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## The Role of Job Demands, Personal Resources, and Burnout in Mediating the Effect of Engaging Leadership on Work Engagement: A Study of Nurses at a Regional General Hospital

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**ABSTRACT:** This study analyzes the roles of job demands, personal resources, and burnout in mediating the effect of engaging leadership on nurses' work engagement at RSUD dr. H. LM. Baharuddin, M.Kes. The study employed a quantitative survey design with saturated sampling, involving all 172 nurses in the inpatient-related units. Data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM) with SmartPLS version 4.1.1.6. The findings show that engaging leadership has positive and significant effects on job demands, personal resources, and work engagement, and a negative and significant effect on burnout. Job demands positively and significantly affect burnout and work engagement, while personal resources negatively affect burnout and positively affect work engagement. Personal resources emerge as the strongest direct predictor of work engagement. Burnout, however, does not significantly affect work engagement. Mediation analysis indicates that job demands and personal resources significantly mediate the effect of engaging leadership on burnout, whereas burnout does not mediate the effects of engaging leadership, job demands, or personal resources on work engagement. These findings highlight that nurses' work engagement is strengthened more directly through engaging leadership and personal resources than through burnout reduction.

## 1. INTRODUCTION

Health-care organizations depend heavily on nurses because nursing services are continuous, patient-facing, and closely connected with service quality and patient safety. The expansion and increasing utilization of hospital services can intensify both the quantitative and emotional demands placed on nurses. Under these conditions, maintaining work engagement becomes strategically important because engaged nurses invest energy, dedication, and concentration in their work and are better positioned to sustain high-quality care. Studies in nursing settings consistently associate work engagement with favorable occupational and service outcomes (Gao et al., 2024; Wei et al., 2023; Yang et al., 2023). The empirical setting of this study illustrates this pressure. RSUD dr. H. LM. Baharuddin, M.Kes is a Type C regional hospital serving the community in Muna Regency. Its 2024 service indicators show a Bed Occupancy Rate of 83.9%, a Length of Stay of 5.8 days, and a Turn Over Interval of 3.75 days. While BOR and LOS remain within the cited ideal ranges, TOI exceeds the ideal 1–3 day range. High utilization, patient-flow demands, and the need for continuous coordination can increase the workload experienced by nurses and make the management of human resources a central concern.

Work engagement is particularly relevant in nursing because employees may remain highly dedicated even while facing substantial demands. The Job Demands–Resources (JD–R) model explains this apparent duality through two processes: a

health-impairment process in which excessive demands consume energy and increase exhaustion, and a motivational process in which resources foster motivation and engagement. The model has become a widely used framework for explaining employee well-being and performance, including in health-care environments ([Demerouti, 2025](#); [Munn et al., 2024](#); [Chiminelli-Tomás et al., 2025](#)).

Leadership is one contextual resource that may activate the motivational process. Engaging leadership emphasizes inspiring, strengthening, connecting, and empowering employees. Such leadership is intended to satisfy basic psychological needs, strengthen individual and team resources, and stimulate engagement ([Schaufeli, 2015](#); [van Tuin et al., 2021](#)). Longitudinal and multilevel evidence shows that engaging leadership can enhance work engagement through personal and team resources ([Mazzetti & Schaufeli, 2022](#)), while research among nurses also links engaging leadership with a supportive work environment and work motivation ([Kohnen et al., 2024](#)).

Despite this theoretical expectation, prior evidence is not completely consistent. Mazzetti and Schaufeli (2022) and Kohnen et al. (2024) reported favorable relationships between engaging leadership and engagement-related outcomes, whereas Nikolova et al. (2019) found a weak and non-significant direct relationship in a cross-lagged design. Robijn et al. (2020) likewise emphasized the importance of basic needs and team processes rather than assuming that leadership automatically produces engagement. This inconsistency suggests that the mechanism connecting leadership to work engagement deserves further examination.

Job demands represent another important component of the JD–R framework. Work overload, emotional demands, mental load, physical demands, role conflict, time pressure, and work–family conflict can require sustained physical or psychological effort. When demands exceed available resources, strain and burnout are likely to increase. Empirical studies have linked job demands with burnout and engagement in different settings, although the direction and strength of the relationships can vary according to whether demands are perceived as hindrance or challenge demands ([Ayu et al., 2015](#); [Jazilah, 2020](#); [Noventa et al., 2023](#); [Yuseva et al., 2024](#)).

Personal resources may help employees interpret and manage demanding conditions. Optimism, self-efficacy, self-esteem, and motivation can strengthen confidence, persistence, and adaptive coping. Within the JD–R perspective, these personal capacities can function as motivational resources and can reduce vulnerability to burnout. Prior studies have highlighted self-efficacy, hope, resilience, and psychological resources as important predictors of employee well-being and engagement ([Anam & Anggarani, 2023](#); [Hidayat et al., 2025](#); [Siami et al., 2023](#)).

Burnout is characterized by persistent exhaustion and negative work-related psychological responses. In nursing, burnout is especially important because the profession combines high workload, emotional labor, responsibility for patient safety, and continuous interpersonal interaction. Recent research and reviews continue to identify burnout as a substantial occupational risk among nurses ([Fatimah & Yugistiyowati, 2022](#); [Jachmann et al., 2025](#); [Chamika Rathnayaka Mudiyansele et al., 2025](#)). However, burnout does not always operate as the central mechanism through which leadership and resources affect engagement, creating an important empirical question. The present study addresses this gap by simultaneously examining engaging leadership, job demands, personal resources, burnout, and work engagement among nurses in a resource-constrained regional hospital context. The model is designed to test both direct and mediated pathways, thereby integrating the motivational and health-impairment processes of the JD–R framework. This approach is also responsive to calls for more context-sensitive evidence on how leadership and individual resources shape employee well-being and engagement in health services ([Demerouti, 2025](#); [Brouwer et al., 2025](#)).

Accordingly, this study aims to analyze: (1) the direct effects of engaging leadership on job demands, personal resources, burnout, and work engagement; (2) the effects of job demands and personal resources on burnout and work engagement; (3) the effect of burnout on work engagement; and (4) the mediating roles of job demands, personal resources, and burnout. The study contributes by testing a comparatively comprehensive model among nurses and by clarifying whether work engagement is primarily strengthened through direct motivational pathways or indirectly through burnout reduction.

**Table 1.** Hospital Service Performance Indicators

| Indicator                | 2024 Value | Ideal Value |
|--------------------------|------------|-------------|
| Bed Occupancy Rate (BOR) | 83.9%      | 60–85%      |
| Length of Stay (LOS)     | 5.8 days   | 3–6 days    |
| Turn Over Interval (TOI) | 3.75 days  | 1–3 days    |

**Source:** RSUD dr. H. LM. Baharuddin, M.Kes (2026)

## 2. THEORETICAL REVIEW

### 2.1 Job Demands–Resources Model and Engaging Leadership

The JD–R model proposes that every occupation has specific demands and resources that can be organized into two broad categories. Job demands require sustained effort and are associated with physiological or psychological costs, whereas resources help employees achieve work goals, reduce the costs of demands, and stimulate growth and development. Contemporary extensions of the model also recognize personal resources and leadership as important elements that shape how employees respond to their work environment ([Demerouti, 2025](#); [Irvan et al., 2023](#)).

Engaging leadership is a leadership approach designed to mobilize employee energy and motivation by inspiring a meaningful future, strengthening employees, connecting people, and empowering them. Schaufeli (2015) positioned engaging leadership within the JD–R model as a contextual resource capable of influencing demands and resources. Later studies support the proposition that engaging leadership fosters engagement through need satisfaction, intrinsic values, psychological capital, and team resources ([van Tuin et al., 2021](#); [Mazzetti & Schaufeli, 2022](#); [Rohinsa, 2024](#)). In nursing, leadership has additional significance because leaders coordinate complex clinical work while supporting employees who face emotional and physical pressures. Kohnen et al. (2024) found that engaging leadership was associated with nurse well-being through the work environment and motivation. Supportive leadership has also been linked with hope and resilience during periods of severe occupational stress ([Siami et al., 2023](#)). These findings suggest that leadership may simultaneously shape perceptions of work demands and strengthen the personal resources needed to cope with them.

### 2.2 Job Demands

Job demands in this study comprise work overload, emotional demands, mental load, physical demands, role conflict, time pressure, and work–family conflict. These dimensions reflect the sustained effort required from nurses while providing continuous patient care. High demands may lead to strain when employees lack sufficient resources, but some demanding conditions may also be interpreted as challenges that stimulate effort and involvement. This distinction helps explain why job demands can show positive associations with engagement in some contexts while still increasing burnout risk ([Anggraini & Mulyana, 2022](#); [Aprilianingsih, 2022](#); [Pratomo & Syaebani, 2025](#)).

Evidence from nursing and other service occupations demonstrates that workload and emotional pressure are closely related to stress and burnout. Studies during and after the pandemic further illustrate how work intensity can amplify psychological strain among nurses ([Ican Tiara Cindy et al., 2021](#); [Saputra et al., 2025](#)). Hence, effective leadership should not merely eliminate demands, but help employees appraise, organize, and respond to them while ensuring that adequate resources remain available.

### 2.3 Personal Resources

Personal resources are positive self-evaluations and psychological capacities that influence an individual’s ability to control and affect the work environment. The present study operationalizes personal resources through optimism, self-efficacy, self-esteem, and motivation. These resources help nurses maintain confidence and persistence when dealing with complex patient care, uncertainty, and emotional pressure. Empirical evidence links self-efficacy and other psychological resources with stronger engagement and lower burnout vulnerability ([Amalia, 2021](#); [Anam & Anggarani, 2023](#); [Hidayat et al., 2025](#)). Personal resources can also function as a mechanism through which leadership produces employee outcomes. Leaders who provide support, autonomy, recognition, and opportunities for growth may reinforce employees’ belief that they can successfully

manage work challenges. Mazzetti and Schaufeli (2022) identified personal resources as an important pathway between engaging leadership and engagement, while Kohnen et al. (2024) similarly highlighted motivational mechanisms in nursing. This suggests that strengthening personal resources may be more sustainable than relying solely on reductions in workload.

## 2.4 Burnout and Work Engagement

Burnout represents a state of chronic work-related exhaustion and detachment. The study measures burnout through emotional exhaustion, depersonalization, and reduced personal accomplishment, dimensions consistent with the established burnout literature (Maslach & Leiter, 2016). Nursing research continues to show that burnout can emerge from persistent workload, emotional strain, and insufficient recovery, with implications for individual well-being and service quality (Jachmann et al., 2025; Ma et al., 2025). Work engagement, by contrast, reflects a positive and fulfilling work-related state characterized by vigor, dedication, and absorption. Engaged nurses demonstrate energy, pride, persistence, and deep concentration in patient care. Work engagement has been associated with job satisfaction, quality of care, and intention to remain in nursing (Wei et al., 2023), and it is influenced by both workplace and personal resources (Gao et al., 2024; Yang et al., 2023).

Burnout and work engagement are conceptually related but are not simply opposite ends of one continuum. Employees may report high demands and exhaustion while still retaining dedication because of professional meaning, personal resources, or supportive leadership. This possibility is particularly relevant in nursing and provides the theoretical basis for testing whether burnout actually mediates the relationships between leadership, demands, personal resources, and engagement rather than assuming such mediation a priori (Marcelina & Archianti, 2024; Frinanda Effrilia et al., 2025).

## 3. MATERIALS AND METHODS

This study used a quantitative survey design, consistent with established business and management research procedures (Cooper & Schindler, 2014). Data collection was conducted from October 2025 to February 2026 at RSUD dr. H. LM. Baharuddin, M.Kes. The population consisted of all nurses assigned to the hospital's inpatient-related units. A saturated sampling or census technique was used, resulting in 172 respondents. This approach was selected because the population was manageable and all eligible nurses could be included.

The 172 nurses were distributed across Class I (28), Class II (27), Class III (55), Emergency Department (24), Intensive Care Unit (18), Isolation Room (10), and Operating Room (10). The study variables were engaging leadership, job demands, personal resources, burnout, and work engagement. Engaging leadership was measured through inspiring, strengthening, connecting, and empowering. Job demands were measured through work overload, emotional demands, mental load, physical demands, role conflict, time pressure, and work–family conflict. Personal resources comprised optimism, self-efficacy, self-esteem, and motivation. Burnout comprised emotional exhaustion, depersonalization, and reduced personal accomplishment. Work engagement comprised vigor, dedication, and absorption.

Data were collected using a structured questionnaire and analyzed with Partial Least Squares Structural Equation Modeling (PLS-SEM) using SmartPLS version 4.1.1.6. The analysis included assessment of the measurement model, discriminant validity using the Heterotrait–Monotrait Ratio (HTMT), structural-path testing, indirect-effect testing, and evaluation of  $R^2$  and  $Q^2$ . PLS-SEM is appropriate for prediction-oriented structural models with multiple simultaneous relationships (Hair, 2019). Statistical significance was evaluated using  $p < 0.05$ .

**Table 2.** Distribution of the Nurse Sample

| Unit                 | Number of Nurses |
|----------------------|------------------|
| Class I              | 28               |
| Class II             | 27               |
| Class III            | 55               |
| Emergency Department | 24               |
| Intensive Care Unit  | 18               |

|                |     |
|----------------|-----|
| Isolation Room | 10  |
| Operating Room | 10  |
| Total          | 172 |

**Source:** Research data; adapted from the dissertation dataset (2026).

## 4. RESULTS AND DISCUSSION

### 4.1 Measurement Model

The measurement results indicate strong indicator loadings across the constructs. Engaging leadership loadings ranged from 0.885 to 0.941; job demands from 0.803 to 0.916; personal resources from 0.848 to 0.934; burnout from 0.962 to 0.984; and work engagement from 0.868 to 0.912. The HTMT values for all construct pairs were below 0.90, supporting discriminant validity. Work engagement also demonstrated adequate reliability and convergent validity, with Cronbach's alpha of 0.878, composite reliability of 0.925, and AVE of 0.804.

**Table 3.** Indicator Loadings and Mean Scores

| Construct           | Indicator                       | Loading | Mean |
|---------------------|---------------------------------|---------|------|
| Engaging Leadership | Inspiring                       | 0.914   | 4.12 |
|                     | Strengthening                   | 0.885   | 3.85 |
|                     | Connecting                      | 0.938   | 4.16 |
|                     | Empowering                      | 0.941   | 3.99 |
| Job Demands         | Work Overload                   | 0.916   | 4.06 |
|                     | Emotional Demands               | 0.824   | 4.08 |
|                     | Mental Load                     | 0.907   | 3.98 |
|                     | Physical Demands                | 0.873   | 4.07 |
|                     | Role Conflict                   | 0.869   | 4.03 |
|                     | Time Pressure                   | 0.803   | 4.03 |
| Personal Resources  | Work–Family Conflict            | 0.866   | 4.07 |
|                     | Optimism                        | 0.933   | 4.45 |
|                     | Self-Efficacy                   | 0.848   | 4.65 |
|                     | Self-Esteem                     | 0.852   | 4.66 |
| Burnout             | Motivation                      | 0.934   | 4.66 |
|                     | Emotional Exhaustion            | 0.962   | 4.66 |
|                     | Depersonalization               | 0.980   | 4.57 |
|                     | Reduced Personal Accomplishment | 0.984   | 4.56 |
| Work Engagement     | Vigor                           | 0.868   | 4.38 |
|                     | Dedication                      | 0.912   | 4.63 |
|                     | Absorption                      | 0.910   | 4.37 |

**Source:** SmartPLS 4.1.1.6 analysis, January 2026.

## 4.2 Direct Effects

**Table 4.** Structural Model: Direct Effects

| Relationship                             | $\beta$ | p-value | Decision        |
|------------------------------------------|---------|---------|-----------------|
| Engaging Leadership → Job Demands        | 0.831   | 0.000   | Significant     |
| Engaging Leadership → Personal Resources | 0.419   | 0.000   | Significant     |
| Engaging Leadership → Burnout            | -0.397  | 0.000   | Significant     |
| Engaging Leadership → Work Engagement    | 0.597   | 0.000   | Significant     |
| Job Demands → Personal Resources         | 0.684   | 0.000   | Significant     |
| Job Demands → Burnout                    | 0.512   | 0.000   | Significant     |
| Job Demands → Work Engagement            | 0.371   | 0.000   | Significant     |
| Personal Resources → Burnout             | -0.837  | 0.000   | Significant     |
| Personal Resources → Work Engagement     | 0.886   | 0.000   | Significant     |
| Burnout → Work Engagement                | 0.026   | 0.192   | Not significant |

**Source:** SmartPLS 4.1.1.6 analysis, January 2026.

The positive effect of engaging leadership on job demands ( $\beta = 0.831$ ,  $p < 0.001$ ) is noteworthy. Rather than indicating that leadership simply creates harmful overload, the finding may reflect heightened task activation, responsibility, coordination, and challenge appraisal among nurses when leaders inspire and empower them. Engaging leaders can encourage greater participation and ownership, which may make work requirements more salient. This contextual interpretation is important because prior studies have often emphasized leadership as a resource that buffers demands (Schaufeli, 2015; Kohnen et al., 2024). The result therefore extends the JD–R discussion by showing that leadership and perceived demands can increase simultaneously when demands are embedded in meaningful and supported work.

Engaging leadership positively affects personal resources ( $\beta = 0.419$ ,  $p < 0.001$ ). This supports the proposition that inspiring, strengthening, connecting, and empowering behaviors can reinforce nurses' optimism, confidence, self-worth, and motivation. The result is consistent with Mazzetti and Schaufeli (2022), who demonstrated that engaging leadership can build personal resources, and with Siami et al. (2023), who showed the importance of supportive leadership for hope and resilience. For hospital management, the implication is that leadership development should be treated not only as a supervisory intervention but also as an investment in nurses' psychological capacity.

Engaging leadership has a negative effect on burnout ( $\beta = -0.397$ ,  $p < 0.001$ ) and a positive effect on work engagement ( $\beta = 0.597$ ,  $p < 0.001$ ). These two results align with the dual-process logic of the JD–R model. Supportive and empowering leadership can reduce the strain associated with difficult work while simultaneously stimulating motivation. The positive engagement effect is consistent with the longitudinal evidence of Mazzetti and Schaufeli (2022) and with the nursing study of Kohnen et al. (2024). It also supports evidence that engaging leadership operates through psychological need satisfaction and relational resources (van Tuin et al., 2021; Rohinsa, 2024).

Job demands positively affect burnout ( $\beta = 0.512$ ,  $p < 0.001$ ), confirming the health-impairment pathway of the JD–R model. Nurses who face overload, emotional pressure, cognitive complexity, physical demands, role conflict, time pressure, and work–family conflict must continuously expend energy. If recovery and resources are insufficient, this sustained effort contributes to exhaustion and other burnout symptoms. This finding is consistent with evidence linking job demands with burnout among employees and nurses (Jazilah, 2020; Yuseva et al., 2024; Saputra et al., 2025).

At the same time, job demands positively affect work engagement ( $\beta = 0.371$ ,  $p < 0.001$ ) and personal resources ( $\beta = 0.684$ ,  $p < 0.001$ ). This pattern indicates that the demands experienced by respondents may not function exclusively as hindrances. Certain demands can be interpreted as challenges that stimulate learning, mastery, responsibility, and professional

involvement, particularly when nurses possess strong resources. The finding is compatible with research showing that the relationship between demands and engagement depends on the nature of the demand and the resources available to employees (Ayu et al., 2015; Aprilianingsih, 2022; Pratomo & Syaebani, 2025).

Personal resources show the strongest direct effect on work engagement ( $\beta = 0.886$ ,  $p < 0.001$ ) and a strong negative effect on burnout ( $\beta = -0.837$ ,  $p < 0.001$ ). These coefficients identify personal resources as a central mechanism in the model. Nurses with high optimism, self-efficacy, self-esteem, and motivation appear better able to preserve energy and dedication while managing difficult work. The result reinforces studies that position psychological resources as predictors of engagement and protection against burnout (Anam & Anggarani, 2023; Hidayat et al., 2025; Indahsaputri et al., 2025). Practically, interventions that strengthen self-efficacy, coping confidence, and intrinsic motivation may yield substantial benefits.

Burnout does not significantly affect work engagement ( $\beta = 0.026$ ,  $p = 0.192$ ). Although this differs from studies reporting an inverse burnout–engagement relationship (Marcelina & Archianti, 2024; Frinanda Effrilia et al., 2025), it is theoretically plausible that nurses can retain dedication and professional involvement despite experiencing exhaustion. The descriptive results support this interpretation: dedication recorded a high mean of 4.63 even while burnout indicators were also high. Professional responsibility, patient-care values, leadership support, and personal resources may allow engagement to remain resilient despite exhaustion.

The non-significant burnout effect is one of the most important findings because it challenges a simple assumption that reducing burnout automatically increases engagement. Burnout management remains important for occupational health, but engagement may require a distinct motivational strategy. Hospital leaders should therefore combine workload and recovery interventions with leadership practices, resource-building, recognition, autonomy, and opportunities for meaningful participation. This distinction is consistent with the view that burnout and engagement are related but not perfect opposites (Maslach & Leiter, 2016).

### 4.3 Indirect Effects and Mediation

**Table 5.** Structural Model: Indirect Effects

| Indirect Relationship                              | $\beta$ | p-value | Mediation Result  |
|----------------------------------------------------|---------|---------|-------------------|
| Engaging Leadership → Job Demands → Burnout        | 0.359   | 0.000   | Partial mediation |
| Engaging Leadership → Personal Resources → Burnout | 0.340   | 0.000   | Partial mediation |
| Engaging Leadership → Burnout → Work Engagement    | 0.301   | 0.114   | No mediation      |
| Job Demands → Burnout → Work Engagement            | -0.332  | 0.121   | No mediation      |
| Personal Resources → Burnout → Work Engagement     | 0.370   | 0.156   | No mediation      |

**Source:** SmartPLS 4.1.1.6 analysis, January 2026.

Job demands significantly mediate the relationship between engaging leadership and burnout (indirect effect = 0.359,  $p < 0.001$ ). Because engaging leadership also has a significant direct negative effect on burnout, the mediation is partial and inconsistent in direction. This suggests that engaging leadership directly reduces burnout through support and relational mechanisms, yet may simultaneously increase perceived demands by stimulating responsibility, participation, and performance expectations. The net implication is that empowering leadership should be accompanied by careful workload design so that increased involvement does not become excessive demand.

Personal resources also partially mediate the relationship between engaging leadership and burnout (indirect effect = 0.340,  $p < 0.001$ ). This result indicates that leaders can reduce burnout partly by strengthening nurses' internal psychological capacities. It supports the resource-gain logic of the JD–R and Conservation of Resources perspectives, in which resources can generate further resources and protect employees from strain (Demerouti, 2025). It is also consistent with studies emphasizing the mediating importance of personal and psychological resources in leadership processes (Mazzetti & Schaufeli, 2022; Tiwik & Asri, 2024).

Burnout does not mediate the effects of engaging leadership, job demands, or personal resources on work engagement because all three indirect paths through burnout are statistically non-significant. This pattern confirms that engagement in this sample is primarily generated through direct motivational mechanisms. Engaging leadership and personal resources can energize employees even when exhaustion has not materially changed. For nursing management, engagement programs should therefore not be limited to burnout prevention; they should explicitly build meaning, competence, autonomy, connection, and personal efficacy.

The mediation findings also help reconcile the coexistence of high demands, high burnout indicators, and high work engagement. Nurses may experience pressure and fatigue but remain engaged because leadership and personal resources supply motivational energy that operates independently from burnout. This finding is especially relevant for regional hospitals, where staffing and resource constraints may not be rapidly eliminated. Management can still improve engagement by strengthening leadership quality and personal resources while simultaneously addressing structural sources of excessive demand.

#### 4.4 Model Explanatory and Predictive Power

**Table 6.** R<sup>2</sup> and Q<sup>2</sup> Values

| Construct          | R <sup>2</sup> | Q <sup>2</sup> |
|--------------------|----------------|----------------|
| Burnout            | 0.340          | 0.329          |
| Job Demands        | 0.689          | 0.506          |
| Personal Resources | 0.643          | 0.502          |
| Work Engagement    | 0.932          | 0.735          |

**Source:** SmartPLS 4.1.1.6 analysis, January 2026.

The model explains 93.2% of the variance in work engagement, 68.9% in job demands, 64.3% in personal resources, and 34.0% in burnout. The Q<sup>2</sup> values are positive for all endogenous constructs, indicating predictive relevance. The particularly high R<sup>2</sup> and Q<sup>2</sup> values for work engagement show that the combined model of engaging leadership, job demands, personal resources, and burnout has strong explanatory and predictive capacity for nurses' engagement in the study context.

#### 5. CONCLUSION

This study demonstrates that engaging leadership is an important contextual factor in nurses' work experiences. It positively influences job demands, personal resources, and work engagement while reducing burnout. Job demands increase both burnout and work engagement, whereas personal resources strongly reduce burnout and provide the strongest positive contribution to work engagement. Burnout itself does not significantly predict work engagement.

The mediation analysis further shows that job demands and personal resources partially mediate the effect of engaging leadership on burnout. In contrast, burnout does not mediate the effects of engaging leadership, job demands, or personal resources on work engagement. The findings therefore indicate that work engagement is primarily strengthened through direct motivational pathways, especially engaging leadership and personal resources, rather than through a sequential reduction in burnout.

For hospital management, leadership development should emphasize inspiring, strengthening, connecting, and empowering behaviors while also building nurses' optimism, self-efficacy, self-esteem, and motivation. Workload and recovery policies remain necessary because job demands increase burnout, but burnout reduction alone should not be treated as a sufficient engagement strategy. Future studies may test other mediators or moderators, including psychological capital, work-life balance, perceived organizational support, and job crafting, and may extend the model across hospitals and nursing units.

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## AUTHOR CONTRIBUTIONS

Usti Syah Putri: Conceptualization, investigation, data collection, formal analysis, and writing—original draft. Usman Rianse: Supervision, conceptual guidance, and writing—review and editing. Patwayati: Supervision, methodology review, and writing—review and editing. Endro Sukotjo: Supervision, validation, and writing—review and editing.

## CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

## ETHICS STATEMENT

This article reports survey research involving nurses. Ethical and institutional procedures followed the approvals and permissions documented for the underlying dissertation research.

## DATA AVAILABILITY STATEMENT

The data supporting the findings of this study are available from the corresponding author upon reasonable request, subject to institutional and ethical requirements.

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