

THE POWER OF SELF-EFFICACY ON NURSE PERFORMANCE PASCA-COVID-19: THE MODERATING ROLE OF EMPLOYEE ENGAGEMENT

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Abstract

This study aims to analyze the effect of self-efficacy on nurse performance post-COVID-19 pandemic, moderated by employee engagement in university-affiliated hospitals in West Java. Self-efficacy and employee engagement are considered two internal factors that contribute to improving nurse performance post-COVID-19. This study uses a quantitative approach. Data were collected through questionnaires distributed to nurses working in hospitals managed by universities in West Java, including Muhammadiyah University Hospital Cirebon, Islamic University Hospital Bandung, Karsa Medika Hospital Superior Hospital, Christian University of Maranatha, and Padjajaran University Hospital. Then the data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM) based on 160 responses. The results showed that self-efficacy had a positive and significant effect on nurse performance. Likewise, employee engagement significantly moderated the relationship between self-efficacy and nurse performance. These findings highlight the importance of improving self-efficacy and promoting engagement among nurses to improve the quality of hospital services. Based on these results, it is recommended that hospital management develop training programs to strengthen nurses' self-efficacy and create a work environment that encourages continued engagement.

Keywords: Self-Efficacy, Employee Engagement, Nurse Performance

INTRODUCTION

The COVID-19 pandemic has brought significant changes to the work environment of healthcare professionals, particularly nurses, who face intense physical and psychological pressures. In the aftermath of the pandemic, it is essential for nurses to enhance their performance to ensure that healthcare services remain of high quality, especially given new challenges such as changes in work methods, increased workloads, and ongoing health risks. Therefore, a deep understanding of the psychological factors influencing nurses' performance, particularly self-efficacy and employee engagement, is crucial.

The role of self-efficacy during and after COVID-19 reflects an individual's belief in their ability to effectively complete tasks. In the nursing field, research (Chhajer et al., 2018) indicates that when nurses have confidence in their abilities, they become more mentally, emotionally, and physically engaged in their work, ultimately leading to improved performance. Tian et al. (2019) further support this finding, stating that nurses who believe in themselves tend to be more motivated, more involved, and demonstrate better performance. After the COVID-19 pandemic, nurses continue to face high work pressures, such as excessive patient loads and sudden clinical situations, which can diminish self-efficacy and slow decision-making. This suggests that self-efficacy is not solely dependent on individual abilities but is also influenced by working conditions. These findings align with Rošková & Faragová (2020), who note that while confident nurses are better at decision-making and stress management, their levels of self-confidence can vary depending on the situation. This underscores the importance of a supportive work environment in maintaining the stability of self-efficacy and performance among nurses.

During the COVID-19 pandemic, nurses faced unprecedented and extraordinary professional challenges. They had to care for critically ill patients amidst limitations in personal protective equipment, constantly changing work protocols, and psychological pressures such as anxiety, confusion, unstable moods, and restlessness (Penturij-Kloks et al., 2023). In this context, employee engagement served as a vital psychological energy, encouraging nurses to remain productive and provide the best care possible despite operating in a state of uncertainty (Chhajer et al., 2018). However, even after the pandemic, challenges persist. Although motivation is high at the beginning of shifts, it tends to decline by the end, especially when managing a large number of patients. A lack of coordination between shifts and a less supportive work environment further diminish engagement. This indicates that, despite nurses' potential, low levels of work engagement can hinder the quality of care provided. Therefore, strengthening employee engagement and enhancing self-efficacy are crucial for supporting nurses' performance during the recovery phase.

The performance of nurses post-COVID-19 is not solely based on their technical skills in completing tasks, but also on their adaptability and psychological resilience. Nurses are facing challenges such as increased workloads, changes in protocols, and prolonged emotional exhaustion. Consequently, nurse performance encompasses three main dimensions: task performance, adaptive performance, and contextual performance (Mujeeb et al., 2021). In this context, self-efficacy and employee engagement emerge as crucial factors that support nurses' motivation, resilience, and involvement in maintaining service quality amid the pressures of post-pandemic work (Chhajer et al., 2018; Tian et al., 2019).

A significant innovation is the integration of self-efficacy and employee engagement into a single model to explain nurse performance. Unlike previous studies that examined these variables separately, this research demonstrates that both factors contribute directly and indirectly through enhanced personal initiative (Lisbona et al., 2018). Applying this model in the context of post-pandemic nursing adds an important dimension, especially given the increasingly complex challenges in the workplace. Thus, this study presents novel insights into the role of psychological factors in achieving a more comprehensive understanding of nurse performance.

LITERATURE REVIEW

Self-Efficacy

Self-efficacy is defined as an individual's belief in their ability to organize and execute the actions required to achieve a specific outcome in a given situation (Li, 2020). Furthermore, self-efficacy plays an important role in regulating motivation, mindset, behavioral choices, effort exerted, and resilience in facing difficulties (Schunk & DiBenedetto, 2021). In its implementation in various fields such as education, nursing, and social rehabilitation, self-efficacy becomes an important indicator in shaping adaptive behavioral outcomes (Rahmawati et al., 2020). In line with this, self-efficacy is an individual's internal belief regarding their ability to complete a task, as well as an evaluation of self-control over the behaviors and activities performed (Chen et al., 2022). Additionally, self-efficacy refers to an individual's belief in their own ability to organize and execute the necessary actions to achieve goals or complete specific tasks (Saleem et al., 2021).

Nurse Performance

Conceptually, performance is defined as the level of task achievement undertaken by an individual in accordance with the standards set by the organization (Kellner et al., 2019). Performance not only reflects observable and measurable work results but also includes both direct and indirect behaviors that contribute to the success of the organization (Luo et al., 2021). In this context, performance reflects an individual's ability to achieve organizational goals through measurable and sustainable contributions (Awan et al., 2020). Furthermore, performance is also understood as the overall result or level of success of an individual over a certain period in carrying out tasks based on agreed-upon criteria (Adawiah & Asmini, 2023). Therefore, performance becomes

the standard of an employee's work results; when an employee demonstrates good performance, it will contribute to the improvement of organizational performance, and vice versa (Maretta et al., 2022).

Employee Engagement

Engagement is a multifaceted concept that relates to the emotional, cognitive, and behavioral involvement of employees in their work and the organizations they work for (Sun & Bunchapattanasakda, 2019). Engagement reflects basic human desires and motivations such as achievement, autonomy, and connection. It can be viewed as a result of intrinsic motivation fulfilled through work design and a supportive company culture. According to research (Aldoy & McIntosh, 2023), there is no single consensus on the definition of employee engagement; most literature believes that engagement is influenced by organizational, job, and personal aspects. Engagement is defined as a mood or psychological state in which an individual prioritizes job performance over the organization (C. J. Wang & Tseng, 2019). Engagement as a meaningful learning process enhances competence while simultaneously fostering emotional and psychological attachment to the company (Kumah, 2024).

HYPOTHESIS FORMULATION

The Impact of Self-Efficacy on Nurse Performance

Post-COVID-19 pandemic, the role of self-efficacy in nurses' performance faces a new and quite complex challenge. Thai et al. (2024) show that although self-efficacy positively contributes to performance, its influence is not always stable, especially in high-pressure work situations. This is reinforced by Mujeeb et al. (2021), who emphasize that self-efficacy needs to be supported by a conducive work environment for its impact on performance to be optimal. In the field, many nurses who initially felt confident actually experienced a decline in performance due to physical and mental exhaustion as well as uncertainty in the constantly changing work system. Psychological pressure, procedural changes, and a high patient load often weaken nurses' confidence in their abilities, even though they are technically competent in their duties.

The research by De Los Santos & Labrague (2021) supports this finding, showing that although nurses have a high level of self-efficacy, burnout and emotional pressure during the pandemic significantly reduced their performance. Moreover, Zhang et al. (2022) emphasize that self-efficacy acts as a mediator between work stress and performance, but its influence can diminish without organizational support such as supportive leadership and a stable work system. This emphasizes that personal ability alone is not enough to maintain performance if it is not balanced with adequate systemic support. Researchers also warn that the COVID-19 pandemic can cause widespread emotional trauma, as revealed by (C. J. Wang & Tseng, 2019), which adds complexity to the psychological challenges that healthcare workers, including nurses, must face.

H1: The Impact of Self-Efficacy on Nurse Performance is Significant

The Moderating Role of Employee Engagement in the Influence of Self-Efficacy on Nurse Performance

The analysis revealed that employee engagement does not moderate the effect of self-efficacy on nurse performance. This means that the level of engagement does not strengthen or weaken the relationship between individual confidence and work outcomes. This result aligns with findings from Bhatti, Alshagawi, and Juhari (2018), who studied the relationship between personal resources, including self-efficacy and nurse performance and found that work engagement acted as a full mediator rather than a moderator. This suggests that self-efficacy influences performance indirectly, through its effect on engagement, which in turn contributes to improved performance. In other words, nurses' confidence in their abilities leads to higher work engagement, and this engagement directly drives optimal performance (Bhatti et al., 2018).

A similar study by Carrillo-García et al. (2019) in Spain found that self-efficacy affects how committed employees are to their organization, with employee engagement playing a key role in this process. This strengthens the argument that engagement does not serve as a conditional factor that alters the strength of the relationship between self-efficacy and organizational outcomes. Rather, it functions as a psychological transmission mechanism, illuminating the transformation of personal resources into optimal performance outcomes.

According to the Job Demands–Resources (JD-R) theory, self-efficacy is seen as a personal resource that can encourage engagement, but it doesn't change how personal resources relate to performance outcomes (Bakker & Demerouti, 2020). Therefore, the results indicate that although self-efficacy is a significant predictor of performance, employee engagement does not function as a moderating variable, an observation also reflected in several previous studies in the nursing field. This finding is further supported by a systematic review from Zhang et al. (2018), which found self-efficacy to be a strong predictor relatively unaffected by other contextual variables. The practical implication is that programs designed to boost nurse performance should work on building self-efficacy to create confidence and engagement to motivate change, instead of depending on engagement to strengthen the link between self-efficacy and performance.

H2: The Moderating Role of Employee Engagement in the Influence of Self-Efficacy on Nurse Performance

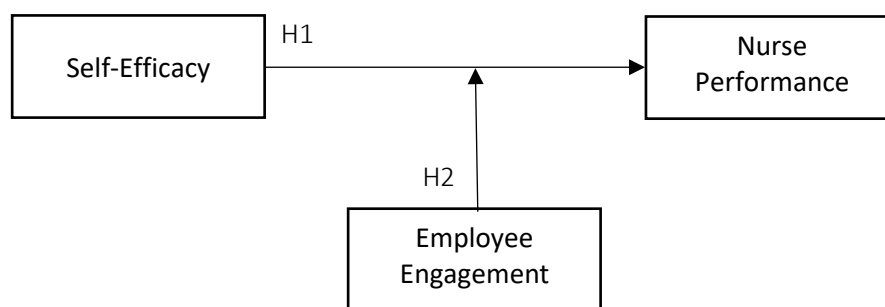


Figure 1. Conceptual framework

RESEARCH METHODS

This study adopted a quantitative approach using hypothesis testing to assess the influence of self-efficacy on nurse performance in the post-pandemic context, moderated by employee engagement. The research tested two primary hypotheses that focused on the relationships between self-efficacy, nurse performance, and employee engagement. Data were analyzed using the Partial Least Squares Structural Equation Modeling (PLS-SEM) technique. The population of the study consisted of nurses employed at four university-affiliated hospitals in West Java, namely Muhammadiyah University Cirebon Hospital (UMC) with 100 nurses, Islamic University Bandung Hospital (UNISBA) with 171 nurses, Unggul Karsa Medika Hospital of Christian Maranatha University with 74 nurses, and Padjadjaran University Hospital (UNPAD) with 160 nurses. In total, the population included 505 nurses.

Sampling was conducted using a non-probability method, specifically purposive sampling, resulting in 160 respondents: 32 from UMC, 54 from UNISBA, 23 from Unggul Karsa Medika Hospital, and 51 from UNPAD. Data were collected online using a questionnaire distributed via Google Forms, employing a 5-point Likert scale for measurement. The collected data were processed using SmartPLS version 4.0. This study examined three variables: self-efficacy, nurse performance, and employee engagement. The measurement indicators for each variable were as follows:

Table 1. Measurement Indicators

No	Variable	Measuring Indicators
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1	Self-Efficacy (Said, dkk, 2023)	1. the ability to complete tasks 2. self-motivation 3. ability to overcome difficulties	4. belief in one's effort 5. confidence in performing 6. specific task completion
2	Nurse Performance (Fauzan, dkk 2021)	1. accuracy 2. precision 3. skill 4. speed 5. ability	6. task completion 7. decision-making 8. teamwork 9. cohesiveness
3	Employee Engagement (Schaufeli 2006)	1. high energy 2. mental resilience 3. exerting best effort 4. persistence through challenges 5. enthusiasm 6. inspirational attitude	7. pride in work 8. enjoyment of challenges 9. deep concentration 10. a sense of being involved 11. perceiving time to pass quickly while working

RESULTS AND DISCUSSION

This study involved 160 nurse respondents from four university-affiliated hospitals in West Java. Based on demographic data, the majority of respondents were female (80%), while male respondents accounted for 20%. In terms of age, 11.3% of respondents were under 25 years old, 57.5% were between 25 and 35 years old, 23.8% were 36–45 years old, and 7.5% were over 45 years old. Regarding education, 18.8% held a high school diploma, 52.5% had an associate degree (Diploma 3), and 28.7% had a bachelor's degree or higher (Strata 1). For work experience, 8.8% had worked less than one year, 42.5% had 1–5 years of experience, 31.3% had 6–10 years, and 17.5% had worked for over 10 years.

Outer Model Analysis

The outer model analysis in SmartPLS aims to evaluate the ability of indicators to represent their respective variables. This analysis includes tests of convergent validity, discriminant validity, as well as construct validity and reliability. The first test conducted was the convergent validity test, which assesses the validity of indicators in this study. The criterion used for this test is a loading factor value greater than 0.7. The results of this analysis are presented as follows:

Figure 2. Convergent Validity

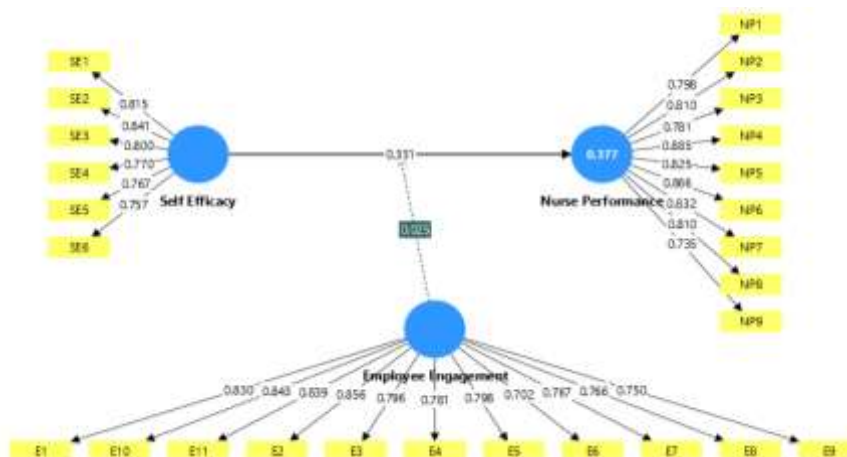


Table 2. Loading Factor

Indicators	Loading Factors	Validity
SE1	0.815	Valid

SE2	0.841	Valid
SE3	0.800	Valid
SE4	0.770	Valid
SE5	0.767	Valid
SE6	0.757	Valid
NP1	0.798	Valid
NP2	0.810	Valid
NP3	0.781	Valid
NP4	0.885	Valid
NP5	0.825	Valid
NP6	0.866	Valid
NP7	0.832	Valid
NP8	0.810	Valid
NP9	0.735	Valid
EE1	0.830	Valid
EE2	0.843	Valid
EE3	0.839	Valid
EE4	0.856	Valid
EE5	0.796	Valid
EE6	0.781	Valid
EE7	0.798	Valid
EE8	0.702	Valid
EE9	0.767	Valid
EE10	0.766	Valid
EE11	0.750	Valid

Table 2 presents the results of the convergent validity analysis, indicating that all indicators in this study have loading factor values greater than 0.7. These results confirm the validity of all the indicators. Indicator validity signifies that the research instrument is capable of accurately measuring the intended construct, meaning there is alignment between the collected data and the actual conditions of the object being studied.

The next outer model analysis is discriminant validity, which aims to assess the extent to which each indicator accurately measures its respective variable and is not confused with other variables. Discriminant validity testing is conducted using cross-loading analysis, in which an indicator is considered valid if the square root of the Average Variance Extracted (AVE) is highest for its corresponding variable. The results of this analysis are shown in Table 3.

Table 3. Discriminant Validity

	Self-Efficacy	Nurse Performance	Employee Engagement
SE1	0.815	0.411	0.294
SE2	0.841	0.437	0.292
SE3	0.800	0.389	0.293
SE4	0.770	0.325	0.176
SE5	0.767	0.243	0.135
SE6	0.757	0.305	0.152
NP1	0.478	0.798	0.509
NP2	0.475	0.810	0.506

NP3	0.352	0.781	0.388
NP4	0.377	0.885	0.431
NP5	0.291	0.825	0.403
NP6	0.381	0.866	0.377
NP7	0.348	0.832	0.438
NP8	0.271	0.810	0.412
NP9	0.304	0.735	0.329
EE1	0.345	0.465	0.830
EE2	0.332	0.464	0.856
EE3	0.227	0.402	0.796
EE4	0.170	0.350	0.781
EE5	0.179	0.376	0.798
EE6	0.131	0.311	0.702
EE7	0.179	0.348	0.767
EE8	0.110	0.376	0.766
EE9	0.227	0.400	0.750
EE10	0.297	0.506	0.843
EE11	0.297	0.513	0.839

Table 3 shows that all indicators have the highest cross-loading values within their respective variable groups. These results indicate that each indicator accurately measures its intended variable, confirming that the data obtained in this study meet the criteria for discriminant validity and can be used for further analysis.

The next step in the outer model analysis includes testing for construct validity and construct reliability, which aim to assess the validity and reliability of the variables. This study analyzed three variables, with the results presented in Table 4.

Table 4. Construct Validity And Construct Reliability

	Composite reliability (rho_c)	Average variance extracted (AVE)
Self-efficacy	0.910	0.628
Nurse Performance	0.947	0.667
Employee Engagement	0.949	0.632

Table 4 presents the results of the construct validity and reliability tests. The criterion used is that a variable must have a composite reliability value of at least 0.7 to be considered valid. The analysis results show that all variables meet this criterion, indicating that they are valid and reliable. These findings demonstrate that the study has successfully passed all outer model assessments and can proceed to the inner model analysis.

Inner Model Analysis

The purpose of the inner model analysis is to examine the relationships between variables and to assess the model's goodness of fit. This analysis consists of several stages, which include testing the coefficient of determination (R^2), assessing the goodness of fit, and conducting hypothesis testing using path analysis. The first analysis conducted is the coefficient of determination, which aims to determine the extent to which the independent variables influence the dependent variable. The results of this analysis are presented in Table 5.

Tabel 5. R-Square

	R-square
Nurse Performance	0.377

Table 5 shows that there is one dependent variable in this study, namely nurse performance. The results of the coefficient of determination (R^2) analysis show that 37.7% of nurse performance can be explained by the independent variables in the model.

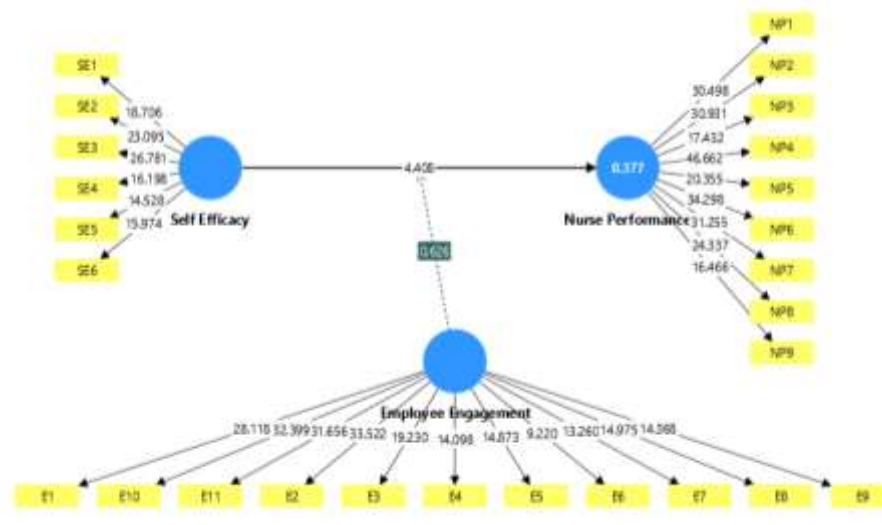
The next test is the goodness of fit, which evaluates the adequacy of the model used in this study. The goodness of fit is calculated by taking the square root of the average of the AVE and R-square values. The criteria used classify the model as having a medium fit if the value is greater than 0.25 and a large fit if the value exceeds 0.36. The analysis results are presented in Table 5.

Table 6. Goodness of fit

	Average variance extracted (AVE)	R-square
Self-Efficacy	0.628	
Nurse Performance	0.667	
Employee Engagement	0.632	0.368
Average	0.642	0.368
GOF	0.486	

Table 6 shows a GoF (Goodness of Fit) value of 0.486, which is greater than 0.36. Therefore, we can conclude that the research model exhibits a large GoF value. This result indicates that the model has a satisfactory level of adequacy.

Figure 3. Bootstrapping Analysis Output



The next analysis is hypothesis testing, which was conducted using the bootstrapping method. This testing is based on the path coefficient values obtained from data processing using SmartPLS software. The results of the analysis are presented in Table 7.

Table 7. Path Analysis

	Original sample	T statistics	P Values	Results
Self-Efficacy -> Nurse performance	0,331	4,408	0,000	H1 Supported

Self-Efficacy performance Employee Engagement	-> Nurse moderating Employee Engagement	0,531	0,626	0,531	H2 Not Supported
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Table 7 presents the results of hypothesis testing in this study. The criteria for a positive effect are met if the estimated value is positive. The significance of the effect is determined based on the following thresholds: a t-statistic greater than 1.96 and a p-value less than 0.05. The test results indicate that:

The Effect of Self-Efficacy on Nurse Performance

Based on the path coefficient analysis, the magnitude of the effect of self-efficacy on nurse performance is 0.331, indicating a positive and direct relationship. We expect a one-unit increase in self-efficacy to boost nurse performance by 0.331 units. This finding confirms that self-efficacy is an important factor that drives nurses to work more effectively, adaptively, and consistently in facing work pressures during the post-pandemic era. The t-statistic value of 4.408, which far exceeds the critical threshold of 1.96 at the 5% significance level, indicates that this effect is statistically significant. Thus, the effect did not occur by chance but reflects a reliable causal relationship within the context of this study.

Moreover, the p-value of 0.000 further supports this conclusion, as it indicates an extremely low probability that the result occurred by chance. This finding is consistent with previous studies that show individuals with high levels of self-efficacy tend to demonstrate stronger intrinsic motivation, greater persistence in completing tasks, and better adaptability in dynamic work environments (Tian et al., 2019; Rošková & Faragová, 2020). So, this study clearly proves the first hypothesis and offers valuable insights for improving human resource management strategies in healthcare, especially in creating programs to boost nurses' self-efficacy as we recover from the pandemic.

The Moderating Role of Employee Engagement in the Effect of Self-Efficacy on Nurse Performance

The coefficient value of 0.531 indicates that employee engagement does not have a significant moderating role in the relationship between self-efficacy and nurse performance. Although theoretically, engagement could enhance the positive effect of self-efficacy on job performance, the empirical results of this study do not support such a relationship. The t-statistic value of 0.625, which is well below the significance threshold of 1.96, and the p-value of 0.531, indicate that this moderating relationship is not statistically significant. Therefore, in this context, employee engagement functions only as an additional variable and does not strengthen the primary relationship within the tested structural model.

Although theoretically, employee engagement is considered capable of strengthening the influence of self-efficacy on performance, the results of this study indicate that nurses' work engagement does not play that role. This means that nurses who have high self-efficacy in performing their tasks do not necessarily show higher performance just because they feel emotionally and psychologically engaged in their work. This indicates that employee engagement is not strong enough to change or strengthen the influence of self-efficacy on performance, and this is closely related to the actual conditions of human resource management in hospitals affiliated with universities in West Java. Therefore, employee engagement cannot yet be considered a significant enhancer in the relationship between nurses' self-efficacy and their work performance, especially if it is not accompanied by improvements in work systems, managerial support, and human resource management strategies that are responsive to the psychological needs of healthcare workers.

These findings are consistent with the study by Y. Wang et al. (2023), which shows that healthcare workers' work engagement became unstable post-COVID-19 pandemic due to increased emotional exhaustion, work overload, and minimal organizational support. In such conditions, engagement becomes weak and unable to perform its psychological function as a supporter or

enhancer of performance. A similar point is made by Rošková & Faragová (2020), who explain that the quality of the work environment and managerial support are key factors in maintaining engagement consistency, especially in the dynamic and high-risk healthcare sector for burnout. This statement is highly relevant in the context of teaching hospitals, where administrative demands, academic supervision pressures, and managerial limitations often become structural barriers that weaken nurses' work engagement. Further research is recommended to explore the conditions and mechanisms that allow engagement to function as an effective moderator in the healthcare context.

DISCUSSION

The results of this study confirm that self-efficacy has a significant influence on nurse performance in the post-COVID-19 period, with a coefficient value of 0.331 and a p-value < 0.001 . This finding reinforces Bandura's (2006) social cognitive theory, which states that an individual's belief in their abilities is a primary predictor of behavior and job performance. In the nursing context, nurses with high self-efficacy have been proven to better manage work-related stress, adapt to clinical dynamics, and maintain the quality of care under high-pressure conditions (Tian et al., 2019).

However, the study also reveals that employee engagement does not play a significant moderating role in strengthening the relationship between self-efficacy and nurse performance. Although the moderation coefficient is positive (0.531), the low t-statistic value (0.625) and p-value above the significance threshold indicate that this relationship is not statistically supported. This finding is consistent with a study by Rošková & Faragová (2020), which found that engagement tends to fluctuate in high-stress work conditions and requires stable organizational support to function optimally as a performance enhancer.

The insignificance of this moderating effect suggests that while work engagement is conceptually important, in practice, there are external factors that may weaken its influence—such as physical fatigue, work overload, and lack of managerial support systems. Wang et al. (2023) also emphasized that post-pandemic engagement has become unstable due to burnout and systemic pressures, thereby limiting its effectiveness as a moderating variable. The result implies that strategies to enhance engagement must be integrated with improvements in working conditions and organizational support systems, rather than focusing solely on individual psychological aspects.

In addition, the R-square value of 0.377 indicates that the model is able to explain only about 37.7% of the variance in nurse performance. This suggests the presence of other contributing variables that were not explored in this study, such as burnout, work-life balance, organizational culture, and leadership support, as highlighted in the studies of Melissa (2025) and Mujeeb et al. (2021).

CONCLUSION

This study demonstrates that self-efficacy, an individual's belief in their abilities has a positive and significant effect on nurse performance in hospitals during the post-COVID-19 period. Self-efficacy motivates nurses to remain productive, adaptive, and capable of handling high clinical work pressure. However, although employee engagement is theoretically considered a factor that could strengthen this relationship, the study findings indicate that its role as a moderating variable is not statistically significant. The research, which used a quantitative method called PLS-SEM and involved 160 nurses from four hospitals in West Java, shows that self-efficacy helps improve nurse performance directly, but employee engagement does not significantly enhance this effect in the situation studied.

Based on these findings, it is recommended that future studies consider developing models that include other relevant variables such as workload, work-life balance, and burnout to further examine their roles in enhancing nurse performance. Additionally, conducting research in different hospital settings is also suggested to broaden the theoretical and practical contributions to human resource management in the healthcare service sector.

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