationship between work engagement and nurse resilience (2.025), demonstrating a very strong influence. Nurse resilience also showed substantial effects on job satisfaction and social support. In contrast, the effect of social support on turnover intention was minimal (0.000), suggesting an insignificant contribution.

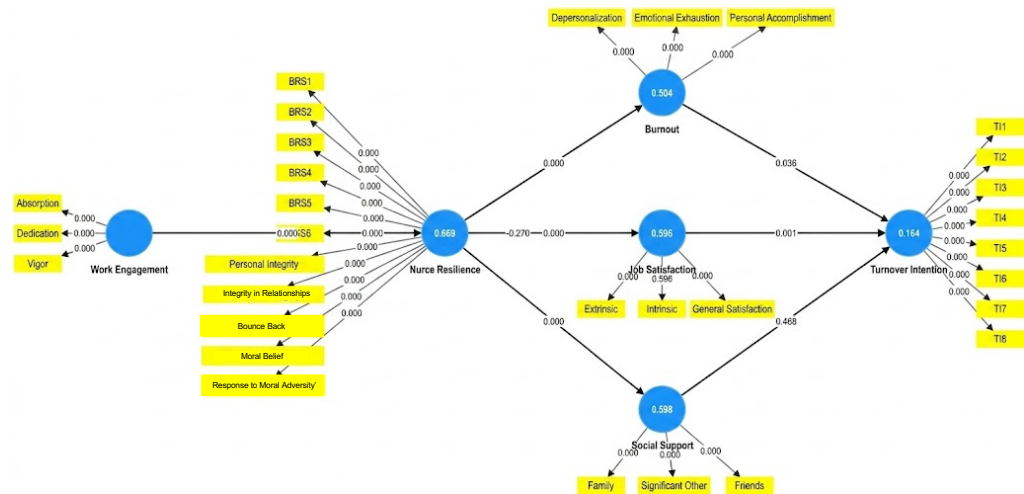


Figure 3. Inner Model

Table 5. R Square and Q Square

Variable	R-Square	R-Square Adjusted	Q ² predict	RMSE	MAE
Burnout	0.504	0.501	0.414	0.783	0.590
Job Satisfaction	0.596	0.594	0.596	0.647	0.477
Nurse Resilience	0.669	0.667	0.667	0.591	0.368
Social Support	0.598	0.596	0.577	0.664	0.449
Turnover Intention	0.164	0.143	0.018	1.007	0.790

Figure 3 and Table 5 show the R-square value for burnout of 0.504, indicating that 50.4% of the variation in burnout can be explained by nurse resilience. Job satisfaction has an R-square of 0.596, social support 0.598, and nurse resilience 0.669, indicating the model's strong predictive ability. However, turnover intention only has an R-square of 0.164, meaning that turnover intention is only explained by burnout, job satisfaction, social support, and work engagement by 16.4%. This suggests that there are still other factors outside the model that influence turnover intention. The Q² values for burnout

(0.414), job satisfaction (0.596), nurse resilience (0.667), and social support (0.577) indicate the model has good predictive ability. However, turnover intention only has a Q^2 of 0.018, so the model's predictive ability for turnover intention is very weak.

Table 6. Hypothesis Test

Hypothesis	Relationship	Original Sample (O)	t-statistics	p-values	Result
H1	Work Engagement → Nurse Resilience	0.818	14.820	0.000	Accepted
H2	Nurse Resilience → Burnout	0.710	12.496	0.000	Rejected
H3	Nurse Resilience → Job Satisfaction	0.772	12.613	0.000	Accepted
H4	Nurse Resilience → Social Support	0.773	12.322	0.000	Accepted
H5	Burnout → Turnover Intention	0.220	1.799	0.036	Accepted
H6	Job Satisfaction → Turnover Intention	-0.566	3.209	0.001	Accepted
H7	Social Support → Turnover Intention	-0.014	0.081	0.468	Rejected
H8	Work Engagement → Turnover Intention	0.105	0.612	0.270	Rejected

Table 6 shows the hypothesis testing results show that work engagement has a strong positive effect on nurse resilience (path coefficient = 0.818, $t = 14.820$, $p = 0.000$), which in turn significantly influences burnout (0.710, $t = 12.496$, $p = 0.000$), job satisfaction (0.772, $t = 12.613$, $p = 0.000$), and social support (0.773, $t = 12.322$, $p = 0.000$). These findings indicate that higher engagement enhances resilience, enabling nurses to better manage work stress, feel more satisfied, and perceive stronger social support.

Turnover intention is directly affected by burnout (0.220, $t = 1.799$, $p = 0.036$) and negatively by job satisfaction (-0.566, $t = 3.209$, $p = 0.001$), confirming that burnout increases the intention to leave while job satisfaction reduces it. In contrast, social support (-0.014, $t = 0.081$, $p = 0.468$) and work engagement (0.105, $t = 0.612$, $p = 0.270$) do not have significant direct effects on turnover intention. These results highlight that nurse resilience is a central factor influencing work outcomes, while turnover intention is primarily driven by burnout and job satisfaction rather than by social support or engagement directly.

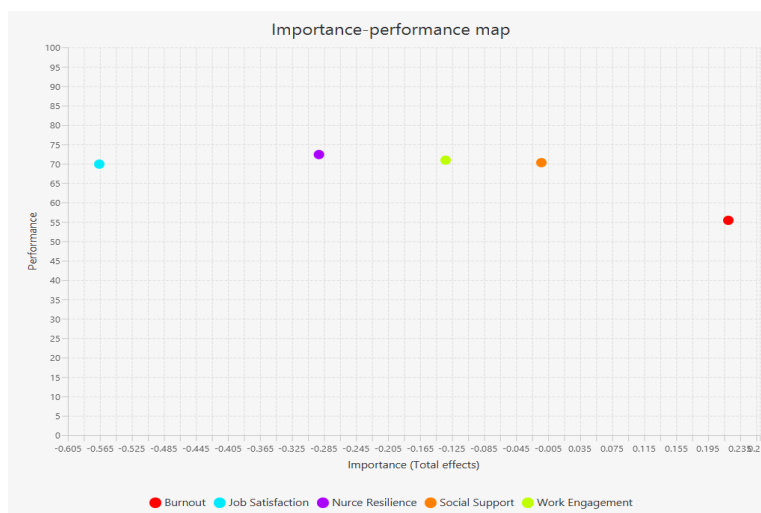


Figure 4. IPMA Construct

Figure 4 shows that the IPMA results show that job satisfaction has the highest importance on turnover intention ($\beta = -0.566$) with a performance of 69.9. This means that job satisfaction is the most important factor in reducing turnover intention. Nurse resilience and work engagement have high performance scores above 70, but their contribution to turnover intention is more indirect. Burnout has a positive importance (0.220) with a low performance score (55.4), making burnout a critical area to be addressed because it can increase turnover intention.

DISCUSSION

The results indicate that burnout and job satisfaction significantly influence nurse turnover intention, while work engagement and social support show no significant direct effect. This is consistent with the Job Demands–Resources (JD-R) theory, which posits that the balance between work demands and psychological resources determines individual well-being and retention decisions (Bakker & Demerouti, 2017).

Work engagement was found to have a significant positive effect on nurse resilience. Nurses with high engagement, characterized by enthusiasm, dedication, and absorption, demonstrate stronger adaptability under pressure. This finding is supported by Aydoğdu (2024), who emphasized work engagement as crucial for maintaining nurse motivation and resilience during the COVID-19 pandemic. Saks (2019) further confirmed that work engagement strengthens personal resources that protect individuals from work stress, positioning it as a foundational element of professional resilience.

The results of this study indicate that nurse resilience has a positive effect on burnout, although theoretically the relationship between the two is negative. Previous studies have confirmed that resilience is generally negatively correlated with burnout because it serves as a protective factor against work stress (Cooper et al., 2021). However, in the context of a high workload, resilience may reflect the ability to survive chronic stress, rather than solely psychological protection. Repeated exposure to stress without adequate organizational support can lead to the accumulation of emotional exhaustion, so resilience is actually positively correlated with burnout under certain empirical conditions (Yi et al., 2024). Resilience also positively influenced job satisfaction, as resilient nurses manage pressure more effectively, yielding greater intrinsic and extrinsic satisfaction consistent with Zhao et al. (2021), who identified resilience and job satisfaction as important predictors of reduced turnover. Resilient nurses perceived stronger social support, reflecting that psychological resilience is shaped not only individually but through supportive social networks (Chang & Kim, 2022).

Burnout had a significant positive effect on turnover intention, meaning higher burnout increases nurses' likelihood of leaving. This aligns with Bayer et al. (2021), who identified burnout as a dominant driver of turnover intention during the pandemic. Burnout encompasses emotional exhaustion, depersonalization, and reduced personal accomplishment, and remains a leading cause of nurse turnover globally (Edú-Valsania et al., 2022; Ren et al., 2024). Job satisfaction significantly reduced turnover intention, confirming its role as a key protective factor for retention (Al Sabei et al., 2020). Its validity across cultural contexts, including Portugal and Brazil, supports the generalizability of this finding (Sinval & Marôco, 2020). Job satisfaction also moderates the relationship between burnout and turnover intention, further reinforcing its strategic importance in nurse retention.

Social support and work engagement showed no direct significant effect on turnover intention. Social support likely operates indirectly through burnout or job satisfaction, as Kim et al. (2020) found that it plays a more indirect role in retention, particularly during crisis periods. Similarly, work engagement influences turnover intention indirectly through resilience and burnout, functioning more as a mediator (Tang et al., 2022). Morales-García et al. (2024) also assert that work engagement has a greater impact on well-being than directly on turnover decisions. Nurse resilience serves as the pivotal factor connecting work engagement, burnout, job satisfaction, and social support. In the Indonesian context, retention strategies must account for work experience and broader organizational dynamics, prioritizing resilience-building programs and work environment improvement to effectively reduce nurse turnover intention (Wardhani & Hariyati, 2023).

These findings highlight key implications for hospital management. Programs that build nurse resilience, such as stress management, mentoring, and professional development, are essential to help nurses cope with high work demands. Improving job satisfaction through fair compensation, recognition, and supportive work environments can directly reduce turnover intention. Although work engagement and social support do not directly affect turnover, enhancing them indirectly strengthens resilience and mitigates

burnout. Hospital administrators and policymakers in Indonesia should adopt a holistic strategy combining psychological resources, organizational support, and career development to maintain a motivated and stable nursing workforce.

CONCLUSION

The results indicate that work engagement positively affects nurse resilience, enhancing their ability to manage work pressures. Nurse resilience has a positive effect on burnout, while increasing job satisfaction and perceived social support, confirming its central role in psychological well-being. Burnout positively influences turnover intention, whereas job satisfaction negatively affects it, highlighting burnout suppression and satisfaction enhancement as key strategies to reduce nurses' intention to leave. Social support and work engagement do not directly affect turnover intention, suggesting their influence operates indirectly through resilience, burnout, and job satisfaction.

These findings have practical implications for hospital management. Interventions should prioritize resilience-building programs such as stress management training, mentoring, psychological support, and moral integrity initiatives. Improving job satisfaction through fair compensation, recognition, supportive work environments, and positive interpersonal relationships can directly reduce turnover. Systematic burnout prevention, including workload management and emotional support, is also crucial. While work engagement and social support may not directly decrease turnover, fostering them indirectly strengthens resilience and mitigates burnout, contributing to long-term retention.

The study has several limitations. Its cross-sectional design prevents establishing causal relationships, and reliance on self-reported data may introduce bias. The relatively low R-square for turnover intention indicates additional factors, such as leadership, workload, reward systems, or organizational commitment, may also influence nurses' intentions. Moreover, the specific context and respondent characteristics limit generalizability. Future research should employ longitudinal designs to capture changes over time and consider additional organizational and personal factors. Mixed-methods approaches could further explore nurses' experiences of work stress and motivations for leaving. Enhancing resilience, job satisfaction, and burnout management emerges as a central strategy for retaining a stable and motivated nursing workforce.

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*Factors Influencing
Nurse Turnover
Intention*

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