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RESEARCH ARTICLE

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Resilience As a Mediator Between Emotional Exhaustion and Nurse Performance at Cilincing Hospital, North Jakarta

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Abstract

Purpose This study aimed to analyse the effect of emotional exhaustion on nurses' performance, with resilience as a mediating variable, among nurses at the Cilincing Regional General Hospital in North Jakarta.

Design/Methodology This study employed a quantitative approach, with primary data obtained through questionnaires distributed to 97 nurses. The analytical method used was structural equation modelling (SEM) based on partial least squares (PLS), utilising SmartPLS software to test the direct and indirect influences between the variables.

Findings The results of this study indicate that emotional exhaustion has a significant negative effect on resilience, whereas resilience has a significant positive effect on nurse performance. However, emotional exhaustion did not have a significant direct effect on nurse performance. The results also indicated that resilience significantly mediated the effect of emotional exhaustion on nurse performance.

Practical Implications These findings have implications for hospital management to strengthen the management of emotional exhaustion and the development of nurse resilience through psychological support, a supportive work environment, and coping enhancement programs to support nurses' performance.

Originality/Value The contribution of this study lies in examining resilience as a mediating mechanism that explains the relationship between emotional exhaustion and nurse performance in the context of a regional hospital, thereby broadening the understanding of the psychological mechanisms underlying this relationship.

Keywords: *Emotional exhaustion, resilience, nurse performance.*
JEL Classification: M12, M54, I18
SDG: SDG 3, SDG 8

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1. Introduction

Hospitals are key institutions that provide healthcare services to the public. As healthcare providers, hospitals are required to provide professional and high-quality services that are accessible to all levels of society. Services range from primary healthcare to advanced care, tailored to hospital classifications and applicable standards. Therefore, hospitals, including Regional General Hospitals (RSUDs), play a strategic role in supporting public health improvement efforts and promoting community health.

The Cilincing Regional General Hospital offers facilities and services, including a 24-hour emergency department, outpatient clinic, inpatient ward, 24-hour laboratory, 24-hour radiology department, and 24-hour pharmacy. Since its establishment on 15 April 2015 the Cilincing Regional General Hospital has shown *significant growth.* Performance improvements were observed in patient visits, with annual increases recorded. The following information details the number of visits by the public seeking healthcare services at the Cilincing Regional General Hospital.

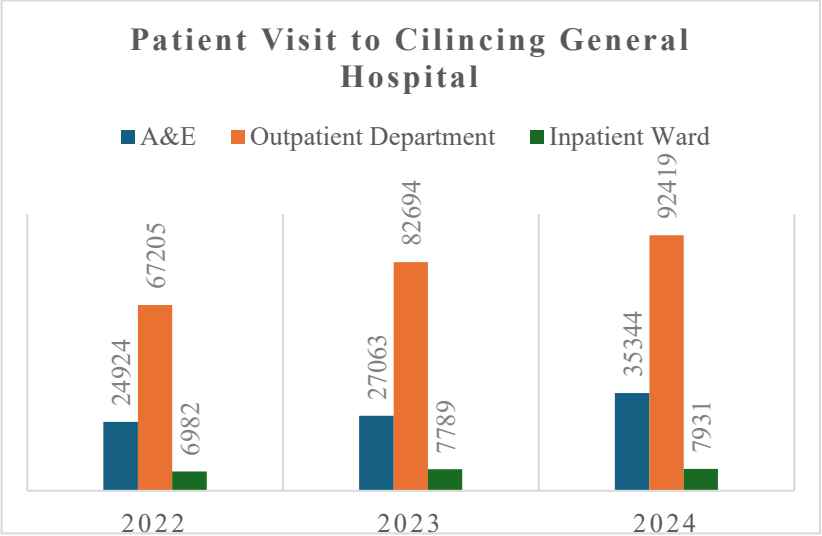


Figure 1. Visit Patient to the District General Hospital Cilincing

Source : HRD of Cilincing Regional Hospital 2025

Figure 1 shows the trend of visits to the patient in the Cilincing Regional General Hospital in the Emergency Department, Outpatient, and Inpatient units from year to year. Significant increases occurred in the Emergency Department (ER), with a 9% increase from 2022 to 2023 and a more pronounced 31% increase in 2024. Inpatient wards also showed a positive trend, with a 23% increase from 2022 to 2023, followed by a further 12% increase in 2024. Meanwhile, the Inpatient Unit experienced a 12% increase in occupancy from 2022 to 2023, followed by a more moderate increase of 2% from 2023 to 2024. This smaller increase in the Inpatient Unit was due to the renovation of inpatient wards at Cilincing District General Hospital, which resulted in the partial closure of several inpatient wards and impacted the optimisation of services in accommodating patients.

Based on the data above, with the number of patient visits continuing to increase annually and the number of nurses remaining stable at 79, the nurse-to-patient ratio has become increasingly unbalanced. This has led to a drastic increase in the workload of each nurse, who must care for more patients with limited resources. This situation has a direct impact on nurses' performance, which can manifest in various ways, such as a decline in the quality of nursing care, delays in responding to patient needs, and a lack of time to provide education and

emotional support to patients and their families. A high workload has led to a decline in nurses' job satisfaction, which will ultimately affect the stability and quality of care at Cilincing Regional General Hospital, as well as increase the risk of errors in care delivery. Hospital Area Cilincing has taken notes of patient complaints for the period 2022–2024, with data as follows:

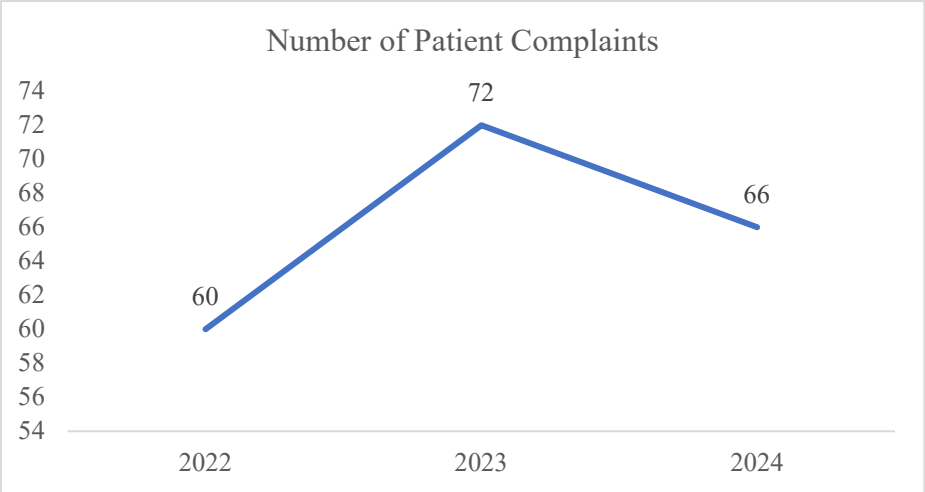


Figure 2. Number Complaint Patient

Source : Handling Team Complaints from Cilincing Regional General Hospital 2025

The number of complaints from patients increased from 60 in 2022 to 72 in 2023, before finally decreasing to 66 in 2024. This pattern is in line with the increasing trend of visits to the unit emergency and department Rajal, with the most dramatic improvement occurring in 2023. This shows that the increased workload of nurses, without adjustment capacity or strategy service, possibly influenced patient satisfaction and contributed to the improvement in the number of complaints. Complaints generally appear because of the lack of response of the nurse in fulfilling the needs of the patient. This often occurs because of the limitations of human resources in the ward (Manzilah, 2025). This is consistent with the study by Berlian et al. (2025), who found that work capacity and workload, both collectively and individually, affect employee performance. Therefore, hospital management must pay serious attention to overcome the imbalance between the number of patients and staff nurses to maintain the performance and well-being of nurses and increase the overall quality of care. Indications of declining performance can also be seen from complaints received by the hospital. An increased number of complaints from patients and families about nursing care can signify a problem with the quality of treatment caused by excessive and insufficient workloads and inadequate resources. In other words, a high number of complaints can become the main indicator of workload, with declining quality of the work environment and staff safety.

Based on observations, the nurse showed behaviours that indicated emotional exhaustion, such as ineffective communication, lack of empathy, and less optimal response to patients. Condition This shows the existence of emotional exhaustion, which can influence the nurse's performance.

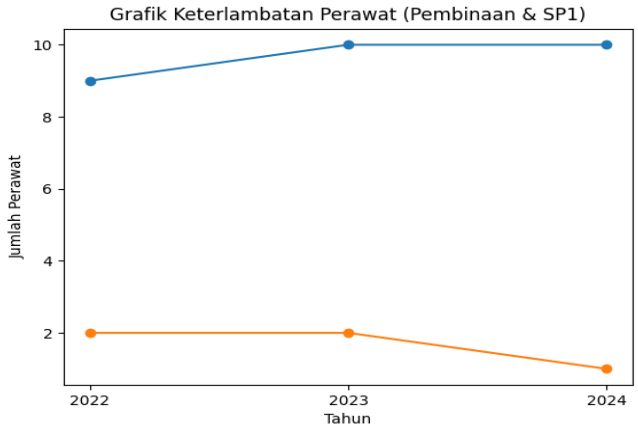


Figure 3. Discipline Nurse Based on Delay Enter Work, 2022–2024.

Source : HRD Cilincing Regional Hospital 2025

A chart about delayed nurses shows that the number of nurses who received action discipline because of a delay of more than 400 minutes increased from 9 in 2022 to 10 in 2023 and remained at 10 in 2024. Meanwhile, the number of nurses who received Warning Written First (SP1) was relatively stable in 2022 and 2023, namely two, before decreasing to one in 2024. Quality healthcare services provided by hospitals are closely related to the role of nurses, who are key human resources (HR) involved in the process of providing healthcare services.

Performance nurses play a vital role in maintaining patient health because their performance directly impacts the quality of patient care and patient satisfaction. Nurse performance encompasses various aspects, including technical skills, interpersonal communication, and accuracy in care provision. Nurses' ability to provide care can be impaired by emotional exhaustion. However, although emotional exhaustion can negatively impact nurses' performance, several studies suggest that nurses' resilience or mental endurance may act as a mediating factor in the effect of emotional exhaustion on performance.

According to Aulia et al., (2023), nursing care is a key component of the healthcare system.. Nursing contributes to the achievement of objective maintenance of health, particularly by increasing the quality of care and fulfilling the health needs of the community. Nurses are responsible for providing maintenance nursing to patients, starting from the stage of prevention until recovery (Limbong.M & Tarigan.E , 2024) . According to research, non-nursing tasks (NNT) such as administrative and managerial tasks can reduce the effectiveness, productivity, and satisfaction Work nurses, and cause confusion roles and increased workload, which ultimately cause decline performance (Andriani, 2024) . Fatigue is considered the end stage of burnout and occurs when employees or nurses feel tired, overwhelmed, and emotionally drained by their work.

Nursing care is a key component of the healthcare systems. The provision of nursing care contributes to the achievement of health care goals, particularly in improving the quality of care and meeting the health needs of the community (Andriani, 2024) . Fatigue and emotional distress among nurses often arise due to high work intensity and demands for maintaining optimal performance in high-pressure situations and constant interaction with patients in need of attention and care. According to Rojas F (2015) , with increased resilience, individuals can develop life skills, such as effective communication, ability to make realistic life plans, and capacity to take the right steps for their lives., and capacity For take the right steps For life they alone . High resistance can help nurses manage fatigue more effectively and maintain quality work, despite facing pressure.

In the context of nursing, resilience can act as a helpful mediator in reducing the negative effects of emotional exhaustion on performance. Individuals with high resistance levels tend to be more capable of managing stress and maintaining productivity at work, even under high-pressure conditions. According to Aulia et al. (2023) , the method of a nurse's operation is determined by several factors, wrong the only one of which is Quality Life Work (QWL), or how they look at the physical and mental health of their colleagues (Auralita et al., 2023) . Resilience nurses are important and should not be overlooked.

Previous research has shown a significant relationship between *emotional exhaustion* and nursing performance. The negative influence *of emotional exhaustion* on nurses' performance has been documented by Vahey et al. (2004), Andriani (2024), and Maslach and Leiter (2016), who stated that fatigue can lower service quality and work power health. In addition, Stimpfel et al. (2012) showed that fatigue, burdened work, and shift systems contribute to declining performance among nurses.

However, some studies have shown that the impact of *emotional exhaustion* on performance can be minimised through resilience. Research by Connor & Davidson, (2003) shows that resilience plays a role as a factor capable of protecting individual performance, although it, although is at a high workload. This shows that there are different results of studies related to the direct influence of *emotional exhaustion* on performance; therefore, further studies should be conducted with resilience as a mediating variable.

Based on the above exposure, this study aimed to fill the research gap from a previous study that examined the connection between *emotional exhaustion* and nurse performance; however, it showed mixed results. Some previous studies, such as those Vahey et al (2004) and Andriani (2024) only examined the direct influence of *emotional exhaustion* on nurse performance without considering other psychological factors that can influence the connection. Rushton et al. (2015) emphasised the importance of resilience in overcoming work stress; however, they did not specify its role as a variable mediating the connection between *emotional exhaustion* and nurse performance.

Therefore, this study adds resilience as a mediating variable to examine the influence *of Emotional Exhaustion on* good nurse performance in a direct and indirect manner. This research was conducted on nurses at Cilincing Regional Hospital, North Jakarta, using a quantitative approach. Research data obtained through distribution questionnaire to respondents and analyzed use Structural Equation Modeling (SEM) method based on Smart Partial Least Square (SmartPLS), so expected can give greater understanding comprehensive as well as fill in limitations study previously

2. Literature Review and Hypothesis Development

2.1 Theory Job Demands and Resources

Job Demands and Resources Theory (JD-R theory) was first developed by Demerouti et al. (2001) to explain how job characteristics affect employee well-being and performance. This model states that every job has two main characteristics: job demands and resources. Job demands refer to the physical, psychological, social, or organizational aspects of a job that require sustained effort and can result in physiological or psychological costs, such as high workload, time pressure, role conflict, and emotional demands.

According to Bakker and Demerouti (2017), the JD-R theory explains two main psychological processes: the health deterioration process and the motivational process. The health deterioration process occurs when high job demands consistently drain an individual's physical and mental energy, leading to work-related fatigue, stress, and mental exhaustion, including emotional exhaustion. Meanwhile, the motivational process explains that the

availability of job resources can increase employees motivation, work engagement, and performance.

This theory is relevant because nurses face high job demands, such as heavy patient loads, emotional stress while caring for patients, shift work, and administrative demands on a daily basis. These conditions can increase emotional exhaustion if they are not balanced with adequate resources. According to Taris and Schaufeli (2015), professions with high emotional demands carry a greater risk of burnout if organizations fail to provide optimal workplace *support.*

From the JD-R perspective, resilience can be positioned as a personal resource, an internal resource that helps individuals cope with demands, adapt to challenging circumstances, and maintain their psychological and occupational functioning. For nurses, resilience is crucial because their work involves emotional demands, work pressure, and intensive interactions with patients and their families. Therefore, nurses who possess the personal resource of resilience have a greater capacity to cope with stress and maintain their performance. The role of resilience is reinforced by the Conservation of Resources (COR) Theory developed by Hobfoll (1989). COR theory explains that individuals make an effort to acquire, maintain, protect, and recover sources of power that are considered valuable. When individuals experience a loss of source power or a loss of source power in a way that is actual, it can cause psychological pressure. In the context of this study, tired emotional reflects drained source power, psychological consequence, and demands work in progress continuously. Resilience as a personal source of power can help nurses maintain and restore their psychological capacity in the face of stress. Therefore, resilience has the potential to be an important mechanism for explaining the relationship between emotional exhaustion and nurse performance.

The integration of JD-R and COR theories provides a more comprehensive theoretical foundation. JD-R explains how job demands and resources, as well as personal resources, influence work conditions and outcomes, while COR explains the mechanisms of resource maintenance and loss when individuals face stress. Within this framework, resilience plays a role as a personal resource that helps nurses face fatigue, maintain their emotional well-being, and improve their performance.

2.2 Nurse Performance

Nursing performance is the result of nurses carrying out their duties and responsibilities in providing nursing care according to professional standards, standard operating procedures, and hospital service targets. Nursing performance is a key indicator for assessing the quality of healthcare services because nurses have the most intensive interaction with patients. Research by Hasanah & Maharani (2022) explains that the quality of hospital care is greatly influenced by the performance of nurses in carrying out clinical and administrative tasks. Batubara & Wahyuni (2020) show that nurse performance is influenced by the balance between *job demands and job* resources, where nurses who face high workloads without adequate support tend to experience decreased work performance. Berlian et al. (2025) Significant Effects of Work Ability and Workload on Employee Performance.

In addition to organizational factors, psychological conditions such as work-related stress and burnout affect performance quality. Elizar et al. (2020) explained that work-related stress, workload, and job satisfaction significantly the performance of nurse. The greater the perceived work pressure, the greater the potential decline in the quality of nursing care. Nurse performance is measured not only by technical skills but also by interpersonal communication, response speed, action accuracy, and adherence to patient safety protocols. Rahman et al. (2017) showed that the workload is highly correlated with decline effectiveness service, delay action, and decline quality interaction with patient. According to Aulia et al. (2024) , performance individual in something organization influenced by various factor internal and

external which are mutually related . In the context of maintaining health, performance nurses are determined not only by clinical competence but also by psychological conditions, work environment, and organizational support. Factors that influence the performance of nurses include: a). competence; b). motivation work, and c). workload; d). fatigue emotional; e). resilience; f). environment work; g). leadership; h). satisfaction work: i). discipline work; j). support organisation, and k). interpersonal communication, and m). development career, (m) other, and m). work schedules and shifts.

2.3 Resilience

Resilience is the capacity that allows individuals to function optimally despite being in a high-pressure environment marked by change. In nursing, resilience is very important because nurses face high emotional, physical, and social demands while providing health services (Morse et al., 2021) . According to Kim & Chang (2022), resilience in nurses is defined as the ability to withstand stress-related work and as a process of dynamic recovery, adaptation, and growth after being exposed to pressure. Resilience helps individuals manage their emotions, develop coping strategies, and maintain their mental health in complex and demanding work environments. In this hospital environment, nurses often face various pressures, such as heavy workloads, shift patterns, interpersonal conflicts, administrative demands, and intensive interactions with patients and their families. This has the potential to cause stress and psychological problems that can affect work quality if not balanced with good adaptation. Therefore, resilient nurses tend to be more capable of guarding emotional stability and maintaining focus while performing their professional duties (Shen et al., 2024) .

Kim & Chang (2022) explain that resilience is influenced by internal and external factors. Internal factors include optimism, *self-efficacy*, emotional regulation, and problem-solving abilities. Meanwhile, external factors include organizational support, good interpersonal relationships, a supportive work environment, and effective leadership. The combination of these factors enables individuals to have greater psychological resilience when facing work-related stressors. Resilience is also a protective factor against *emotional exhaustion*. Nurses with high resilience levels are better able to manage the emotional stress resulting from their job demands and are therefore less likely to experience burnout, loss of motivation, or decreased work performance. Conversely, low resilience can increase an individual's vulnerability to chronic work-related stress and a decline in the quality of healthcare delivery (Yu et al., 2024) . Dherisma & Sari, P. O. (2026) There are direct, positive, and significant effects of resilience and happiness on nurses' performance.

Based on the above description, it can be concluded that resilience is a crucial skill for nurses to overcome work-related stress, maintain mental health, and uphold the quality of service. Therefore, in this study, resilience is positioned as a mediating variable explaining the relationship between *emotional exhaustion* and nurse performance at Cilincing Regional General Hospital, North Jakarta (Kim & Chang, 2022; Morse et al., 2021) .

2.4 Emotional Exhaustion

Emotional exhaustion is a state of emotional exhaustion that arises from prolonged work-related stress, high job demands, and intense emotional involvement in one's work. In the nursing profession, emotional exhaustion often occurs because nurses must deal with complex patient conditions, time pressure, excessive workload, and consistent service demands. This causes individuals to feel emotionally drained, so that it is difficult to maintain optimal work performance (Labrague & de Los Santos, 2021) . In burnout theory, emotional exhaustion is a key dimension that describes the psychological consequences of work stress, and chronic emotional exhaustion is marked by a decrease in energy, excessive fatigue, frustration, and decreased ability to overcome daily work demands. Among workers, this condition is a

significant problem because it can influence the quality of care, safety of patients, and job satisfaction among medical staff (Woo et al., 2020).

In the hospital environment, emotional tiredness can be triggered by high-paying jobs that require long work hours, administrative burden, high patient volume, interpersonal conflict, and stress while critically handling sick patients. According to the Job Demands-Resources theory, high work demands without adequate resources increase the risk of emotional exhaustion and burnout among workers (Bakker & Demerouti, 2017) . Emotional exhaustion influences not only individual psychological conditions but also work behaviour. Nurses who experience emotional exhaustion tend to show a decline in concentration, lack of response to patient needs, improved irritability, and reduced empathy in maintaining patient interaction. If condition This continued , things That can reduce performance nurses and improve possibility error in maintenance patient (Galanis et al., 2021) . Thus, the impact of emotional exhaustion can be minimised through support organisation, healthy work environment, workload management, and strengthening psychological factors such as resilience. Individuals with high resistance levels tend to be more capable of managing emotional stress, caring for psychological stability, and continuing to show good job performance even in a high-pressure work environment (Lv et al., 2025).

Based on the theoretical framework, previous study results, and the development of the hypotheses outlined above, a framework study was formulated to describe the relationship between emotional exhaustion as an independent variable, resilience as a mediating variable, and nurse performance as a dependent variable. The framework of this study is presented in Figure 3. Framework study

2.5 Relationship Between Variables and Hypotheses

Influence Emotional exhaustionto Performance Home Care Nurse Hospital Area Cilincing , Jakarta North

Emotional exhaustion is a condition of fatigue emotions that arises from prolonged stress, high workload demands, and intensive interactions with patients and families. In professional nursing, emotional exhaustion is one of the main dimensions of burnout, as nurses are required to provide optimal maintenance under high pressure and with limited resources. According to Maslach & Leiter (2016), emotional exhaustion is marked by feeling physically and psychologically tired, which causes individuals to lose the energy required to work at their full potential. Nurses who experience emotional exhaustion tend to suffer from decreased energy, reduced concentration, and reduced work engagement. Condition This can cause delay action, communication suboptimal therapeutics, and decline quality care provided to patient (Dall'Ora et al ., 2020) .

H1: *Emotional exhaustion*own influence positive to performance nurse

Influence emotional exhaustion to mental resilience at hospital General Cilincing , Jakarta North

Emotional exhaustion can influence an individual's ability to maintain their psychological stability. When nurses face constant emotional stress, their psychological resources can be drained, causing a decline in their ability to adapt (Maslach & Jackson, 2013). Resilience is an individual's ability to rise, adapt, and continue to function optimally when facing stress or difficulties. In the context of nursing, resilience is an important aspect of helping nurses overcome work-related stress and care for their mental health.

H2: Emotional exhaustionown influence positive to Resilience

Influence Resilience to Performance Home Care Nurse Hospital Area Cilincing , Jakarta North

Resilience is the capacity of an individual to survive, adapt, and recover from stress-related job conditions. Nurses with high resilience tend to be more capable of managing their emotions, maintaining focus on work, and maintaining quality maintenance even under high-pressure conditions (Connor & Davidson, 2003). In practice, maintenance of health and resilience helps nurses cope with workload, interpersonal conflict, and demands of dynamic maintenance of patients. This ability is important for maintaining consistent performance and reducing the risk of decline in work quality (Wei et al., 2019) .

H 3: Resilience own positive influence on performance nurse

Influence Emotional exhaustion to Performance Nurse through Resilience at Hospital General Area Cilincing , Jakarta North

Fatigue impacts not only the bottom-line performance but also internal psychological factors such as resilience. When nurses experience emotional exhaustion, their ability to adapt and manage stress decreases, which influences their work performance (Serrão et al., 2021). Resilience acts as a mechanism that helps protect individuals who are still capable of working optimally despite facing high pressure. Tough nurses can manage stress, recover their emotional welfare, and maintain professional standards (Cooper et al., 2020).

H4: Emotional exhaustion positively influences nurses performance through resilience.

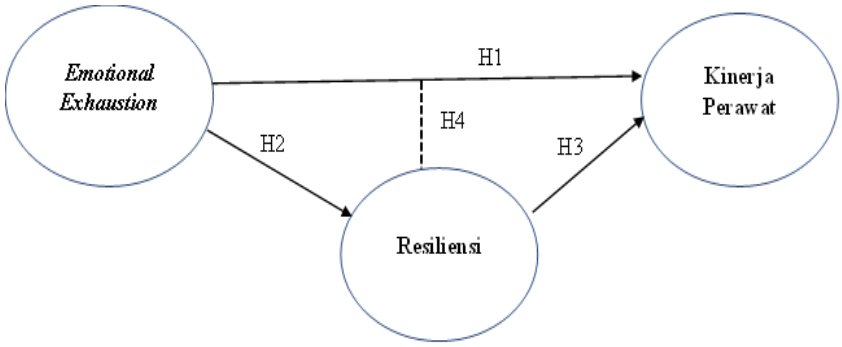


Figure 4. Framework Study

Source: Adapted from Aulia et al. (2024); Maslach and Leiter (2016); Morse et al. (2021)

3. Research Methods

This study examined the influence of fatigue and *emotion on* nurses' performance, with resilience as the mediating variable, at the Hospital General Area Cilincing, North Jakarta. The population consisted of 97 nurses at the Hospital General Area Cilincing, Jakarta North, who were selected as the sample for this study. The technique for taking a general sample can be categorised into two types: retrieval sample probability and decision-making non-probability sampling.

This study used the method of taking a sample saturated (sampling census), which includes *taking non-probability sampling*. This technique involves all members of the population as research respondents. A data collection sample census is generally implemented when the population size is not too large so that all members of the population can be

researched. Thus, taking a sample census can also be called a method census because the entire population is used as the sample. Population in study This consists of of 97 nurses ; by Because that, sample consists of of 97 nurses Because used taking sample census. The technique of taking sample fed up (sampling census) has also been implemented in a number of studies in the field of health. For example, Indrian et al. (2023) used a sample of all the population of nurses as research respondents, meaning all the members of the population were included in the sample. This technique is capable of providing a clearer picture of the condition of the population studied when the size of the population is still small For covered completely.

The researchers used the primary data collected through questionnaires. The questionnaire was distributed to nurses in the Hospital General Area Cilincing in North Jakarta. The questionnaire consisted of a series of statements prepared by the researchers on matters related to the variables studied. This study used quantitative data analysis, which means that all data were expressed numerically and analysed using statistical methods. The collected data were then tabulated and descriptively analysed (Wati, 2018). Data tabulation for every variable was carried out on the scores obtained using the Partial Least Square Structural Equation Modeling (SEM) program, which was later presented in the form of a frequency distribution table and quantitatively interpreted.

4. Results and Discussion

4.1 Respondent Characteristics

The respondents in this study were nurses at the Hospital General Area Cilincing, North Jakarta. The study characteristics included the gender of the nurses, with female nurses dominating the sample (61 respondents, 63 percent), while male nurses accounted for 36 respondents (37 percent). This data shows that the majority of staff in home nursing in the General Sick Area Cilincing in North Jakarta are women, which is consistent with the characteristics of the general nursing profession.

The largest age group consisted of those aged 25–35 years, with a total of 43 respondents (44%). Next, there were 21 respondents (22%) aged 36–45 years, followed by 18 respondents (19%) aged under 25 years, while those over 45 years old were the smallest group, with a total of 15 respondents (15%). Results: This study shows that the majority of nurses in the Hospital General Area Cilincing, North Jakarta, are in the age work, meaning they are still in the optimal stage, both physically and psychologically, for carrying out their nursing duties. From the aspect of education, 45 respondents (46 %) had a Diploma III in Nursing. Furthermore, 29 respondents (30%) had a Bachelor Nursing, while 23 respondents (24 %) had Master of Nursing degree. Results: Most nurses at Homecare Sick Cilincing Regional Public Health Center have a Diploma III in nursing, while others have continued their education to the bachelor's or master's degree level.

Regarding the employment status of respondents, it was found that a majority of respondents had a temporary/contract status, totalling 59 respondents (61 %). Furthermore, 36 respondents (37 %) are country civil servants (ASN/PNS), while those with PPPK status are the smallest group, totalling only two respondents (2 %). Results: The results show that the composition of staff in home nursing in the Hospital Area Cilincing, Jakarta North, is dominated by nurses with honorary/contractual status. This shows that the Hospital the Still depends on contract staff for support service health society. Regarding length of service, 35 respondents (36 %) worked for 1–5 years, while the other 35 respondents (36 %) worked for 6–10 years. Meanwhile, 27 respondents (28 %) have worked for more than 10 years. Results: The work period composition of nurses at the Homecare Hospital Area Cilincing was relatively balanced between those at the beginning of their careers and those with over 10 years of experience.

Table 1. Distribution of respondents

Profile	Number of Respondents	Percentage (%)
Gender		
Man	36	37 percent
Woman	61	63%
Total	**97**	**100%**
Age		
<25 years	18	19%
25–35 years	43	44%
36–45 years	21	22
More than 45 years	15	15
Total	**97**	**100%**
Highest Level of Education		
D3 in Nursing	45	46%
Bachelor of Nursing Degree	29	30
Master of Nursing	23	24%
Total	**97**	**100%**
Employment Status		
Temporary/Contract	59	61%
Government employees	36	37
Contract Staff	2	2%
Total	**97**	**100%**
Length of service		
1–5 years	35	36%
6–10 years	35	36%
>10 years	27	28 percent
Total	**97**	**100%**

Source: compiled by author , 2026

4.1 Evaluation Model Measurement

The measurement model in this study consisted of a reflective model in which the variable was *emotional exhaustion.* (X), nurse performance (Y), and resilience (Y). According to Hair et al. (2019), the evaluation of the reflective model includes factors > 0.70, composite reliability > 0.70, Cronbach's alpha > 0.70, average variance extracted (AVE) > 0.50, and discriminant validity. The validity evaluation uses the Fornell–Larcker criteria, HTMT (Heterotrait–Monotrait Ratio) below 0.90, and cross-loading values. Based on the results of the measurement model, Table 3 shows that the loading factors for *emotional exhaustion*, nurse performance, and resilience were above 0.70, confirming convergent validity.

Table 2. Loading Factors

	Emotional Exhaustion	Nurse Performance	Resilience
X.10	0.915		
X.12	0.887		
X.13	0.804		
X.14	0.723		
X.15	0.867		
X.16	0.872		
X.18	0.844		
X.9	0.897		

	Emotional Exhaustion	Nurse Performance	Resilience
Y.1		0.852	
Y.10		0.926	
Y.11		0.941	
Y.12		0.897	
Y.13		0.881	
Y.14		0.928	
Y.15		0.906	
Y.16		0.901	
Y.2		0.922	
Y.3		0.931	
Y.4		0.935	
Y.5		0.886	
Y.6		0.917	
Y.7		0.842	
Y.8		0.879	
Y.9		0.842	
Z.1			0.910
Z.10			0.909
Z.11			0.896
Z.12			0.796
Z.13			0.718
Z.15			0.920
Z.16			0.887
Z.3			0.763
Z.4			0.806
Z.5			0.843
Z.7			0.754
Z.8			0.772
Z.9			0.911

Source: Output from SmartPLS

The next step was to evaluate composite reliability through the Average Variance Extracted (AVE) and Cronbach's alpha values for each variable in this research model. All variables showed AVE and Cronbach's alpha values exceeding the recommended threshold of 0.70, indicating strong convergent validity and internal consistency.

Table 3. Cronbach's Alpha and AVE

Variables	Cronbach's alpha	Average variance extracted (AVE)
Nurse Performance	0.984	0.810
Emotional Exhaustion	0.938	0.549
Resilience	0.959	0.636

Source: Output from SmartPLS

Based on the results of the measurement model testing, all variables showed excellent internal reliabilities. Cronbach's alpha values for the Nurse Performance, *Emotional Exhaustion* of 0.938, and resilience variables were 0.984, 0.938, and 0.959, respectively. All marks are above the minimum limit of 0.70, so the indicators for each construct are consistent and reliable.

The Average Variance Extracted (AVE) values for Nurse Performance, *Emotional Exhaustion*, and resilience were 0.549, 0.810, 0.549, and 0.636, respectively. All AVE values were above the minimum limit of 0.50, indicating that each construct could explain more than 50% of the variance in the indicators. Thus, all constructs fulfilled convergent validity. In conclusion, the instrument study fulfilled the criteria of reliability and validity convergence and was thus worthy of use for structural model testing.

Table 4. Discriminatory Validity (Fornell- Larcker)

	Emotional Exhaustion	Nurse Performance	Resilience
Emotional Exhaustion	0.741		
Nurse Performance	-0.309	0.900	
Resilience	-0.712	0.531	0.797

Source: Output from SmartPLS

Discriminant validity testing using the Fornell-Larcker criterion showed that the square root of the AVE value for each construct was greater than its correlation with other constructs. The square root of the AVE value for Emotional Exhaustion was 0.741, Nurse Performance was 0.900, and resilience was 0.797. These values were greater than the correlations between the related constructs. Thus, all constructs met the Fornell-Larcker criteria and were declared to have adequate discriminant validity.

Table 5. Discriminative Validity of Heterotrait-Monotrait Comparison (HTMT)

	Emotional Exhaustion	Nurse Performance	Resilience
Emotional Exhaustion			
Nurse Performance	0.314		
Resilience	0.692	0.538	

Source: Output from SmartPLS

The results of the discriminant validity test using the Heterotrait-Monotrait Ratio (HTMT) showed a value of 0.314 for the relationship between Emotional Exhaustion and Nurse Performance, 0.692 for the relationship between Emotional Exhaustion and Resilience, and 0.538 for the relationship between Nurse Performance and Resilience. All HTMT values were below 0.85 and 0.90. Thus, each construct had adequate empirical differences and met the discriminant validity criteria.

4.4 Evaluation Model Structural (Inner Model)

The evaluation *of the suitability of the* research model was done by inspecting the mark *R-Square* (R^2). This value was used to determine the extent to which the independent variables could explain the dependent variables in the model. The *Internal Model* was used to describe the connection between latent variables based on the underlying framework of the study. Consequently, the evaluation of *the Internal Model provides an* outlook on the model's ability to explain the connection between the constructs being studied.

Table 6. *R-Square* (R^2)

Variables	R-squared	Adjusted R-squared
Nursing Performance	0.292	0.277
Resilience	0.507	0.501

Source: Processed Data , 2026

Based on Table 6, the R-squared value for the resilience variable was 0.507, with an adjusted R-squared value of 0.501. This shows that the variable Resilience explained by the variable *Emotional exhaustion*up to 50.7 percent, while the remaining 49.3 percent was explained by other variables outside the research model that were not investigated. The R-squared value for the Nurse Performance Variable was 0.292, with an adjusted R-squared value of 0.277. This means that the variable ' Nursing Performance ' was explained simultaneously by variables *' Emotional exhaustion'* and ' Resilience ' up to 29.2 percent, while the remaining 70.8 percent was influenced by other variables outside the research that were not included in the model.

Based on the results, we can conclude that the model's capabilities in explaining the variation in resilience, including in the ' medium ' category, whereas its abilities in explaining nursing performance, including in the weak ' category until '. Therefore, there are other external factors, such as *fatigue, emotional* and potential resilience, that influence the performance of nurses at Cilincing Regional General Hospital, North Jakarta, such as work burden, leadership, work environment, work satisfaction, motivation, and organizational support.

4.5 Hypothesis Testing

Table 7. Hypothesis Result

Variables	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T Statistics (|O/STDEV|)	P value
Emotional Exhaustion → Resilience	-0.712	-0.728	0.063	11,364	0,000
Resilience → Nurse Performance	0.631	0.609	0.207	3,051	0.002
Emotional Exhaustion → Nurse Performance	0.140	0.124	0.217	0.648	0.517
Emotional Exhaustion → Resilience → Nurse Performance	-0.449	-0.440	0.154	2,925	0.003

Source: Processed Data , 2026

Hypotheses testing was performed using the bootstrapping method in partial least squares structural equation modelling (PLS-SEM) analysis with SmartPLS 4.0. The retrieval decision was based on the coefficient path values (original sample), t-statistic, and p-value. At the level significance 5%, the relationship between variables is stated to be significant if $p < 0.05$. A positive coefficient value indicates a connection in the same direction, whereas a negative coefficient value indicates a connection in the opposite direction. The test results showed that fatigue emotion was an influential negative and significant factor in resilience ($\beta = -0.712$; $t = 11.364$; $p < 0.001$). Furthermore, Resilience was an influential positive and significant factor in Nurse Performance ($\beta = 0.631$; $t = 3.051$; $p = 0.002$). Meanwhile, fatigue emotion had no significant direct influence on Nurse Performance ($\beta = 0.140$; $t = 0.648$; $p =$

0.517). However, the influence of fatigue on the emotional resilience of nurses was proven to be negative and significant (β = -0.449; t = 2.925; p = 0.003). Thus, Resilience played a mediating role in the relationship between fatigue and nurse performance.

4.6 Discussion

This study aimed to analyse the influence of *emotional exhaustion* on the performance of nurses, with resilience as a mediating variable, among nurses at the Hospital General Area Cilincing in North Jakarta. Based on the results of the data analysis, the discussion findings are as follows.

Influence Emotional exhaustionto Resilience at Hospital General Area Cilincing , Jakarta North

Based on the results of testing the hypothesis, *fatigue had a* negative and significant influence on the resilience of nurses at home in the Hospital Area Cilincing, Jakarta North. This is seen from the coefficient track of -0.712, *t statistic* of 11.364, and *p value* of 0.000, which is less than 0.05. A negative coefficient shows an inverted connection, meaning that improved *emotional exhaustion* among nurses is accompanied by a decline in their resilience level. Conversely, the lower the fatigue, the better the resilience. Based on these results, the hypothesis that fatigue and *emotional* influence resilience in nurses was accepted.

The findings are consistent with the Theory of Job Demands and Resources (JD-R) Bakker & Demerouti (2017). This theory explains that high work demands, such as excessive workload, time pressure, emotional conflict, and significant responsibility for providing health services, drain individual psychological resources. If this condition continues without adequate job resources, *emotional exhaustion* will appear, which causes a decline in an individual's ability to adapt and recover from stressful jobs, a known phenomenon called resilience.

Influence Resilience to Performance Home Care Nurse Hospital Area Cilincing , Jakarta North

The results show that resilience significantly influences nurses' performance, with a coefficient of 0.631 and a significance level of 0.002. This shows that the taller the level of resilience of the nurses, the better their performance in providing maintenance nursing. Theoretically, resilience is the ability of an individual to maintain their function effectively despite pressure or difficulty (Connor & Davidson, 2003). In the context of nursing, tough nurses tend to be capable of managing their emotions, focusing on their tasks, and maintaining quality maintenance, even when facing a high workload, conflict, or emergency situation.

Influence Emotional exhaustionto Performance Home Care Nurse Hospital Area Cilincing , Jakarta North

The results show that *emotional exhaustion*no own influence significant to performance nurse at hospital General Area Cilincing, Jakarta North. This is evidenced by a path coefficient of 0.140, t-statistic of 0.648, and p-value of 0.517 (>0.05). These results indicate that although *emotional exhaustion* has a positive relationship with nurse performance, this effect is not statistically significant; therefore, the hypothesis that *emotional exhaustion* affects nurse performance is rejected.

Studies have explained that nurses with high resistance are capable of maintaining quality care, making decisions, and establishing interpersonal relationships with patients, although they experience high work stress. Thus, resilience functions as a mechanism that protects individuals from the negative effects of fatigue and emotional stress.

The results of the analysis show that resilience mediates the influence *of Emotional Exhaustion on the performance of* nurses at Cilincing Regional Hospital, Jakarta North. This is proven with a mark coefficient influence of -0.449, a t-statistic value of 2.925, and a p-value of 0.003 (<0.05). The negative coefficient shows that the taller the level of *Emotional Exhaustion* experienced by the nurse, the lower the level of resilience, ultimately impacting the decline in performance of the nurse. The results show that resilience plays a role as a variable in the mediation of the relationship between *Emotional Exhaustion* and performance of nurses; therefore, the fourth hypothesis is accepted.

Based on the results, it can be concluded that resilience plays a very important role in explaining the relationship between *emotional exhaustion and the* nursing performance. Although the direct influence of *Emotional Exhaustion on* nurses' performance was not significant, *emotional exhaustion* was proven to lower performance by declining resilience levels. Thus, nursing performance increases not only through efforts to reduce emotional exhaustion but also through a balanced program to increase resilience, such as stress management training, coping strategy development, organizational support, mentoring, and provision of mental health services for nurses.

5. Conclusion & Recommendations

5.1 Conclusion

Based on the results of the data analysis regarding the influence of *Emotional exhaustion*performance of nurses, with resilience as a mediating variable, the following conclusions can be drawn: The results of the study show that *fatigue has* a negative and significant influence on the resilience of nurses at home in the General Sick Area of Cilincing, North Jakarta. This shows that the higher the level of fatigue and emotional experiences of nurses, the more stress-related work, heavy workload, and demands for continuous service, and the lower their resilience. Consequently, the ability of nurses to adapt and overcome work-related stress decreases with increasing levels of *emotional exhaustion*. b. Results study show that resilience own influence positive and significant to performance nurse at hospital General Area Cilincing in Jakarta North.

Findings This shows that the greater the ability of a nurse to manage stress, adapt to change, control emotions, and return from difficult situations, the better their performance in maintenance nursing. Resilience is a key factor that can support the improvement of quality care and professionalism of nurses. The results of the study show that *emotional exhaustion* has no significant influence on the performance of nurses at the Hospital General Area Cilincing, North Jakarta. Findings This shows that emotional exhaustionexperiences nurses No always directly influence performance they in give care. Although nurses experience emotional stress because of their work, they are still capable of maintaining their performance through professionalism, work experience, commitment to the organisation, and other factors that were not investigated in this study. The hypothesis that *fatigue influences* the performance of nurses is rejected. d. The findings also show that resilience significantly mediates the influence of *emotional exhaustion* on the performance of nurses at home in the Hospital Area of Cilincing, North Jakarta. This shows that *emotional exhaustiondoes* not influence performance of nurses directly, but rather through decline level their resilience. The more tall level *Fatigue Emotional*, the more decrease resilience nurse, who ultimately cause decline performance they. Thus, resilience has proven to play an important role as a mediating variable in the relationship between *emotional exhaustion* and performance of nurses.

5.2 Recommendations

This study found that emotional exhaustion influenced nurses' performance, and resilience acted as a mediator between emotional exhaustion and performance. Based on these findings, the following recommendations are offered: a. Management of the General Hospital Area Cilincing Jakarta North is recommended to implement measures to improve nurses' psychological welfare and prevent emotional exhaustion, such as balancing workload, organising proportional task schedules, providing time for adequate rest, and offering psychological counselling or support. b. Hospital management must consider developing programs that can support nurses' resilience in the face of work demands. These programs can be in the form of stress management training, strengthening skills to overcome stress, improving emotional intelligence, mentoring, and forming peer support groups among nurses. This can help nurses overcome pressure-related work in a more adaptive and sustainable manner to carry out tasks optimally. The findings of this study show that resilience has a positive impact on nurses' performance and acts as a mediator in the relationship between emotional exhaustion and performance. Therefore, increasing resilience is expected to help nurses maintain the quality of care, even when facing high-pressure, high-paying jobs. c. Nurses should increase their ability to manage work-related stress by applying adaptive countermeasures, maintaining a balance between work and personal life, and fostering communication and support with colleagues and supervisors. Efforts to increase resilience are expected to ensure that nurses remain capable of providing professional, quality care. For future researchers, it is suggested that additional variables that can influence nurses' performance be entered into the model, considering that the only variable in this study explained 29.2% of the variation in nurses' performance. Variables such as workload, organizational support, job satisfaction, job involvement, leadership style, job motivation, work environment, and psychological welfare can be considered to make the study model more comprehensive.

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Research Ethics

This study was approved by the D Cilincing General Hospital, North Jakarta. All respondents were provided with an explanation of the research objectives and procedures, as well as their rights and confidentiality, before participating. Participation was voluntary, and all respondents provided *informed consent* before completing the questionnaires.

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