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Reducing Burnout of Female Health Workers in Blora Regency Through Spiritual Leadership and Religious Coping

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Abstract. *This study uses associative research to examine the influence of spiritual leadership, religious coping, and burnout. The population studied was all female health workers in Community Health Centers throughout Blora Regency, with a population of 768 people. The sampling method used was Nonrandom or Nonprobability, by applying the Purposive Sampling technique. The sample consisted of 84 female health workers in Community Health Centers throughout Blora Regency who were selected based on certain criteria, such as being a civil servant health worker, being Muslim, and working in Community Health Centers throughout the Former Ngawen Residency. Data collection was carried out through a closed questionnaire with a statement interval of 1-5, from Strongly Disagree (STS) to Strongly Agree (SS). Data analysis used Partial Least Square (PLS). The results of the analysis showed that leaders with a spiritual leadership style had a negative influence on burnout of female health workers, while leaders with a strong empathic leadership style had a positive influence on religious coping of female health workers. In addition, burnout tends to be reduced if employees have strong religious coping.*

Keywords: *Explanatory; Health; Women.*

1. Introduction

Health centers, as a pillar of primary health care services, often face complex work stress phenomena. High workload, limited resources, administrative demands, and time pressure are the main factors that cause stress in health workers in health centers. The complexity of medical cases, interpersonal demands, and the influence of external factors such as health policies and community emergencies also contribute to high levels of stress. This condition requires effective management efforts, training to improve skills, and psychosocial support to maintain the well-being of health center staff. Improving working conditions and stress management are key to ensuring that health centers can provide primary health care services effectively and sustainably to the community.

Work stress in female health workers is a complex phenomenon involving a number of interrelated factors.(Meier et al., 2020). In carrying out their duties and responsibilities, nurses often face high levels of pressure and significant emotional challenges.(De Diego-Cordero et al., 2021). Heavy workloads, including complex administrative and medical demands, are often encountered in situations that require rapid decision-making. (Zeytinoglu et al., 2007). Strict time pressures, especially in emergency care units or intensive care units,

can create a stressful environment, adding to stress levels.(Diehl et al., 2021).

In addition, emotional interactions with patients and their families are also a complicating factor.(Hsieh et al., 2017). Female nurses must respond empathetically to suffering and health crises, which can carry a heavy emotional burden. Lack of support and recognition from colleagues and management can increase feelings of stress, while lack of appreciation for their hard work can lead to unexpected physical and mental exhaustion. (Galletta et al., 2019).

The imbalance between work and personal life is an additional challenge, especially for female nurses who also have family responsibilities.(Aziz, 2020). This is triggered by conditions that require them to perform special actions or treatments such as responding to crisis situations and patient deaths; engaging in heavy physical activities; lifting or moving patients can also increase stress levels and the risk of physical injury.

The workload of nurses in dealing with patients, which is sometimes physically and emotionally draining, has an impact on the mental health of nurses.(Nadeem et al., 2021). Sometimes nurses also face emotional outbursts from patients and their families due to differences in procedures that should be carried out by doctors and regulations in hospital management.(Ryandini & Nurhadi, 2019).

Negative emotions such as anxiety, worry and emotional exhaustion have a significant impact on a person's psychophysiological balance, creating symptoms such as weakness, lack of enthusiasm, dizziness, anxiety, stomach ache, muscle spasms and others.(Judith Johnson et al., 2020). In dealing with these emotional challenges, religious coping emerges as a relevant strategy and can provide significant support.(Azkiati Z et al., 2019).

Religious coping involves using religious beliefs, values, and practices to deal with life's stress and pressures.(Pargament et al., 1998). In this context, individuals experiencing negative emotions can rely on spiritual and religious aspects to find calm, hope, and meaning in difficult situations.(Zhafira et al., 2019). Prayer, meditation, or involvement in religious activities can be forms of religious coping that help individuals achieve mental and emotional balance.(Bagheri-Nesami et al., 2017).

A number of studies, such as those conducted byAzkiati Z et al (2019)AndBagheri-Nesami et al (2017)shows that religious coping has a significant role in overcoming negative emotions. The use of spiritual and religious resources can provide deep support and a positive outlook on the situation, help individuals face challenges with a positive attitude, and encourage improvements in psychological well-being.(Dolcos et al., 2021). Thus, religious coping is not only a strategy to manage negative emotions, but also acts as a source of strength and resilience in dealing with the pressures of everyday life.

The concept of religious coping refers to the use of religious beliefs or practices as a way of dealing with stressful life situations.(Bagheri-Nesami et al., 2017). One form of this mechanism is known as religious coping, which is defined as the use of religious beliefs or religious behaviors to facilitate problem solving with the aim of preventing or reducing the negative emotional impact of stressful life conditions.(Yildrim & Solmaz, 2022).

Religious coping involves religiously oriented cognitive, emotional, or behavioral responses to stress.(Chow et al., 2021). Religious aspects of coping include the search for meaning in life, closeness to God, hope, peace, social relationships, self-development, and personal self-control.(Wajanathawornchai & Blauw, 2018). Religion becomes a coping mechanism that can be used to deal with the fear of death, the threat of significant loss, grief over the loss of a loved one, and feelings of lack of control over our surroundings.(Azkiati Z et al., 2019).

Research also shows that the brain has areas that respond to religious thoughts, which can reduce fear and provide the illusion of control over circumstances.(Thomas & Barbato, 2020). Therefore, religious coping not only acts as a form of dealing with stress, but also creates a perception of control and comfort through religious aspects in thoughts and actions.

In addition, spiritual leadership can also support self-development through the principles of religious wisdom and ethics by promoting values such as empathy, integrity, and concern.(Kerdpitak, 2022). These values can serve as a foundation for individuals to cope with challenges and stress in a way that is consistent with their religious principles.

Previous research has examined the role of leadership in nurse fatigue, including research that found that the role of leaders is very important in reducing nurse fatigue.(Ma et al., 2021). A meta-analysis conducted by(Wei et al., 2020)stated that nursing leadership plays an important role in reducing fatigue experienced in nursing work.

In this study, it is motivated by the differences in research results related to the role of spiritual leadership in reducing burntout. Based on the problems from the background that occurred above, further research needs to be conducted, so the research title that will be submitted for this study is "Reducing Burnout of Female Health Workers through Spiritual Leadership and Religious Coping".

2. Research Methods

The type of research used is an associative explanatory research type, which aims to determine the relationship between two or more variables (Sugiyono, 2012). This research aims to explain testing hypothesis with the intention of justifying or strengthening the hypothesis with the hope of strengthening the theory used foundation. In this case, it is to test the influence of spiritual leadership, religious coping, and burnout.

3. Results and Discussion

Respondent Description Analysis

This study used 84 female health workers as respondents at the Health Centers throughout Blora Regency. The description of the characteristics of the research respondents is displayed with statistical data obtained through the distribution of questionnaires. In the implementation in the field, all respondents were willing to fill out the questionnaire, so that the results of the study obtained 84 research questionnaires that were completely filled out and could be used in the analysis of this research data.

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The description of the respondents of this study can be explained in four characteristics, namely based on age, length of service, position, and place of residence, which are explained below:

1. Age

The characteristics of the respondents in this study can be explained based on age as follows:

Table Description of Respondents Based on Age

Age	Frequency	Percentage
<30 years	23	27.4
31 - 45 years	44	52.4
>45 years	17	20.2
Total	84	100.0

Source: Data processing results, 2024.

The data presentation in Table 4.1 shows that most respondents are aged 31-45 years as many as 44 respondents (52.4%), then the age <30 years as many as 23 respondents (27.4%), the age above 45 years as many as 17 respondents (20.2%). At the age of 31-45 years many individuals have reached a higher level of personal and professional maturity. Employees in the range of 31-45 years are of productive age. At this age, they have generally accumulated several years of work experience, which can help them develop more mature skills, knowledge, and expertise. This experience allows them to be more efficient in carrying out their duties.

2. Years of service

The characteristics of employees who were respondents in this study can be explained based on their last education as follows:

Table Description of Respondents Based on Length of Service

Years of service	**Frequency**	**Percentage**
<1 year	14	16.7
1 - <5 years	30	35.7
5 - <20 years	35	41.7
20 - <30 years	5	6.0
Total	**84**	**100.0**

Source: Data processing results, 2024.

In Table it is known that most respondents have a work period of between 5-20 years, as many as 35 respondents (41.7%). Respondents with a work period of 1 - <5 years were 30 respondents (35.7%), and a work period of <1 year were 14 respondents (16.7%). These results indicate that most respondents have sufficient work period. Employee abilities develop along with their work period and experience significant changes along with their experience in the field. With increasing time, employees will gain more understanding of problems in the field.

3. Position

Respondent Description Table Based on Position

Years of service	Frequency	Percentage
Midwife	14	16.7
Nurse	59	70.2
Administration	11	13.1

Total	84	100.0

Source: Primary Data Processing Results, 2024.

shows that most respondents are nurses, namely 59 respondents (70.2%), while the profession of midwife is between ASN and non ASN. Although salaries and benefits can vary, employees tend to have a more stable salary guarantee and may receive additional financial incentives such as family allowances, position allowances, and performance bonuses. This can be a strong motivating factor for some employees to work harder and be more productive

Descriptive Analysis of Research Data

Descriptive analysis is intended to obtain a picture of respondents' assessment of the variables studied. Through descriptive analysis, information will be obtained regarding respondents' tendencies in responding to the indicator items used to measure the variables of this study. The data is explained by providing an assessment weight for each statement in the questionnaire. The respondent response criteria follow the following assessment scale: Strongly Agree (SS) score 5, Agree (S) score 4, Quite Agree (CS) score 3, Disagree (TS) score 2, Strongly Disagree (STS) score 1. Furthermore, the variable description is grouped into 3 categories, namely:

1. Low category, score = 1.00 – 2.33
2. Medium category, score = 2.34 – 3.66
3. High/good category, with a score of 3.67 – 5.00.

The results of the analysis of the description of respondents' answers to each variable are presented below:

1. spiritual leadership

The Spiritual leadership variable is measured by 5 indicators, namely: Vision, Hope / Faith, Altruistic love, Meaning, Membership. The following table displays a description of the respondents' responses and a statistical description of the Spiritual leadership variable data:

Descriptive Statistics Table of Spiritual Leadership Variables

Indicator		*N*	*Min*	*Max*	*Mean*
X11	Vision	84	2	5	4.12
X12	Hope / Faith	84	2	5	4.18
X13	Altruistic love	84	2	5	4.02
X14	Meaning	84	2	5	4.05
X15	Membership	84	2	5	4.26
	Mean variable				*4.13*

Source: Primary Data 2024.

shows that the overall mean value of the Spiritual leadership variable data is 4.13, which is in the high category range (3.67 - 5.00). This means that respondents generally gave a good assessment to the Spiritual leadership variable. The results of the data description on the Spiritual leadership variable were obtained with the highest mean value being Membership with a score of 4.26. This means that employees feel that they are an important part of this organization. While the indicator that received the lowest score was Altruistic Love, which obtained a score of 4.02. These findings indicate that employees feel that they have not

received much attention and concern from leaders towards the needs and welfare of employees.

2. Religious coping

The Religious coping variable is measured by 3 indicators, namely: self-directing, deferring, collaborative. The following table displays a description of the respondents' responses and a statistical description of the Religious coping variable data:

Descriptive Statistics Table of Religious Coping Variables

	Indicator	N	Min	Max	Mean
Y11	Self-directing,	84	2	5	4.32
Y12	Deferring,	84	2	5	4.20
Y13	Collaborative	84	1	5	4.35
	Mean variable				**4.29**

shows that the overall mean value of the Religious coping variable data is 4.29, which is in the high category range (3.67 - 5.00). This means that the average respondent has good Religious coping. The results of the data description on the Religious coping variable were obtained with the highest mean value being collaborative with a score of 4.35. The Religious coping indicator that got the lowest score was deferring, which was obtained with a score of 4.20.

3. Burn out

The Burnout variable is measured by 6 indicators, namely: work overload, lack of control, inadequate reward system, disruption in the work community system, loss of justice, and value system. The following table shows a description of the respondents' responses and a statistical description of the Burnout variable data:

Descriptive Statistics Table of Burnout Variables

	Indicator	N	Min	Max	Mean
Y21	work overload,	84	1	5	1.69
Y22	lack of control,	84	1	5	1.79
Y23	inadequate reward system,	84	1	5	2.01
Y24	disruption in the work community system,	84	1	5	1.76
Y25	loss of justice,	84	1	5	1.83
Y26	value system.	84	1	5	1.88
	Average variable				**1.83**

Table. shows that the overall mean value of the Burn out variable data is 1.83, which is in the low category range (1.00 - 3.33). This means that the average employee who is the sample of this study has a low Burn out. The results of the data description on the Burn out variable were obtained with the highest mean value being an inadequate reward system with a score of 2.01. The results of the data description on the Burn out variable were obtained with the lowest mean value being work overload with a score of 1.69. This shows that the workload is not felt to be too burdensome for health workers.

Convergent Validity

Convergent validity of the measurement model with reflective indicators is assessed based on the correlation between item score component scores calculated using PLS. The measure of individual reflexivity is declared high if the loading factor value is more than 0.7 with the measured construct for confirmatory research and the loading factor value between 0.6 - 0.7

for exploratory research is still acceptable and the Average Variance Extracted (AVE) value must be greater than 0.5. However, according to Chin in Ghozali and Latan (2015: 74) for early stage research from the development of the measurement scale, the loading factor value of 0.5 - 0.6 is still considered adequate with a t-statistic value of more than 1.96 or a p-value of less than 0.05.

Evaluation of convergent validity on each latent variable can be presented in the outer loading value section which describes the strength of the indicator in explaining the latent variable. The results of the convergent validity test can be presented as follows:

1. Convergent Validity Evaluation of Spiritual Leadership (X1)

The measurement of the Spiritual leadership variable in this study is a reflection of five indicators. The factor loading value of each indicator of the Spiritual leadership variable shows the evaluation of the outer model measurement model. The following shows the magnitude of the outer loading for the Spiritual leadership construct.

Table of Results of Estimation of Loading Values of Spiritual Leadership Variable Indicator Factors (X1)

Indicator	Outer Loading	t-statistics	t-table (<=5%)	p value
Vision;	0.946	55,290	1,960	0,000
Hope / Faith;	0.895	31,958	1,960	0,000
Altruistic love;	0.888	32,621	1,960	0,000
Meaning;	0.839	20,229	1,960	0,000
Membership.	0.897	35,432	1,960	0,000

The data presented above shows the loading value of the indicator factor on the Spiritual leadership variable (X1) as a whole is above 0.700 and significant at a 95% confidence level and the t-statistics of each indicator are above the t-table value (1.960). Based on these results, it can be stated that the Spiritual leadership variable (X1) can be explained well convergently or validly by the indicators Vision, Hope / Faith, Altruistic love, Meaning, Membership.

2. Evaluation of Convergent Validity of Religious Coping Variable (Y1)

The measurement of the Religious coping variable in this study is a reflection of three indicators. The factor loading value of each indicator of the Religious coping variable shows the evaluation of the outer model measurement model presented as follows:

Table of Estimation Results of Loading Values of Religious Coping Variable Indicator Factors (Y1)

Indicator	Outer Loading	t-statistics	t-table (<=5%)	p value
self-directing,	0.898	26,360	1,960	0,000
deferring,	0.871	24.102	1,960	0,000
collaborative	0.851	21,388	1,960	0,000

The data presented above shows the loading value of the indicator factor on the Religious coping variable (Y1) as a whole is above 0.700 and significant at a 95% confidence level and

the t-statistic number of each indicator is above the t-table value (1.960). Based on these results, it can be stated that the Religious coping variable (Y1) can be explained well in a convergent or valid manner by the self-directing, deferring, collaborative indicators.

3. Evaluation of Convergent Validity of Burn Out Variable (Y2)

The Burn out variable in this study is measured from the reflection of five indicators. Evaluation of the measurement model (outer model) is identified from the factor loading value of each Burn out variable indicator as presented below.

Table of Results of Estimation of Loading Values of Burn Out Variable Indicator Factors (Y2)

Indicator	Outer Loading	t-statistics	t-table (<=5%)	p value
work overload,	0.936	41.107	1,960	0,000
lack of control,	0.926	43.205	1,960	0,000
inadequate reward system,	0.794	13,029	1,960	0,000
disruption in the work community system,	0.907	36,734	1,960	0,000
loss of justice,	0.864	22,236	1,960	0,000
value system.	0.889	29,838	1,960	0,000

The table above shows the magnitude of the loading factor of each indicator for the Burn out variable (Y2) as a whole is obtained above 0.700 and is significant at a 95% confidence level and the t-statistic number of each indicator is above the t-table value (1.960). Based on these results, it can be stated that the Burn out variable (Y2) can be explained well in a convergent or valid manner by indicators of work overload, lack of control, inadequate reward system, disruption in the work community system, loss of justice, and value system.

Discriminant Validity

Discriminant validity is a measure that shows that latent variables are different from other constructs or variables in theory and proven empirically through statistical testing. Discriminant validity is measured by the Fornell Lacker Criterion, HTMT, and Cross loading. The test results on each variable can be explained as follows:

1. Fornell Lacker Criterion Test Results

Validity testing using the Fornell-Larcker Criterion is done by looking at the root value of the Average Variance Extract (AVE) compared to the correlation between constructs with other constructs. This test is fulfilled if the root of the AVE is greater than the correlation between variables.

Value TableDiscriminant Validity Test with Fornell-Larcker Criterion Criteria

	Burnout	Religious Coping	Spiritual Leadership
Burnout	0.887		
Religious Coping	-0.741	0.874	
Spiritual Leadership	-0.714	0.668	0.894

Note: The values in bold are the AVE root values.

information is obtained that the AVE root value is higher than the correlation value between other constructs. This result indicates that the constructs in the estimated model have met the criteria for high discriminant validity, meaning that the results of the data analysis can be accepted because the values that describe the relationship between constructs develop. This

can mean that all constructs have good discriminant validity. Thus, the research instrument used to measure all constructs or latent variables in this study has met the criteria for discriminant validity.

2. Heterotrait-monotrait ratio (HTMT) Test Results

Validity testing using the Heterotrait-monotrait ratio (HTMT) criteria is carried out by looking at the HTMT matrix. The accepted HTMT criteria are below 0.9 which indicates that the evaluation of discriminant validity is accepted.

Value TableDiscriminant Validity Test with Heterotrait-monotrait ratio (HTMT) criteria

	Burnout	**Religious Coping**	**Spiritual Leadership**
Burnout			
Religious Coping	0.817		
Spiritual Leadership	0.756	0.750	

Source: Processed primary data (2024)

shows that the values in the HTMT matrix are not more than 0.9. This means that the model shows that the evaluation of discriminant validity is acceptable. From the results of the discriminant validity test, it can be seen that the HTMT test requirements have been met so that all constructs in the estimated model meet the criteria for good discriminant validity, meaning that the results of the data analysis can be accepted.

3. Cross Loading

The results of the analysis regarding the correlation of the construct with its own indicators or the correlation of the construct with other indicators can be presented in the cross loading table section.

Table of Correlation Values of Constructs with Indicators (Cross Loading)

	Burnout	Religious Coping	Spiritual Leadership
X11	-0.646	0.597	**0.946**
X12	-0.625	0.602	**0.895**
X13	-0.640	0.582	**0.888**
X14	-0.563	0.562	**0.839**
X15	-0.705	0.638	**0.897**
Y11	-0.647	**0.898**	0.577
Y12	-0.531	**0.871**	0.597
Y13	-0.744	**0.851**	0.578
Y21	**0.936**	-0.759	-0.650
Y22	**0.926**	-0.619	-0.693
Y23	**0.794**	-0.565	-0.597
Y24	**0.907**	-0.733	-0.653
Y25	**0.864**	-0.613	-0.550
Y26	**0.889**	-0.633	-0.650

Discriminant validity testing in this way is said to be valid if the correlation value of the construct with its own indicator is greater than with other constructs and all correlation values of the construct with its own indicator and other constructs show positive values. From the

results of data processing presented in the cross loading table, it can be seen that these requirements have been met so that all constructs in the estimated model meet the criteria for good discriminant validity, meaning that the results of data analysis can be accepted.

Reliability Test

Reliability measurement can be done using 3 (three) methods, namely:

a. Composite Reliability.

Composite reliability shows the degree that indicates common latent (unobserved), so that it can show the block indicator that measures the internal consistency of the construct forming indicators, the accepted limit value for the Composite reliability level is 0.7.(Ghozali & Latan, 2015)

b. Average Variance Extracted (AVE)

If the AVE value > 0.5 then the indicator used in the study is reliable, and can be used for research. It is better if the AVE measurement value is greater than 0.50.(Ghozali & Latan, 2015).

c. Cronbach's alpha

If the Cronbach alpha value > 0.70 then the construct can be said to have good reliability.

The results of composite reliability, Cronbach's Alpha, and AVE between constructs and their indicators can be seen in the following table:

Reliability Test Results Table

	Cronbach's Alpha	Composite Reliability	Average Variance Extracted (AVE)
Burnout	0.945	0.957	0.787
Religious Coping	0.845	0.906	0.763
Spiritual Leadership	0.937	0.952	0.799

Source: Processed primary data (2024)

shows the results of the reliability test of each construct can be said to be good. This is evidenced by the AVE value of each construct > 0.5, the composite reliability and cronbach alpha values of each construct > 0.7. Referring to Chin's opinion in Ghozali (2011) then the results of the composite reliability of each construct can be used in the analysis process to show whether or not there is a relationship in each construct, because the results obtained have a value > 0.70, from the results above all variables have a composite reliability value > 0.7 meaning that they have a good reliability value and can be used for further research processes. Reliable shows that the indicators used in real research are in accordance with the real conditions of the object being studied.

Based on the results of the evaluation of convergent validity and discriminant validity as well as variable reliability, it can be concluded that the indicators as measures of each variable are valid and reliable measures.

Goodness of fit evaluation

PLS analysis is a variance-based SEM analysis with the aim of testing model theory that focuses on prediction studies. Several measures to state the acceptance of the proposed model, including R square, and Q square(Hair et al., 2019).

a. R square

R square shows the magnitude of the variation of endogenous variables that can be explained by other exogenous or endogenous variables in the model. Interpretation of R square according to Chin (1998) quoted (Abdillah, W., & Hartono, 2015) are 0.19 (low influence), 0.33 (medium influence), and 0.67 (high influence). The following results of the determination coefficient (R2) of the endogenous variables are presented in the following table.

R-Square Value Table

	R Square	R Square Adjusted
Burnout	0.635	0.626
Religious Coping	0.447	0.440

above shows the determination coefficient value (R-square) that appears in the Burn out variable model (Y2) of 0.635. This value can be interpreted that the Burn out variable can be explained by the Spiritual leadership and Religious coping variables of 63.5%, while the remaining 36.5% is obtained from the influence of other variables not included in this research model.

The coefficient of determination (R-square) in the Religious coping variable model (Y1) is 0.447. This means that Religious coping can be influenced by Spiritual leadership by 44.7% and the remaining 55.3% is obtained by the influence of other variables not included in this research model.

The Q-Square (Q2) value is one of the tests in seeing the goodness of the structural model, namely showing how good the observation value produced by the model and its parameter estimates are. Q2 > 0 indicates that the model has predictive relevance and if Q2 < 0 indicates that the model has less predictive relevance. Q2 values of 0.02; 0.15; and 0.35 indicate weak, moderate and strong(Ghozali & Latan, 2015).

Q-Square Statistic Value Table

	SSO	SSE	Q^2 (=1-SSE/SSO)
Burnout	504,000	266,329	0.472

The Q-square (Q2) calculation produced a value of 0.472 which is greater than 0.35, meaning the model has strong predictive relevance in predicting burnout variables. This means that the structural model has a good fit with the data. This means that the estimated parameter values produced by the model are in accordance with the observed values.

Structural Model Evaluation (Inner Model)

Structural model testing (inner model) is to see the relationship between latent constructs by looking at the results of the path parameter coefficient estimation and its significance level (Ghozali, 2011). This procedure is carried out as a step in testing the research hypothesis that

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has been proposed.The test results can be seen from the output of the structural model on the significance of the loading factor which explains the influence of the Spiritual Leadership construct on Burnout through the mediation of Religious Coping as an intervening variable.

In this case, data processing is used using the Smart PLS v4.0 software tool. The results of the data processing are shown in the following image:

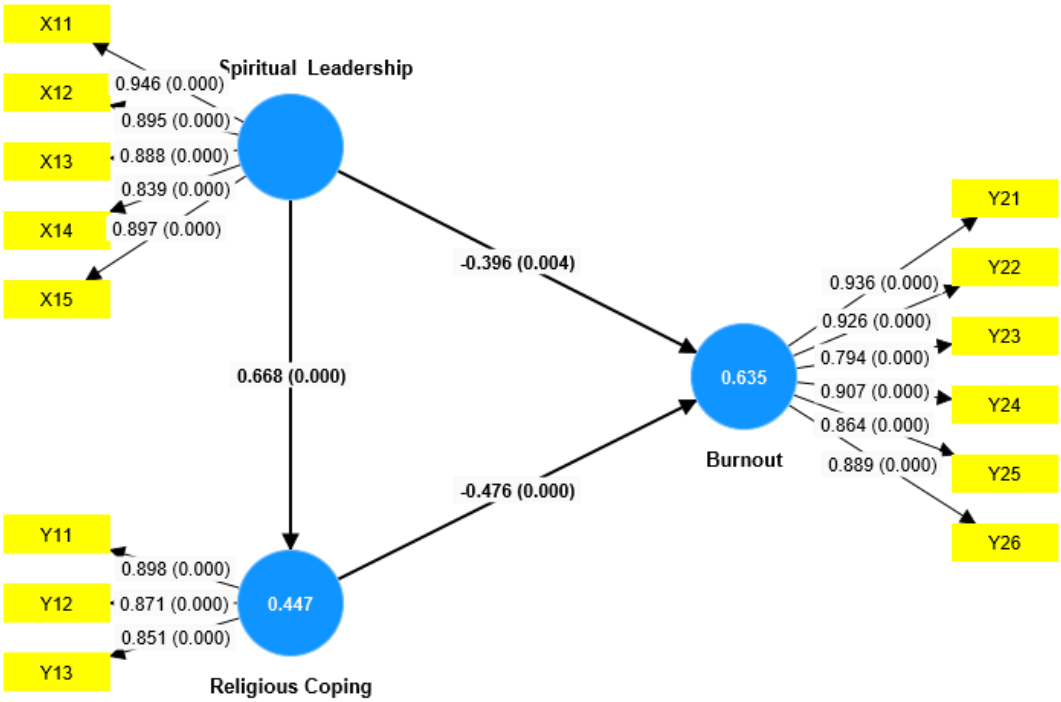

Figure Full SEM-PLS Model

Source: Primary data processing with Smart PLS 4.1.0 (2024)

Direct Influence Analysis

This section presents the results of the research hypothesis testing conducted in the previous chapter. To find out whether the hypothesis is accepted or not, you can compare the calculated t with the t-table, assuming that the calculated t is greater than the t-table. The t-table value for a significance level of 5% is 1.96. The following table shows the results of the influence test between variables using Partial Least Square analysis.

Direct Influence Path Coefficients Table

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values
Religious Coping -> Burnout	-0.476	-0.491	0.126	3,793	0.000
Spiritual Leadership -> Burnout	-0.396	-0.382	0.137	2,893	0.004
Spiritual Leadership -> Religious Coping	0.668	0.664	0.102	6,541	0.000

Source: Results of data processing with Smart PLS 4.0 (2024)

By presenting the results of the data processing, testing can then be carried out for each research hypothesis, namely:

1. Hypothesis Testing

H1 : Leaders with a spiritual leadership style will have a negative influence on burnout in women's health workers.

The first hypothesis test was conducted by looking at the estimated coefficient value (original sample estimate) of the influence of Spiritual leadership on Burnout, which was -0.396. The results provide evidence that Spiritual leadership has a negative influence on Burnout. The results of the t-test confirmed the findings, where it was known that the magnitude of the t-count (2.893) was greater than the t-table (1.96) with p (0.004) less than 0.05. The conclusion of the test is that Spiritual leadership negatively and significantly influences Burnout. This result means that the better the Spiritual leadership, the Burnout will tend to decrease. On this basis, the second hypothesis proposed in this study, namely 'leaders with a spiritual leadership style will have a negative influence on burnout in female Health workers', can be accepted.

2. Hypothesis Testing

H2 : Leaders with a strong spiritual leadership style will have a positive influence on the religious coping of female health workers.

The second hypothesis test was conducted by looking at the estimated coefficient value (original sample estimate) of the influence of Spiritual leadership on Religious coping, which was 0.668. This result provides evidence that Spiritual leadership has a positive influence on Religious coping. The results of the t-test confirmed the findings, where it was known that the magnitude of the t-count (6.541) was greater than the t-table (1.96) with p (0.000) less than 0.05. The conclusion of the test is that Spiritual leadership positively and significantly influences religious coping. This result means that the better the Spiritual leadership, the higher the Religious coping will tend to be. On this basis, the first hypothesis proposed in this study, namely "leaders with a strong Spiritual leadership style will have a positive influence on the religious coping of female health workers" can be accepted.

3. Hypothesis Testing

H3: burnout will be weaker if employees have strong religious coping.

The third hypothesis test was conducted by looking at the estimated coefficient value (original sample estimate) of the influence of Religious coping on Burnout, which was -0.476. The results provide evidence that Religious coping has a negative influence on Burnout. The results of the t-test strengthen these findings, where it is known that the magnitude of the t-count (3.793) is greater than the t-table (1.96) with p (0.000) less than 0.05. The conclusion of the test is that Religious coping negatively and significantly affects Burnout. This result means that if Religious coping is getting better, then Burnout will tend to decrease. On this basis, the third hypothesis proposed in this study, namely 'burnout will be weaker if employees have strong religious coping, can be accepted.

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A summary of the results of the hypothesis testing in this study is presented in full in the table.

Summary Table of Hypothesis Test Results

	Hypothesis	Conclusion
H1	Leaders with a spiritual leadership style will have a negative influence on burnout in women's health workers.	Accepted t = 2.893 > 1.96 (p=0.000<0.05)
H2	Leaders with a strong spiritual leadership style will have a positive influence on the religious coping of female health workers.	Accepted t = 6.541 > 1.96 (p=0.004<0.05
H3	Burnout will be weaker if employees have strong religious coping	Accepted t = 3.793> 1.96 (p=0.000<0.05)

Source: Processed research data, 2024

Indirect Effect Test Results Table

	Original Sample (O)	T Statistics (|O/STDEV|)	P Values
Spiritual leadership -> Religious coping -> Burnout	-0.318	2,757	0.000

Source: Processed research data, 2024

The mediation effect of Religious coping in relation to the variable of Spiritual leadership on Burnout is known to be -0.318. The Sobel test produces a t-count of 2.757 (t>1.96) with p = 0.000 <0.05. The conclusion of the test is that Religious coping is a mediator in the relationship between Spiritual leadership and Burnout. When viewed from the magnitude of its influence, the indirect effect of -0.318 is smaller in value than the direct effect of -0.396. This means that the influence of spiritual leadership on Burnout is more direct without going through religious coping.

Discussion

1. The influence of spiritual leadership on burnout of female health workers.

The results of the study indicate that leaders with a spiritual leadership style will have a negative influence on burnout of female health workers. This means that leaders with a spiritual leadership style are able to reduce the stress conditions of female health workers where workers feel physically, mentally, and emotionally exhausted because of their work. This leadership style emphasizes values such as vision, hope/faith, altruistic love, meaning, and membership. By implementing this approach, leaders can create a more meaningful and emotionally supportive work environment, which helps reduce stress and fatigue. As a result, female health workers who are led with a spiritual leadership style will feel more motivated, inspired, and have better emotional balance, so that their risk of burnout decreases.

The results of this study confirm previous research which stated that leadership is significantly associated with lower levels of job strain and higher levels of social support among nurses. (Backman et al., 2016; Hunsaker, 2019; Taqwa et al., 2021)

2. The influence of spiritual leadership on religious coping of female health workers.

Leaders with a strong spiritual leadership style will have a positive influence on female health workers' religious coping. Spiritual leadership emphasizes values such as vision, hope,

altruistic love, meaning, and membership, which help create an emotionally and spiritually supportive work environment. With this support, female health workers will be better able to use religious coping strategies, such as self-directing, deferring, and collaborative, to deal with stress and work challenges. Support from leaders who understand and encourage spiritual aspects of their work can strengthen their spiritual beliefs and resilience, thereby helping them cope with stress and maintain

These results indicate that when Allah's pleasure is the reason female health workers struggle to achieve the future, it will encourage self-directing abilities which are the ability to rely on oneself while maintaining their religious beliefs. Self-directing is considered the most dominant coping strategy in a religious context. Then, female health workers who realize that their work has important and meaningful values will be more motivated to collaborate with colleagues and also with higher entities, such as God. The belief that their work makes a significant contribution and brings positive changes in the lives of others makes them more open to collaborating with colleagues in order to expand the positive impact of their work.

This result is in accordance with the results of previous research which stated that leaders who apply a strong spiritual leadership style are believed to be able to have a positive impact on religious coping. (Nurhidayati et al., 2020)BecauseSpiritual leaders have the potential to create a work culture that provides space and time for female health workers to reflect, pray, or meditate, thereby helping to manage stress and improve psychological well-being. (Chen et al., 2019; Yang & Fry, 2018)

3. The influence of religious coping on burnout in female health workers

Burnout will be weaker if employees have strong religious coping. This result means that female health workers find strength and comfort in their religious beliefs and develop psychological resilience to the work pressures they face.

Several previous researchers stated the same research results that with good religious coping skills, a person tends to be able to manage their emotions effectively and has the resilience to reduce anxiety and stress.(Poulus et al., 2020; Segerstrom & Smith, 2019). Religious coping is associated with general strategies used by nurses to cope with stress and burnout. (De Diego-Cordero et al., 2021; Harris & Tao, 2021; Thomas & Barbato, 2020, 2020; Wajanathawornchai & Blauw, 2018).

4. Conclusion

The burnout reduction model in female health workers can be implemented by adopting effective spiritual leadership and religious coping practices. Spiritual leadership that prioritizes the development of an inspiring vision, optimism, and altruistic love in the workplace aims to meet the spiritual and emotional needs of employees, helping them feel more valued and more deeply connected to their work. Meanwhile, religious coping provides a method for health workers to deal with stress by relying on their religious beliefs and practices. Strategies such as self-directing, where workers use religious guidance in making decisions and actions independently, along with getting collaborative support from colleagues, empower them to overcome daily challenges with greater strength.

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