



### EFFECT OF EMOTIONAL SUPPORT, WORK ENGAGEMENT, AND LIFE SATISFACTION ON RESILIENCE AND ITS IMPACT ON PSYCHOLOGICAL WELL-BEING IN NURSES

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#### Abstract

Psychological well-being is very important in the nursing profession, given the high levels of stress, emotional workload, and service demands that nurses face. Factors such as emotional support, work engagement, and life satisfaction are believed to contribute to the formation of resilience which has an impact on psychological well-being. This study aims to analyze the influence of emotional support, work engagement, and life satisfaction on resilience, and its impact on the psychological well-being of nurses at Graha Bunda Hospital. A quantitative approach was used with a survey method, involving a total of 67 nurses as respondents. Data analysis was conducted using the Partial Least Squares-Structural Equation Modeling (PLS-SEM) method. The results showed that emotional support ( $T = 5.122$ ;  $p < 0.001$ ) and work engagement ( $T = 3.731$ ;  $p < 0.001$ ) had a significant positive effect on resilience, while life satisfaction ( $T = 1.484$ ;  $p = 0.138$ ) had no significant effect. On the psychological well-being variable, emotional support ( $T = 3.910$ ;  $p < 0.001$ ), life satisfaction ( $T = 2.401$ ;  $p = 0.017$ ), and resilience ( $T = 3.999$ ;  $p < 0.001$ ) have a significant effect, while work engagement has no significant effect ( $T = 1.006$ ;  $p = 0.315$ ). These findings suggest that emotional support and engagement in work play an important role in building nurses' mental resilience, which further improves psychological well-being. Although life satisfaction contributes directly to psychological well-being, its effect is not mediated by resilience. This study contributes to the development of organizational interventions that strengthen emotional support and work engagement as strategies in improving nurses' psychological well-being, particularly in high-risk work environments.

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#### Introduction

Psychological well-being is very important in the nursing profession because of the high level of stress that nurses face. They often face difficult situations such as life-and-death decision-making and provide emotional support to patients and families, which if not managed properly can lead to burnout, burnout, and mental health issues (Arafa et al., 2003). Stressful work environments, heavy workloads, long working hours, and constant

exposure to critical patients and deaths further increase the risk of nurses' psychological well-being disorders (Ren et al., 2021). The demands to provide quality care are often not balanced by adequate emotional support resources, which can result in emotional exhaustion and compassion fatigue (Jang et al., 2019; J.-H. Lee & Sim, 2021). If nurses' psychological well-being is not maintained, they are at risk of developing mental disorders such as depression and anxiety, which can decrease the effectiveness and quality of patient

care (Kantarcı, 2024). Supporting the psychological well-being of nurses is essential so that they remain resilient, able to cope with work pressure, and remain compassionate in providing optimal care (Labrague, 2021; T. S.-H. Lee et al., 2019).

The quality of care nurses provide is greatly influenced by their psychological well-being, as mentally and emotionally healthy nurses can work attentively, empathetically, and effectively in carrying out their roles (Ozsaban et al., 2017). They are able to communicate well, understand the patient's needs, and provide the emotional support necessary for holistic care. In addition, nurses who have good psychological well-being are more likely to engage in continuing education and professional development, which contributes to improved skills and overall quality of healthcare services (Arafa et al., 2003). Promoting the psychological well-being of nurses is not only beneficial for individuals but also for healthcare institutions, as it can reduce levels of stress, fatigue and turnover of the workforce, as well as improve team dynamics and efficiency (Naegle et al., 2023). High levels of stress and fatigue can lead to absenteeism as well as decreased productivity, which negatively impacts healthcare institutions. By supporting nurses' mental health through supportive policies, provision of resources, and creating a positive work environment, organizations can improve the quality of patient care, build a supportive work culture, and strengthen the overall healthcare system (Merino-Godoy et al., 2022).

The psychological well-being of nurses is greatly influenced by resilience, which is the ability to adapt and develop in the face of adversity (Chen et al., 2022). Resilience helps nurses cope with high pressures in their work, including handling critical situations, managing heavy workloads, and providing compassionate care under pressure (Xue et al., 2022). Research shows that nurses who have high resilience are better able to maintain mental health, experience lower levels of burnout, and maintain a better quality of patient care (Labrague, 2021). They can also recover faster from work stress and use adaptive coping strategies to cope with challenges, thus protecting their psychological well-being (Hosgör & Yaman, 2021). This resilience development can be facilitated through organizational and individual interventions, such as providing access to mental health resources, a supportive work culture, and a well-managed workload (Qi et al., 2022). Stress management, mindfulness, and emotional intelligence training can help nurses build resilience, while individual practices such as exercise, adequate rest, social support, and self-reflection also contribute significantly (Manomenidis et al., 2018; McDermott et al., 2020). Studies show that a combination of institutional support and good self-care practices improves the resilience as well as the

overall psychological well-being of nurses (Chow et al., 2018).

The interaction between resilience and psychological well-being has a significant impact on the quality of patient care and overall health outcomes (Alonazi, 2023). Nurses with high levels of resilience tend to provide consistent and quality care, show greater empathy, and are able to maintain positive interactions with patients despite stressful conditions (Delgado et al., 2021). This contributes to increased patient satisfaction and better clinical outcomes, while reducing nurse turnover rates and ensuring more workforce. Promoting resilience not only benefits nurses individually but also improves the efficiency and effectiveness of overall healthcare delivery (Jarrad et al., 2023). Healthcare organizations that prioritize building resilience can create a more supportive work environment, which ultimately strengthens the psychological well-being of their nursing staff (Wang et al., 2022). Some of the factors that affect the resilience and psychological well-being of nurses include emotional support, work engagement, and life satisfaction. Emotional support from coworkers, family, and friends helps nurses cope with job stress and pressure, while the level of engagement in the job reflects the nurse's commitment to her profession, as well as life satisfaction that reflects overall happiness. These three factors are interrelated in building strong resilience, which ultimately contributes positively to the psychological well-being of nurses (Yang et al., 2018).

Emotional support from the work environment and family plays an important role in helping nurses cope with heavy workloads and high-stress situations. Support from colleagues and superiors can create a positive work environment, where nurses feel valued and understood, thus increasing their resilience in the face of job challenges (Guo, 2018). In addition, emotional support from family and friends outside the work environment is also a source of comfort and emotional stability that is important for the psychological well-being of nurses (Tras et al., 2021). Another factor that contributes to resilience is work engagement, where nurses who feel fully engaged in their work tend to be more passionate, motivated, and committed to their duties. A high level of engagement not only improves performance, but also helps nurses to be more resilient to stress and better prepared for challenges, which positively impacts their psychological well-being (Tepeli Temiz & Comert, 2018). In addition, life satisfaction also plays an important role in building nurses' resilience, as it reflects their level of satisfaction with various aspects of life such as work, personal relationships, health, and financial well-being. Nurses with high levels of life satisfaction are better able to cope with work pressure because they have strong internal and

external resources to stay positive and optimistic, so as to maintain their psychological well-being (Mehendale et al., 2016; Poh Li et al., 2024).

Research on emotional support, work engagement, and life satisfaction interact with each other in shaping nurses' resilience, which has a direct impact on their psychological well-being. These three elements not only stand alone, but reinforce each other in creating a stable and supportive work environment, where nurses who feel emotionally supported by colleagues and family tend to be more engaged in their work, which increases life satisfaction and builds resilience to work pressures (Chen et al., 2022). Resilience plays a critical role in helping nurses cope with stress, reducing the risk of burnout, and maintaining a high quality of patient care, thereby improving relationships with patients and colleagues and hospital operational efficiency. The uniqueness of this study lies in the integration of these three variables as the main predictors of nurse resilience and their impact on psychological well-being, which was previously more often studied separately in the context of work well-being. With this holistic model, a more comprehensive understanding can be gained of how these factors simultaneously shape the resilience and psychological well-being of nurses in the hospital setting. Investing in policies and programs that support these three aspects can be an effective strategy in improving the psychological well-being of nurses as well as the overall quality of health services (Arcega, 2022).

In addition to the novelty from the methodological side through the use of SEM-PLS, this research also has novelty in substance. Based on a literature review, there has been no previous research that specifically integrates the three variables of *emotional support*, *work engagement*, and *life satisfaction* simultaneously in one structural model to see their effect on *resilience*, as well as their impact on *psychological well-being* nurses, especially in the context of hospitals in Indonesia. Previous research has generally only examined the relationship between two variables separately or has not empirically tested the mediating effects of *resilience*. Thus, this study presents a new conceptual model that comprehensively examines the psychosocial factors that shape the resilience of individual nurses and how they contribute to their psychological well-being. This makes a significant theoretical and practical contribution to strengthening the support system for nursing personnel in hospitals, especially in the context of high work pressure in the era of National Health Insurance.

## Method

This study uses a quantitative approach with a survey method to collect data through questionnaires (Scott, 2020). The type of research used is explanatory research, which aims to explain the relationship and influence between the variables being studied. The data obtained was analyzed using Partial Least Squares (PLS) to test the hypothesis and understand how independent and dependent variables relate to each other (Sekaran & Roger Bougie, 2017). This research was carried out at Graha Bunda General Hospital. The time used in the study was carried out in May-July 2024.

The population in this study is all nurses at Graha Bunda Hospital which totals 67 people. This study uses a total sampling method, where the entire population is used as a sample (Scott, 2019). The sample used must meet the inclusion criteria, namely nurses who work at Graha Bunda Hospital, are used to using technology, and have at least two years of work experience. Meanwhile, the exclusion criteria include nurses who are not willing to be respondents and those who are on leave of work. This approach ensures that the data collected is representative and appropriate to the purpose of the study.

This study used questionnaire instruments that were distributed directly to nurses at Graha Bunda Hospital as respondents. Data collection is carried out by providing a list of questions or statements that must be answered by respondents. The data obtained in this study is primary data, namely information collected directly by the researcher related to the variables being studied (Scott, 2020).

Data analysis using Partial Least Square (PLS) with SmartPLS 4. The Measurement Model (Outer Model) tests validity and reliability with Convergent Validity, AVE, Discriminant Validity, Cronbach's Alpha, and Composite Reliability. The Structural Model (Inner Model) assesses the relationships between latent variables through R-Square, F-Square, and Q-Square, with the higher the R-Square value indicating a stronger model. The hypothesis test was conducted with a T-statistic  $> 1.96$ , indicating a significant relationship between the variables (Scott, 2020).

## Result

### Evaluation of the Outer Model

The evaluation of the outer model in this study is based on four main criteria, namely Convergent Validity, Discriminant Validity, Composite Reliability, and Cronbach's Alpha. These four criteria are used to assess the accuracy and consistency of research instruments in measuring the variables studied. The research model used can be seen in the following figure:

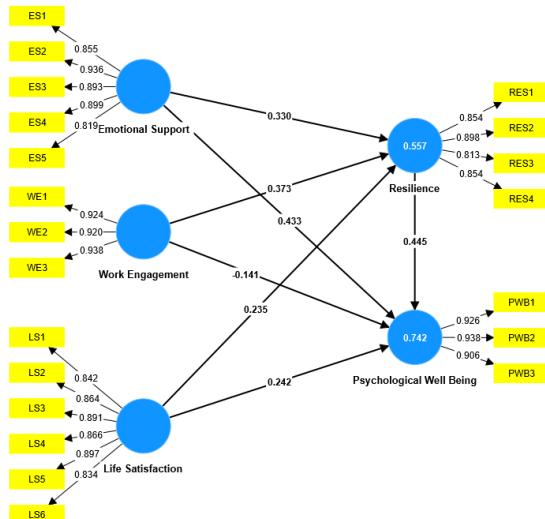


Figure 1. Outer Model

### Convergent Validity

Convergent validity is tested using the outer loading or loading factor value. An indicator is considered to meet convergent validity with a good category if it has an outer loading value of  $> 0.7$ . The following are the outer loading values for each indicator in the research variable:

Table 1. Outer Loading

|      | Emot<br>ional<br>Supp<br>ort | Life<br>Satisf<br>actio<br>n | Psych<br>ologi<br>cal<br>Well<br>Being | Work<br>Com<br>mitm<br>ent | Resilie<br>nce | Psych<br>olog<br>ical<br>Well<br>Being | Work<br>Com<br>mitm<br>ent |
|------|------------------------------|------------------------------|--|----------------------------|----------------|--|----------------------------|
| SS1  | 0,855                        |                              |  |                            |                |  |                            |
| ES2  | 0,936                        |                              |  |                            |                |  |                            |
| ES3  | 0,893                        |                              |  |                            |                |  |                            |
| ES4  | 0,899                        |                              |  |                            |                |  |                            |
| SS5  | 0,819                        |                              |  |                            |                |  |                            |
| LS1  |                              | 0,842                        |  |                            |                |  |                            |
| LS2  |                              | 0,864                        |  |                            |                |  |                            |
| LS3  |                              | 0,891                        |  |                            |                |  |                            |
| LS4  |                              | 0,866                        |  |                            |                |  |                            |
| LS5  |                              | 0,897                        |  |                            |                |  |                            |
| LS6  |                              | 0,834                        |  |                            |                |  |                            |
| PWB1 |                              |                              | 0,926                                  |                            |                |  |                            |
| PWB2 |                              |                              | 0,938                                  |                            |                |  |                            |
| PWB3 |                              |                              | 0,906                                  |                            |                |  |                            |
| RES1 |                              |                              |  | 0,854                      |                |  |                            |
| RES2 |                              |                              |  | 0,898                      |                |  |                            |
| RES3 |                              |                              |  | 0,813                      |                |  |                            |
| RES4 |                              |                              |  | 0,854                      |                |  |                            |
| WE1  |                              |                              |  |                            | 0,924          |  |                            |
| WE2  |                              |                              |  |                            | 0,920          |  |                            |
| WE3  |                              |                              |  |                            | 0,938          |  |                            |

Source: Primary data

Based on the data in Table 1, most of the indicators of the research variables have an outer loading value of  $> 0.7$ . However, there are several indicators with an outer loading value of  $< 0.7$ . According to Chin (quoted by Ghazali, 2014), the

value of outer loading in the range of  $0.5 - 0.6$  is still considered sufficient to qualify for convergent validity. Because there are no indicators with an outer loading value below 0.5, all indicators are declared valid and suitable for use in the study and can be analyzed further.

### Discriminant Validity

This section presents the results of the discriminant validity test which is analyzed using cross loading values. An indicator is considered to meet discriminant validity if the indicator's cross loading value of the variable is greater than that of other variables (Ghozali, 2014). Here are the cross loading values of each indicator:

Table 2. Cross Loading

|      | Emot<br>ional<br>Supp<br>ort | Life<br>Satisf<br>actio<br>n | Psych<br>ologi<br>cal<br>Well<br>Being | Work<br>Com<br>mitm<br>ent | Resili<br>ence | Psych<br>ologi<br>cal<br>Well<br>Being | Work<br>Com<br>mitm<br>ent |
|------|------------------------------|------------------------------|--|----------------------------|----------------|--|----------------------------|
| SS1  | 0.855                        | 0.420                        | 0.576                                  | 0.542                      | 0.439          |  |                            |
| ES2  | 0.936                        | 0.373                        | 0.719                                  | 0.592                      | 0.450          |  |                            |
| ES3  | 0.893                        | 0.433                        | 0.755                                  | 0.541                      | 0.374          |  |                            |
| ES4  | 0.899                        | 0.405                        | 0.646                                  | 0.521                      | 0.381          |  |                            |
| SS5  | 0.819                        | 0.313                        | 0.558                                  | 0.481                      | 0.431          |  |                            |
| LS1  | 0.369                        | 0.842                        | 0.509                                  | 0.364                      | 0.375          |  |                            |
| LS2  | 0.456                        | 0.864                        | 0.625                                  | 0.589                      | 0.365          |  |                            |
| LS3  | 0.463                        | 0.891                        | 0.572                                  | 0.452                      | 0.381          |  |                            |
| LS4  | 0.327                        | 0.866                        | 0.486                                  | 0.440                      | 0.304          |  |                            |
| LS5  | 0.309                        | 0.897                        | 0.465                                  | 0.391                      | 0.255          |  |                            |
| LS6  | 0.337                        | 0.834                        | 0.484                                  | 0.465                      | 0.378          |  |                            |
| PWB1 | 0.671                        | 0.598                        | 0.926                                  | 0.693                      | 0.414          |  |                            |
| PWB2 | 0.723                        | 0.548                        | 0.938                                  | 0.713                      | 0.426          |  |                            |
| PWB3 | 0.668                        | 0.550                        | 0.906                                  | 0.667                      | 0.363          |  |                            |
| RES1 | 0.534                        | 0.358                        | 0.661                                  | 0.854                      | 0.493          |  |                            |
| RES2 | 0.504                        | 0.478                        | 0.675                                  | 0.898                      | 0.619          |  |                            |
| RES3 | 0.433                        | 0.454                        | 0.564                                  | 0.813                      | 0.497          |  |                            |
| RES4 | 0.602                        | 0.518                        | 0.655                                  | 0.854                      | 0.512          |  |                            |
| WE1  | 0.457                        | 0.398                        | 0.444                                  | 0.603                      | 0.924          |  |                            |
| WE2  | 0.325                        | 0.260                        | 0.333                                  | 0.514                      | 0.920          |  |                            |
| WE3  | 0.505                        | 0.434                        | 0.420                                  | 0.602                      | 0.938          |  |                            |

Source: Primary Data

Based on the data in Table 2, each indicator in the research variable had the highest cross loading value on its own variable compared to other variables. This shows that the indicators used have met the discriminant validity well.

In addition to using cross loading, discriminant validity can also be evaluated through average variance extracted (AVE). An indicator is considered valid if the AVE value is more than 0.5, which indicates that the model has good measurement quality (Ghozali, 2021).

Table 3. Average Variance Extracted (AVE)

|                   | Average Variance<br>Extracted (AVE) |
|-------------------|-------------------------------------|
| Emotional Support | 0,777                               |

|                          |       |
|--------------------------|-------|
| Life Satisfaction        | 0,750 |
| Psychological Well Being | 0,853 |
| Resilience               | 0,731 |
| Work Commitment          | 0,860 |

Source: Primary data

Based on the data in Table 3, the AVE scores for Emotional Support, Life Satisfaction, Psychological Well-Being, Resilience, and Work Engagement are all more than 0.5. This shows that each variable has met the discriminant validity well.

#### Composite Reliability

Composite Reliability is used to test the reliability of an indicator in a variable. A variable is said to meet composite reliability if the composite reliability value  $> 0.6$ . The following are the composite reliability values for each variable in this study:

**Table 4.** Composite Reliability.

|                          | Composite reliability (rho_a) | Composite reliability (rho_c) |
|--------------------------|-------------------------------|-------------------------------|
| Emotional Support        | 0,935                         | 0,946                         |
| Life Satisfaction        | 0,942                         | 0,947                         |
| Psychological Well Being | 0,914                         | 0,946                         |
| Resilience               | 0,882                         | 0,916                         |
| Work Commitment          | 0,928                         | 0,949                         |

Source: Primary Data

Based on the data in Table 4, all research variables have a composite reliability value  $> 0.6$ . This indicates that each variable has met the set reliability standards.

#### Cronbach Alpha

The reliability test with the composite reliability above can be strengthened with *Cronbach's Alpha* value. A variable is considered reliable if it has *Cronbach's Alpha*  $> 0.7$  (Eisingerich & Rubera, 2010). The following is the *Cronbach's Alpha* value of each variable used in this study:

**Table 5.** Cronbach's Alpha Results

|                          | Cronbach's alpha |
|--------------------------|------------------|
| Emotional Support        | 0,928            |
| Life Satisfaction        | 0,933            |
| Psychological Well Being | 0,914            |
| Resilience               | 0,877            |
| Work Commitment          | 0,919            |

Source: Primary Data

Based on the data in Table 5, it is known that the *Cronbach's Alpha* value of each research variable  $> 0.7$ . These results show that all variables have met reliability standards.

#### Model Goodness Test (*Goodness of Fit*)

The determination coefficient (R-Square) is used to measure the extent to which endogenous variables are affected by exogenous variables. According to Chin, the  $R^2$  value  $\geq 0.67$  indicates a strong influence,  $0.33 - 0.67$  indicates a moderate influence, and  $0.19 - 0.33$  indicates a weak influence (Ghozali, 2014). Based on the results of data processing using SmartPLS 3.0, the R-Square value was obtained as follows:

**Table 6.** R-square value Result

|                          | R-square | R-square Adjusted |
|--------------------------|----------|-------------------|
| Resilience               | 0,557    | 0,536             |
| Psychological Well Being | 0,742    | 0,725             |

Source: Primary Data

Based on the data in Table 6, the R-Square value for the Resilience variable is 0.557, which means that Emotional Support, Work Engagement, and Life Satisfaction affect Resilience by 55.7%. The R-Square value for the Psychological Well-Being variable was 0.742, indicating that Emotional Support, Work Engagement, Life Satisfaction, and Resilience exerted an influence of 74.2%, which was included in the category of strong influence.

#### Hypothesis Test

Based on the results of data processing, hypothesis testing in this study was carried out by looking at T-Statistics and P-Values values. A hypothesis is stated to be accepted if the P-Values  $< 0.05$  (Yamin & Kurniawan, 2011). The following are the results of the hypothesis test obtained through the inner model:

**Table 7.** T Test Results - *Statistics*

|                             | Original Sample | T statistic | P value |
|-----------------------------|-----------------|-------------|---------|
| Emotional Support           |                 |             |         |
| -> Resilience               | 0,330           | 2,419       | 0,016   |
| Work Commitment             |                 |             |         |
| -> Resilience               | 0,373           | 2,673       | 0,008   |
| Life Satisfaction           |                 |             |         |
| -> Resilience               | 0,235           | 1,484       | 0,138   |
| Emotional Support           |                 |             |         |
| -> Psychological Well-Being | 0,433           | 3,646       | 0,000   |
| Work Engagement             |                 |             |         |
| -> Psychological Well-Being | -0,141          | 1,472       | 0,141   |
| Life Satisfaction           |                 |             |         |
| -> Psychological Well-Being | 0,242           | 2,202       | 0,028   |
| Resilience                  |                 |             |         |
| -> Psychological Well-Being | 0,445           | 3,924       | 0,000   |

|  |       |       |       |
|--|-------|-------|-------|
| Emotional Support<br>> Resilience -><br>Psychological Well-<br>Being | 0,147 | 2,285 | 0,022 |
| Work Engagement<br>> Resilience -><br>Psychological Well<br>Being    | 0,166 | 2,069 | 0,039 |
| Life Satisfaction -><br>Resilience -><br>Psychological Well<br>Being | 0,104 | 1,410 | 0,159 |

Source: Primary data

The results of the hypothesis test showed that Emotional Support and Work Engagement had a positive and significant effect on Resilience (H1 and H2 were accepted), while Life Satisfaction had no significant effect on Resilience (H3 was rejected). Furthermore, Emotional Support and Life Satisfaction had a positive and significant effect on Psychological Well Being (H4 and H6 were accepted), while Work Engagement had no significant effect on Psychological Well Being (H5 was rejected). Resilience has also been shown to have a positive and significant effect on Psychological Well Being (H7 accepted). In addition, Emotional Support and Work Engagement indirectly have a significant effect on Psychological Well-Being through Resilience (H8 and H9 accepted), while Life Satisfaction does not have a significant effect on Psychological Well-Being through Resilience (H10 is rejected).

## Discussion

### The Effect of Emotional Support on Resilience

The results of the hypothesis test showed that Emotional Support had a significant effect on Resilience with a statistical T-value of 2.419 (greater than the T table) and a P-Value of 0.016 (less than 0.05), so that the first hypothesis (H1) was accepted. In the realm of psychology, emotional support plays an important role in increasing an individual's resilience to life's stresses and challenges, as it provides psychological protection that helps individuals develop adaptive strategies in dealing with difficult situations (Gloria & Steinhardt, 2016). Empirical studies also show that individuals with strong emotional support tend to have higher resilience and are able to recover better from hardship or trauma, as described in the study (Shuo et al., 2022), which highlights the role of social support and psychological resilience in improving the well-being of graduate students. In addition, the research (Delgado et al., 2022) Mental health nurses affirm that appropriate support and education strategies can improve resilience and well-being in the work environment, emphasizing the importance of interventions that support mental well-being.

### The Effect of Work Engagement on Resilience

The results of the hypothesis test showed that Work Engagement had a significant effect on Resilience, as shown by the statistical T-value of 2.673 (greater than the T table) and the P-Value of 0.008 (less than 0.05), so that the second hypothesis (H2) was accepted. These findings are in line with previous research that showed that high work engagement can increase an individual's resilience in the face of challenges and stress in the workplace. High Work Engagement reflects strong motivation, energy, and focus on performing tasks, which in turn provides important psychological resources such as a sense of control, competence, and recognition of achievement that allow individuals to respond to pressure adaptively (Lyu et al., 2020). Thus, work engagement not only improves individual performance but also strengthens their resilience in the face of difficult situations, creating a more positive and productive work environment.

High work engagement also contributes to employee psychological well-being by encouraging the use of adaptive strategies in coping with stress, such as seeking social support and developing innovative solutions to face challenges (Clark et al., 2021). Studies show that organizations that invest in workplace well-being can improve employee resilience, work engagement, and productivity, while reducing the risk of mental health issues and absenteeism (R. Radzi et al., 2023). Additionally, workplace resilience has been identified as an important factor in maintaining employee engagement and optimizing project performance. Building a supportive work environment and promoting work engagement can be an effective strategy in increasing individual resilience in the workplace, ultimately contributing to the overall achievement of the organization (Delgado et al., 2022).

### The Effect of Life Satisfaction on Resilience

The results of the hypothesis test showed that Life Satisfaction had no significant effect on Resilience, as shown by the T-statistic value of 1.484 (smaller than the T-table) and the P-Value of 0.138 (greater than 0.05), so the third hypothesis (H3) was rejected. These findings are in line with several studies that show that a person's life satisfaction is not necessarily directly correlated with increased mental resilience. Life Satisfaction is a subjective evaluation of life as a whole, but in the context of stressful nursing, it does not necessarily contribute directly to adaptive ability or mental toughness.

Previous studies, such as those conducted by Kalonia et al. (2023), show that external factors such as work pressure, trauma, or limited resources are more dominant in forming resilience than life satisfaction levels. On the other hand, resilience is more influenced by internal factors such as stress management skills, problem-solving skills, and

social support when facing difficulties. However, this insignificance does not necessarily rule out the possibility of an indirect relationship or moderation role of other variables, such as organizational support or workload, that have not been studied in this study. Thus, the relationship between Life Satisfaction and Resilience is likely to be complex and contextual, depending on the conditions of the work environment and the characteristics of the individual. Therefore, it is recommended that further research explore possible interactions or moderation effects involving other variables, as well as use a longitudinal approach to capture the dynamics of relationships in more depth.

### **The Effect of Emotional Support on Psychological Well-Being**

The results of the hypothesis test show that Emotional Support has a positive and significant influence on Psychological Well-Being. This is shown by a statistical T value of 3.646 which is greater than the T table ( $3.646 > 1.66023$ ) and a P-Value of 0.000 which is smaller than the alpha standard of 5% ( $0.000 < 0.05$ ), so that the fourth hypothesis (H4) is accepted. Thus, the better the emotional support a person receives, the higher the level of psychological well-being. These findings are in line with research (Lara-Cabrera et al., 2021), which suggests that nurses who receive adequate emotional support from colleagues, family, and friends have better levels of psychological well-being. Emotional support helps reduce stress, increase self-esteem, and strengthen mental resilience in the face of high work pressure.

In addition, emotional support also plays an important role in increasing resilience and job satisfaction. Study by (Li et al., 2021) confirms that nurses who feel emotionally supported are better able to manage work pressure and maintain optimal performance. The support system from the family also contributes significantly to nurse resilience, with higher levels of household support correlated with increased mental resilience. In addition, emotional intelligence plays an important role in navigating work pressures, where satisfaction in communication becomes a mediator in the relationship between emotional intelligence and work well-being. Study (Aljarboa et al., 2022) shows that emotional intelligence and resilience are intertwined in improving nurses' well-being, especially in challenging working conditions such as during the COVID-19 pandemic. Healthcare organizations need to develop policies and programs that support positive social interactions, increase emotional intelligence, and provide adequate resources to strengthen the psychological well-being of health workers.

### **The Effect of Work Engagement on Psychological Well-Being**

The results of the hypothesis test showed that Work Engagement did not have a significant effect on Psychological Well-Being. This is shown by a statistical T-value of 1.472 which is smaller than the T table ( $1.472 < 1.66023$ ) and a P-Value of 0.141 which is greater than the standard alpha 5% ( $0.141 > 0.05$ ), so that the fifth hypothesis (H5) is rejected. In other words, increased engagement in work is not always directly proportional to improved psychological well-being.

Some studies support these findings, suggesting that while work engagement can increase job satisfaction and motivation, its impact on psychological well-being still depends on other factors, such as stress levels and workload. In a stressful work environment, highly engaged individuals can still experience excessive stress, which can ultimately hinder their well-being. In addition, the research (Zhang, 2021)) shows that factors such as work-life balance, social support, and stress management strategies play a greater role in determining psychological well-being compared to the level of work involvement itself.

Work engagement contributes to work performance, organizations also need to pay attention to other factors such as stress management and work-life balance to truly improve the psychological well-being of employees.

### **The Effect of Life Satisfaction on Psychological Well-Being**

The results of the hypothesis test show that Life Satisfaction has a significant effect on Psychological Well-Being. This is evidenced by a statistical T value of 2.202 which is larger than the T table ( $2.202 > 1.66023$ ) and a P-Value of 0.028 which is smaller than the alpha standard of 5% ( $0.028 < 0.05$ ). In addition, the path coefficient is positive, indicating that the higher a person's life satisfaction, the better his psychological well-being. Thus, the sixth hypothesis (H6) is accepted, which means that increased Life Satisfaction can increase Psychological Well-Being.

Some studies support these findings, such as the study by Putri (Putri & Setiasih, 2023) who found that the regulation of emotions and self-compassion play a role in increasing life satisfaction, which ultimately has a positive impact on psychological well-being. Individuals with high life satisfaction tend to exhibit positive emotions, as well as experience fewer anxiety and depression, which contributes to their overall well-being. In healthcare workers, increased life satisfaction of nurses can improve their psychological well-being, ultimately impacting the quality of their healthcare services and professional performance. Organizations need to implement strategies to improve life satisfaction to create a healthier work environment and support employee psychological

well-being.

### **The Effect of Resilience on Psychological Well-Being**

The results of the hypothesis test show that Resilience has a significant effect on Psychological Well-Being. This is evidenced by a statistical T value of 3.924 which is larger than the T table ( $3.924 > 1.66023$ ) and a P-Value of 0.000 which is smaller than the alpha standard of 5% ( $0.000 < 0.05$ ). In addition, the path coefficient is positive, which means that the higher a person's level of resilience, the better their psychological well-being. Thus, the seventh hypothesis (H7) is accepted.

Resilience is defined as the ability of an individual to adapt positively and recover from a stressful situation or significant change. In the context of challenging nursing work, nurses with higher levels of resilience tend to have better psychological well-being. This is due to several factors, such as good emotion regulation skills, effective coping strategies, and adequate social support. Individuals with high resilience are also better able to maintain emotional balance, increase self-confidence, and develop a more optimistic outlook on life.

Previous research supports these findings, such as a study by (Chow et al., 2018) which shows that resilience and positive coping strategies can help nursing students cope with stress and improve their well-being. In addition, research by (Labrague, 2021) found that resilience plays a mediator in the relationship between COVID-19 pandemic-related stress, life satisfaction, and psychological well-being in nursing students. Therefore, strengthening the resilience of health workers is an important strategy in improving their psychological well-being, which can ultimately have a positive impact on the quality of the health services they provide.

### **The Effect of Emotional Support on Psychological Well-Being Mediated by Resilience**

The results of hypothesis testing showed that Emotional Support had a significant effect on Psychological Well-Being through Resilience. This is evidenced by a statistical T value of 2.285 which is larger than the T table ( $2.285 > 1.66023$ ) and a P-Value of 0.022 which is smaller than the alpha standard of 5% ( $0.022 < 0.05$ ). A positive path coefficient value indicates that the higher the Emotional Support, the better the Resilience, which ultimately increases Psychological Well-Being. Thus, the eighth hypothesis (H8) is accepted.

Emotional support has an important role in improving psychological well-being through mental resilience. Emotional support, such as the attention, understanding, and empathy of others, helps individuals cope with stress and maintain emotional stability. Study by (Koamesah et al., 2022) shows that Emotional Support increases

Resilience, which then has a positive impact on Psychological Well-Being, especially in stressful professions such as health workers. (Frias et al., 2020) It also found that emotional support helps build resilience that facilitates stress management in a demanding work environment. In addition, research by (Ortiz-Calvo et al., 2022) emphasizing that Emotional Support strengthens mental resilience and improves quality of life, so that interventions that strengthen emotional support can be an effective strategy in improving the psychological well-being of medical personnel.

### **The Effect of Work Engagement on Psychological Well-Being Mediated by Resilience**

The results of the hypothesis test showed that Work Engagement had a significant effect on Psychological Well-Being through Resilience, with a statistical T value of 2.069 which was greater than the T table ( $2.069 > 1.66023$ ) and a P-Value of 0.039 which was smaller than the alpha standard of 5% ( $0.039 < 0.05$ ). This shows that the higher a person's involvement in their work, the greater the mental resilience they have, so that it has a positive impact on psychological well-being. Thus, the ninth hypothesis (H9) is accepted, which means that Resilience plays a mediator role in the relationship between Work Engagement and Psychological Well-Being.

Work Engagement reflects a sense of enthusiasm, dedication, and perseverance in the job that can improve an individual's psychological well-being, especially in a stressful work environment. Research by (Sari et al., 2022) found that Work Engagement can directly improve psychological well-being, but the effects are even stronger when individuals have high mental resilience. High Work Engagement tends to be more motivated and productive, while Resilience helps them better face work challenges. Thus, the higher the level of Resilience a person, the greater the positive impact of Work Engagement on Psychological Well-Being, because individuals with good resilience are better able to manage stress and maintain their emotional balance.

### **The Effect of Life Satisfaction on Psychological Well-Being Mediated by Resilience**

The results of the hypothesis test showed that Life Satisfaction had no significant effect on Psychological Well-Being through Resilience, with a statistical T value of 1.410 which was smaller than the T table ( $1.410 < 1.66023$ ) and a P-Value of 0.159 which was greater than the standard alpha 5% ( $0.159 > 0.05$ ). This shows that even though a person has a high level of life satisfaction, the mental resilience factor is not always an effective link in improving psychological well-being. Thus, the tenth hypothesis (H10) is rejected, which indicates that better Life Satisfaction does not

directly improve Psychological Well-Being through Resilience.

Resilience's inability to mediate in this relationship can be caused by a variety of external and internal factors that are more complex in determining psychological well-being. Although life satisfaction is often associated with a positive outlook on life, external factors such as work pressure, social conflicts, and imbalances between personal and professional life can inhibit its positive impact on psychological well-being. Research (Karagöz et al., 2021) suggests that the relationship between Life Satisfaction and Psychological Well-Being is more influenced by other factors such as self-control, social support, and the achievement of life goals, which are not always directly related to mental resilience. Therefore, a broader understanding of the factors that contribute to psychological well-being is needed, taking into account a variety of variables other than Resilience as the primary mediator.

### Conclusion

Based on the results of the study, it was found that emotional support and work engagement had a positive and significant effect on resilience, while life satisfaction had no effect on resilience. In addition, emotional support and life satisfaction have a positive and significant effect on psychological well-being, while work engagement has no effect on psychological well-being. Resilience has also been proven to have a positive and significant effect on psychological well-being. Furthermore, resilience is able to mediate the influence of emotional support and work engagement on psychological well-being, but it is unable to mediate the effect of life satisfaction on psychological well-being. These findings suggest that emotional support and engagement in work play an important role in building mental resilience that impacts psychological well-being, while life satisfaction does not necessarily strengthen resilience as an intermediate factor in improving psychological well-being. Therefore, it is suggested that further research can explore other factors that may play a role in shaping resilience, such as workload, organizational support, or transformative leadership. In addition, testing models on different hospitals or other health profession populations can reinforce the generalization of findings as well as provide a broader understanding of the factors that affect the psychological well-being of health workers in various work situations.

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