

THE INFLUENCE OF PSYCHOLOGICAL CAPITAL, MORAL RESILIENCE, AND ADAPTIVE DECISION-MAKING ON BURNOUT REDUCTION AMONG HEALTHCARE WORKERS AT INTERNATIONAL HEALTHCARE FACILITIES

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ABSTRACT

This study aims to analyze the influence of *Psychological Capital* comprising *self-efficacy*, *hope*, *optimism*, and *psychological resilience* as well as *moral resilience* on *adaptive decision-making* and its implications for *burnout reduction* among healthcare workers. This study employs a non-experimental quantitative design using a *cross-sectional survey* approach, which allows researchers to identify relationships among variables at a single point in time without treatment manipulation. This approach is suitable for analyzing simultaneous relationships among variables, as recommended in *Partial Least Squares Structural Equation Modeling (PLS-SEM)* analysis (Hair et al., 2021). The study population consisted of all healthcare workers actively serving patients at Two International Healthcare Facilities in Bali, namely BIMC Kuta Hospital and Main Clinic BIMC Ubud, including nurses, doctors, and other clinical staff who interact directly with patients. *Total sampling* was used in this study, with a sample size of 165 healthcare workers. The results indicate that *hope*, *optimism*, *psychological resilience*, and *moral resilience* have a positive influence on *adaptive decision-making*. Conversely, *self-efficacy* does not show a significant influence on adaptive decision-making ability. Additionally, this study found that *adaptive decision-making* has a positive influence on *burnout reduction*, suggesting that an individual's ability to adapt decisions to dynamic work situations can help reduce levels of work-related exhaustion. These findings underscore the importance of developing positive psychological resources and adaptive decision-making skills in supporting the psychological well-being of healthcare workers in complex and dynamic work environments.

KEYWORDS: psychological capital, moral resilience, adaptive decision-making, burnout reduction, healthcare workers, PLS-SEM.

INTRODUCTION

The background of this study stems from the global phenomenon of high *burnout* rates among healthcare workers. *Burnout* is a condition of physical, emotional, and mental exhaustion resulting from chronic workplace stress, which negatively impacts the quality of care, patient safety, and the well-being of healthcare workers themselves (Wu et al., 2025). The COVID-19 pandemic has further exacerbated this situation, placing extraordinary work-related pressure on healthcare workers, including those at International Healthcare Facilities in Bali, which serve as medical hubs for both the local community and international tourists. This situation demands that healthcare workers remain adaptive in their decision-making while maintaining professional integrity, thereby creating an urgent need to understand the psychological factors that can reduce *burnout*.

One factor considered capable of influencing healthcare workers' resilience is *Psychological Capital*, which comprises *self-efficacy*, *hope*, *optimism*, and *Psychological Resilience* (El-Ashry et al., 2025; Slåtten, Mutonyi, & Lien, 2020; Aydin & Demir, 2023). *Self-efficacy* refers to an individual's belief in their own ability to complete complex tasks and face challenges, including in adaptive clinical decision-making (Achury-Saldaña, De-Villalobos, & Fuentes-Ramírez, 2025; Durand et al., 2021). *Hope* provides healthcare workers with direction and motivation to achieve goals, even when facing significant obstacles, thereby enhancing the effectiveness of *Adaptive Decision-Making* (Zhang et al., 2021). Meanwhile, *optimism* fosters a positive outlook on challenging situations, allowing healthcare workers to remain focused and productive in adaptive decision-making (De Castro et al., 2025; Lench et al., 2021). *Psychological Resilience* enables individuals to recover from work-related stress and adapt quickly to changes in the clinical environment, which is key to preventing *Burnout* (Wu et al., 2025). In addition to *Psychological Capital*, *Moral Resilience* is also a critical factor in the context of adaptive decision-making. *Moral Resilience* is the ability of healthcare workers to maintain integrity and ethical values when facing moral dilemmas and emotional stress, which frequently arise in daily clinical practice (Hissink et al., 2025). Healthcare workers with strong *Moral Resilience* are able to make ethically and professionally sound decisions, thereby reducing the risk of *Burnout* associated with moral conflicts. Thus, *Adaptive Decision-Making* emerges

as a mechanism linking *Psychological Capital* and *Moral Resilience* to *Burnout* reduction, while also reflecting healthcare workers' adaptive capacity in dealing with complex and dynamic situations (Alharbi et al., 2025). Although many studies emphasize the role of *Psychological Capital* and *Moral Resilience* in healthcare workers' well-being, research comprehensively examining the relationship between components of *Psychological Capital*, *Moral Resilience*, *Adaptive Decision-Making*, and *Burnout* in the context of International Healthcare Facilities remains limited, particularly in Indonesia. Empirical data from Bali, which features International Healthcare Facilities with multinational workloads and high patient complexity, has rarely been systematically analyzed. This creates a *research gap* regarding the understanding of how psychological and moral factors contribute to adaptive decision-making to reduce *burnout*.

The urgency of this study stems from the pressing need to improve the quality of healthcare services and the well-being of healthcare workers through appropriate psychological and moral approaches. The novelty of this study lies in the integration of *Psychological Capital*, *Moral Resilience*, and *Adaptive Decision-Making* into a *burnout* prediction model—an area that has not yet been extensively explored in the context of International Healthcare Facilities in Indonesia. The research findings are expected to provide a scientific basis for the development of psychological interventions and moral training that enhance healthcare workers' adaptive capabilities while effectively reducing the risk of *burnout*.

Thus, this study emphasizes the importance of understanding the roles of *Self-efficacy*, *Hope*, *Optimism*, and *Psychological Resilience*, as well as *Moral Resilience*, in shaping *Adaptive Decision-Making*, which in turn can serve as a key strategy in reducing *burnout* among healthcare workers in International Healthcare Facilities in Bali.

LITERATURE REVIEW

Self-efficacy

Self-efficacy is defined as an individual's belief in their ability to initiate, execute, and sustain the behaviors required to address specific challenges, including those in health and work contexts. Achury-Saldaña et al. (2025) explain that *self-efficacy* in individuals, particularly those with chronic conditions, has evolved as the ability to manage physical and psychological demands over time. In the context of professional work, the role of *self-efficacy* is crucial because it relates to self-confidence in taking on roles, sharing knowledge, and supporting effective decision-making, as demonstrated by Durand et al. (2021), who found that *informational role self-efficacy* plays a significant role in interprofessional collaboration and decision-making. Thus, *self-efficacy* serves as a psychological foundation that encourages individuals to act adaptively in various complex situations.

Hope

Hope refers to an individual's psychological ability to set goals and develop pathways and motivation (*agency*) to achieve them, particularly in high-pressure situations. Zhang et al. (2021) emphasize that *hope* serves as a protective mechanism that can reduce stress and improve mental health, especially among healthcare workers facing severe stress, such as during a pandemic. *Hope* encourages individuals to remain solution-oriented and maintain the psychological energy to move forward despite facing uncertainty. Thus, *hope* serves as a vital psychological resource that enhances an individual's ability to make adaptive decisions when facing challenging situations.

Optimism

Optimism refers to an individual's tendency to expect positive outcomes in the future and interpret situations more adaptively. De Castro et al. (2025) demonstrate that *optimism* can be functional when individuals are able to balance positive expectations with perceptions of reality, thereby aiding in the accurate assessment of situations and the making of effective decisions. Additionally, Lench et al. (2021) emphasize that *optimism* enhances positive emotions, motivation, and an individual's readiness to work harder toward achieving goals. Overall, *optimism* contributes to adaptive decision-making ability because optimistic individuals are better at identifying opportunities, remain calm in the face of uncertainty, and possess a more constructive perception of risk.

Psychological Resilience

Psychological resilience is an individual's psychological capacity to bounce back, adapt, and maintain optimal functioning when facing stress or adversity. Aydın and Demir (2023) emphasize that *psychological resilience* is a core component of *psychological capital*, enabling healthcare workers to remain stable, focused, and productive in demanding work conditions. Psychological resilience helps individuals maintain emotional balance, manage changing situations, and sustain effective decision-making capacity even under high pressure. Thus, *psychological resilience* plays a crucial role in strengthening *adaptive decision-making* abilities and maintaining professional functioning.

Moral Resilience

Moral resilience is defined as an individual's ability to maintain moral integrity, cope with moral distress, and continue to make ethical decisions in dilemmatic situations. In modern nursing studies, *moral resilience* is often

associated with healthcare professionals' ability to maintain psychological balance and adhere to moral values when facing ethical conflicts or pressures. El-Ashry et al. (2025) emphasize that psychological strengths such as *optimism*, *hope*, and *resilience* make a significant contribution to behavioral resilience and work engagement, which implicitly also encompass moral resilience. *Moral resilience* enables individuals to make adaptive decisions and remain true to moral principles even under significant emotional or organizational pressure.

Adaptive Decision-Making

Adaptive decision-making refers to an individual's ability to make flexible, responsive, and context-sensitive decisions in accordance with the demands of dynamic situations. Hissink et al. (2025) found that adaptive decision-making ability is part of *adaptive expertise*, which encompasses the capacity to adjust strategies, process new information, and respond appropriately to changes. In nursing or healthcare settings, *Adaptive Decision-Making* is crucial because decisions must be made quickly based on constantly changing information. Alharbi et al. (2025) demonstrate that the work environment, psychological empowerment, and other psychological factors significantly influence the effectiveness of clinical decisions. Thus, *Adaptive Decision-Making* is a core competency that helps professionals maintain service quality and reduce the risk of errors in complex situations.

Burnout Reduction

Burnout reduction refers to the efforts or ability of individuals and organizations to reduce levels of emotional exhaustion, depersonalization, and diminished work performance. A study by Wu et al. (2025) indicates that when healthcare workers utilize psychological capital and feel *thriving at work*, the risk of *burnout* can be significantly reduced. Factors such as *psychological capital*, resilience, and adaptive ability are key elements in mitigating *burnout*, as further supported by the findings of Slåtten et al. (2020), which emphasize that psychological capital plays a crucial role in enhancing innovative behavior and workplace well-being. *Burnout reduction* occurs when individuals are able to manage stress through psychological resources and effective adaptive decision-making strategies.

Self-Efficacy and Adaptive Decision-Making

Self-efficacy refers to an individual's belief in their ability to complete tasks, face challenges, and control their behavior to achieve specific goals. Individuals with high *self-efficacy* tend to be more confident in analyzing situations, evaluating alternative courses of action, and making appropriate decisions under changing conditions. In a professional work context, belief in one's own abilities encourages individuals to utilize their knowledge and skills optimally in the process of adaptive decision-making.

Research shows that *self-efficacy* plays a crucial role in enhancing individuals' ability to actively participate in the decision-making process and in facilitating knowledge exchange that supports the quality of decisions (Durand et al., 2021). Furthermore, the concept of *self-efficacy* is also linked to an individual's ability to effectively manage challenges and uncertainty, thereby supporting a more adaptive decision-making process (Achury-Saldaña et al., 2025). In the context of healthcare organizations, belief in one's own abilities has also been shown to enhance healthcare professionals' capacity to make appropriate clinical decisions (Alharbi et al., 2025). Therefore, the higher an individual's *self-efficacy*, the greater their ability to engage in *adaptive decision-making*.

H1: *Self-efficacy* has a positive effect on *adaptive decision-making*.

Hope and Adaptive Decision-Making

Hope is a positive psychological state that reflects an individual's ability to set goals, identify various paths to achieve them, and maintain the motivation to realize those goals. Individuals with high levels of *hope* tend to have a clear future orientation and are able to consider various alternative courses of action when facing complex situations. This enables individuals to make decisions in a more flexible and adaptive manner.

Within the framework of *psychological capital*, *hope* is one of the psychological factors that drives individuals to remain solution- and opportunity-oriented when facing pressure or uncertainty (Aydın & Demir, 2023). Research also indicates that high levels of *hope* are associated with professionals' ability to manage stress and maintain optimal performance in crisis situations (Zhang et al., 2021). Furthermore, positive psychological components such as *hope* can enhance an individual's ability to think strategically and adapt decisions to dynamic environmental conditions (El-Ashry et al., 2025). Consequently, individuals with high levels of *hope* tend to be better equipped to engage in *adaptive decision-making*.

H2: *Hope* has a positive effect on *adaptive decision-making*.

Optimism and Adaptive Decision-Making

Optimism is an individual's tendency to hold positive expectations regarding future outcomes. Optimistic individuals tend to view challenges as opportunities for growth and believe that their efforts will yield positive results. This optimistic attitude can influence how individuals evaluate information and select courses of action during the decision-making process.

Research shows that optimistic expectations can enhance effort, emotional regulation, and individual perseverance when facing challenging situations (Lench et al., 2021). In the context of health perception and decision-making,

optimism is also associated with an individual's ability to develop more realistic and functional assessments of the situations they face (De Castro et al., 2025). Furthermore, within the framework of *psychological capital*, optimism enhances an individual's ability to maintain a positive attitude and cognitive flexibility when facing changes in the work environment (Slåtten et al., 2020). Therefore, individuals with high levels of optimism tend to be better able to make adaptive decisions.

H3: *Optimism* has a positive effect on *adaptive decision-making*.

Psychological Resilience and Adaptive Decision-Making

Psychological resilience refers to an individual's ability to endure, adapt, and recover when facing stress, change, or situations filled with uncertainty. Individuals with high levels of *resilience* are typically able to maintain emotional and cognitive stability, enabling them to make more effective decisions in complex situations.

Within the framework of *psychological capital*, *resilience* is one of the key factors enabling individuals to cope with workplace stress without experiencing a significant decline in performance (Aydın & Demir, 2023). Research also indicates that the ability to bounce back from adversity is linked to an individual's capacity to manage workplace challenges and make sound decisions (Wu et al., 2025). Furthermore, individuals with high levels of *resilience* tend to exhibit flexibility in their thinking and are able to adapt their strategies in response to changing situations (Slåtten et al., 2020). Thus, *psychological resilience* has the potential to enhance an individual's capacity for *adaptive decision-making*.

H4: *Psychological resilience* has a positive effect on *adaptive decision-making*.

Moral Resilience and Adaptive Decision-Making

Moral resilience describes an individual's ability to maintain moral integrity and continue making ethical decisions despite facing pressure, dilemmas, or value conflicts. In a professional work environment, this ability is crucial because individuals are frequently confronted with complex situations that require ethical consideration in the decision-making process.

Individuals with high *moral resilience* tend to be able to uphold moral principles and maintain rational thinking when facing pressure or conflicts of interest. In the context of professional competency development, adaptive decision-making ability is closely linked to an individual's capacity to balance technical, emotional, and ethical aspects in the decision-making process (Hissink et al., 2025). Furthermore, positive psychological factors can also strengthen an individual's ability to navigate professional dilemmas and produce more appropriate and responsible decisions (El-Ashry et al., 2025). Therefore, *moral resilience* is expected to have a positive influence on *adaptive decision-making* ability.

H5: *Moral resilience* has a positive effect on *adaptive decision-making*.

Adaptive Decision-Making and Burnout Reduction

Adaptive decision-making describes an individual's ability to adjust the decision-making process to dynamic, complex, and uncertain conditions. This ability allows individuals to respond to changes in the work environment more flexibly and effectively, thereby reducing the psychological stress that arises during work.

Research shows that adaptive abilities in the workplace are associated with improved professional performance and an individual's ability to manage complex work challenges (Hissink et al., 2025). Additionally, a work environment that supports effective decision-making has also been shown to enhance the psychological well-being of professionals (Alharbi et al., 2025). In the context of *psychological capital*, an individual's ability to manage work processes adaptively can help reduce work-related stress and prevent emotional exhaustion or *burnout* (El-Ashry et al., 2025). Thus, the higher the *adaptive decision-making* ability, the greater the potential for reducing *burnout* levels in individuals.

H6: *Adaptive decision-making* has a positive effect on *burnout reduction*.

Conceptual Framework

The conceptual framework of this study is based on the relationship between *Psychological Capital*, *Moral Resilience*, *Adaptive Decision-Making*, and *Burnout* among healthcare workers at an International Healthcare Facilities in Bali. *Psychological Capital* consists of four main components: *Self-efficacy*, *Hope*, *Optimism*, and *Psychological Resilience*, which theoretically play a crucial role in enhancing an individual's ability to cope with workplace challenges and make sound decisions (El-Ashry et al., 2025; Wu et al., 2025; Slåtten, Mutonyi, & Lien, 2020). *Self-efficacy* influences healthcare workers' confidence in effectively completing complex tasks (Durand et al., 2021), while *Hope* fosters motivation and strategic planning when facing obstacles (Zhang et al., 2021). *Optimism* enables healthcare workers to maintain a positive mindset and focus on solutions in challenging situations (Lench et al., 2021; De Castro et al., 2025), while *psychological resilience* provides the ability to recover from stress and adapt to changes in the clinical environment (Wu et al., 2025).

In addition, *moral resilience* is also considered a key factor supporting *adaptive decision-making*. Healthcare workers with *moral resilience* are able to maintain their integrity and ethical values in decision-making, even when facing moral dilemmas or high emotional stress (Hissink et al., 2025). These two factors—*Psychological Capital* and *Moral Resilience*—are projected to contribute to improved *Adaptive Decision-Making*, which is the

ability of healthcare workers to adjust decision-making strategies based on the conditions and complexity of the situation (Hissink et al., 2025; Alharbi et al., 2025).

Within this conceptual framework, *Adaptive Decision-Making* serves as a mediator linking healthcare workers' psychological and moral capabilities to reduced *Burnout*. With adaptive decision-making abilities, healthcare workers are better able to manage work-related stress, enhance a sense of control, and reduce emotional exhaustion—the core component of *Burnout* (Wu et al., 2025; Alharbi et al., 2025). Therefore, the conceptual framework of this study proposes a model in which the components of *Psychological Capital* (*Self-efficacy, Hope, Optimism, Psychological Resilience*) and *Moral Resilience* positively influence *Adaptive Decision-Making*, which in turn impacts the reduction of *Burnout*.

This model provides a comprehensive understanding of how psychological and moral factors can work together to enhance healthcare workers' adaptive capacity, and emphasizes the importance of interventions aimed at strengthening *Psychological Capital* and *Moral Resilience* as strategies for preventing *burnout*. This framework also addresses *research gaps* and offers *novelty* by focusing on International Healthcare Facilities in Bali, which have unique characteristics such as the complexity of multinational patients and high work pressure, thereby enabling the research findings to provide specific and applicable empirical contributions.

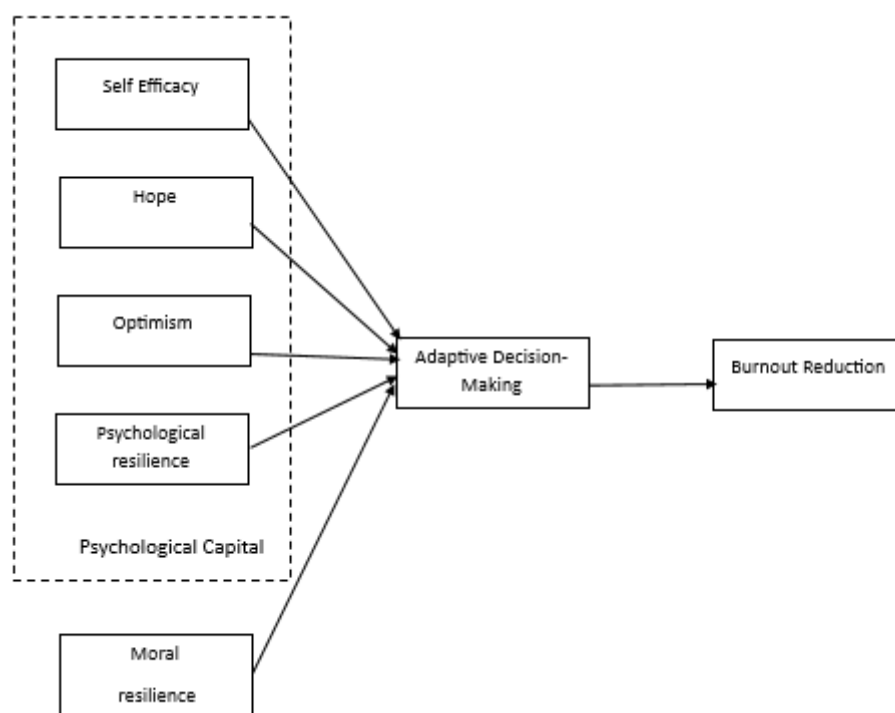


Figure 1. Research Model

METHODS

This study employed a non-experimental quantitative design using a cross-sectional survey approach, which allowed the researchers to identify the relationships between *Psychological Capital*, *Moral Resilience*, *Adaptive Decision-Making*, and *Burnout* among healthcare workers at two International Healthcare Facilities in Bali: BIMC Kuta and Main Clinic BIMC Ubud. A cross-sectional approach is appropriate for studies that assess variables at a single point in time without any treatment manipulation, thereby facilitating the simultaneous analysis of relationships among variables in accordance with the procedures outlined by Hair et al. (2021). The study population consisted of all active healthcare workers serving patients at the Two International Healthcare Facilities, including nurses, doctors, and other clinical staff who interact directly with patients. *Total sampling* was applied to select 165 respondents. The sample size was determined using *a priori power analysis* via the G*Power software. The calculation was performed assuming a significance level (α) of 0.05, *statistical power* of 0.80, and a moderate effect size (*effect size* $f^2 = 0.15$). With seven predictor variables analyzed using a multiple linear regression model, the G*Power calculation indicated that the minimum required sample size was 103 respondents. This number was deemed sufficient to detect significant relationships between variables and produce stable estimates (Hair et al., 2021). Data collection was conducted after obtaining permission from BIMC Kuta Hospital and Main Clinic BIMC Ubud management and ethical approval. Questionnaires were distributed to healthcare workers via online or paper-based methods, depending on availability and respondent convenience. Before analysis, the data were cleaned of incomplete entries, and each instrument was tested for reliability to ensure internal consistency. This procedure aligns with the guidelines by Hair et al. (2021) regarding the collection

and processing of quantitative data to meet research quality standards. Data were analyzed using *Structural Equation Modeling (SEM)* to assess the simultaneous effects of *Psychological Capital, Moral Resilience, and Adaptive Decision-Making* on *Burnout*. SEM was chosen because it is capable of testing complex relationships between variables simultaneously and accommodating mediation or moderation analyses when necessary, in accordance with the principles outlined by Hair et al. (2021). Additionally, construct reliability and validity tests were conducted to ensure the research model meets the standards of good quantitative analysis.

RESULT

Outer Model

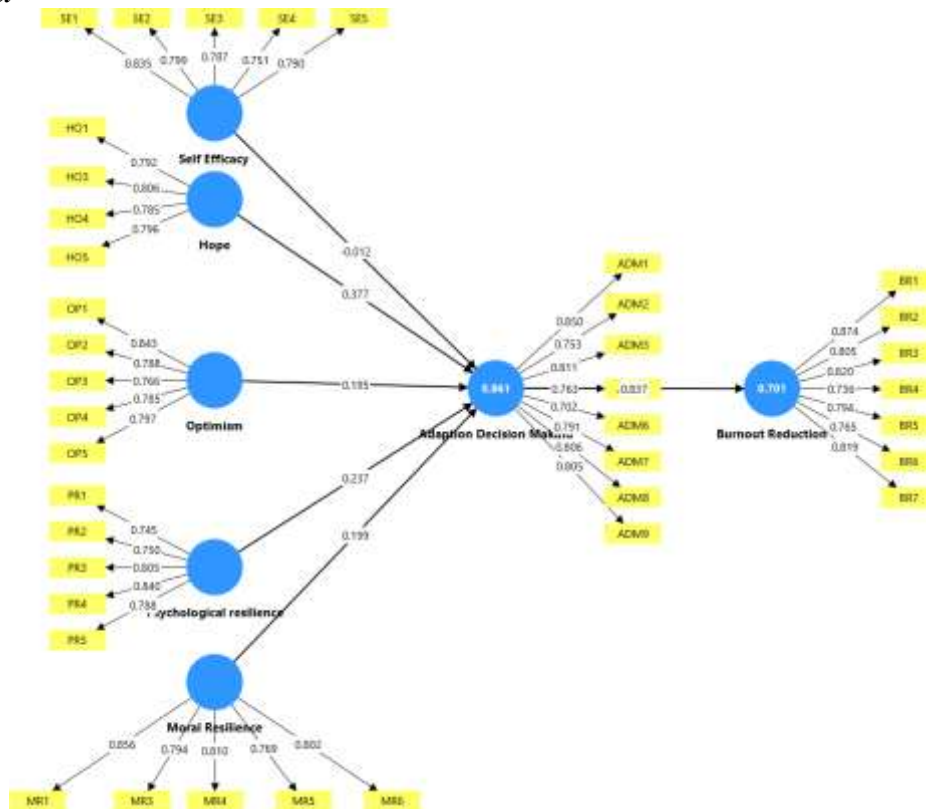


Figure 2. Outer Model

Table 1. Outer Loadings

	Outer loadings
ADM1 <- Adaptive Decision Making	0.850
ADM2 <- Adaptive Decision Making	0.753
ADM3 <- Adaptive Decision Making	0.811
ADM5 <- Adaptive Decision Making	0.763
ADM6 <- Adaptive Decision Making	0.702
ADM7 <- Adaptive Decision Making	0.791
ADM8 <- Adaptive Decision Making	0.806
ADM9 <- Adaptive Decision Making	0.805
BR1 <- Burnout Reduction	0.874
BR2 <- Burnout Reduction	0.805
BR3 <- Burnout Reduction	0.820
BR4 <- Burnout Reduction	0.736
BR5 <- Burnout Reduction	0.794
BR6 <- Burnout Reduction	0.765
BR7 <- Burnout Reduction	0.819
HO1 <- Hope	0.792
HO3 <- Hope	0.806
HO4 <- Hope	0.785
HO5 <- Hope	0.796
MR1 <- Moral Resilience	0.856
MR3 <- Moral Resilience	0.794

MR4 <- Moral Resilience	0.810
MR5 <- Moral Resilience	0.769
MR6 <- Moral Resilience	0.802
OP1 <- Optimism	0.843
OP2 <- Optimism	0.788
OP3 <- Optimism	0.766
OP4 <- Optimism	0.785
OP5 <- Optimism	0.797
PR1 <- Psychological Resilience	0.745
PR2 <- Psychological Resilience	0.750
PR3 <- Psychological Resilience	0.805
PR4 <- Psychological Resilience	0.840
PR5 <- Psychological Resilience	0.788
SE1 <- Self-efficacy	0.835
SE2 <- Self-efficacy	0.799
SE3 <- Self-efficacy	0.787
SE4 <- Self-efficacy	0.751
SE5 <- Self-efficacy	0.790

The analysis results show that all indicators in each construct have outer loading values above 0.70, indicating that the indicators are able to reflect the latent constructs well. For the *Adaptive Decision Making* variable, the outer loading values range from 0.702 to 0.850, while for the *Burnout Reduction* variable, they range from 0.736 to 0.874. The *Hope* variable has values of 0.785–0.806, *Moral Resilience* 0.769–0.856, *Optimism* 0.766–0.843, *Psychological Resilience* 0.745–0.840, and *Self-Efficacy* 0.751–0.835. These values indicate that all indicators have good convergent validity, so there are no indicators that need to be eliminated from the measurement model.

Table 2. HTMT

	<i>Adaptive Decision Making</i>	<i>Burnout Reduction</i>	<i>Hope</i>	<i>Moral Resilience</i>	<i>Optimism</i>	<i>Psychological Resilience</i>	<i>Self-efficacy</i>
<i>Adaptive Decision Making</i>							
<i>Burnout Reduction</i>	0.914						
<i>Hope</i>	1.039	0.978					
<i>Moral Resilience</i>	0.980	0.959	1.028				
<i>Optimism</i>	0.907	0.895	0.920	0.916			
<i>Psychological Resilience</i>	0.985	0.954	1.039	1.020	0.854		
<i>Self-efficacy</i>	0.952	0.952	1.035	1.011	0.964	0.978	

Based on the HTMT test results, all inter-construct ratio values are below the critical limit of 1.10, which is the recommended threshold in PLS-SEM analysis for assessing discriminant validity. The HTMT values in this study range from 0.854 to 1.039, thus remaining within an acceptable range.

Table 3. Validity and Reliability

	Cronbach's alpha	Composite reliability (rho a)	Composite reliability (rho c)	Average variance extracted (AVE)
<i>Adaptive Decision Making</i>	0.911	0.914	0.928	0.618
<i>Burnout Reduction</i>	0.908	0.910	0.927	0.645
<i>Hope</i>	0.805	0.806	0.873	0.631
<i>Moral Resilience</i>	0.866	0.869	0.903	0.651
<i>Optimism</i>	0.855	0.856	0.896	0.634
<i>Psychological Resilience</i>	0.845	0.847	0.890	0.618
<i>Self-efficacy</i>	0.852	0.853	0.894	0.629

Reliability testing was conducted using Cronbach's Alpha, Composite Reliability (rho_a and rho_c), and Average Variance Extracted (AVE). The analysis results indicate that all constructs have Cronbach's Alpha values above 0.70, ranging from 0.805 to 0.911, thus all variables are deemed reliable. Composite Reliability values also exceed 0.70, ranging from 0.873 to 0.928, indicating very good internal consistency. Furthermore, the AVE values for all variables were above 0.50, ranging from 0.618 to 0.651, so it can be concluded that each construct explains more than 50% of the variance in its indicators. Thus, the research model has met the criteria for convergent validity and construct reliability.

Table 4. VIF

	VIF
ADM1	2.806
ADM2	1.955
ADM3	2.400
ADM5	1.974
ADM6	1.692
ADM7	2.250
ADM8	2.245
ADM9	2.202
BR1	3.173
BR2	2.295
BR3	2.366
BR4	1.777
BR5	2.206
BR6	2.116
BR7	2.593
HO1	1.622
HO3	1.679
HO4	1.607
HO5	1.642
MR1	2.308
MR3	1.887
MR4	1.980
MR5	1.705
MR6	1.954
OP1	2.184
OP2	1.808
OP3	1.715
OP4	1.818
OP5	1.807
PR1	1.697
PR2	1.642
PR3	1.933
PR4	2.199
PR5	1.945
SE1	2.383
SE2	1.862
SE3	1.973
SE4	1.743
SE5	1.892

The results of the Variance Inflation Factor (VIF) test indicate that all indicators have VIF values below 5, ranging from 1.607 to 3.173. This indicates that there is no multicollinearity among the indicators in the research model. Thus, the indicators used in this study can be deemed suitable for further analysis.

Inner Model

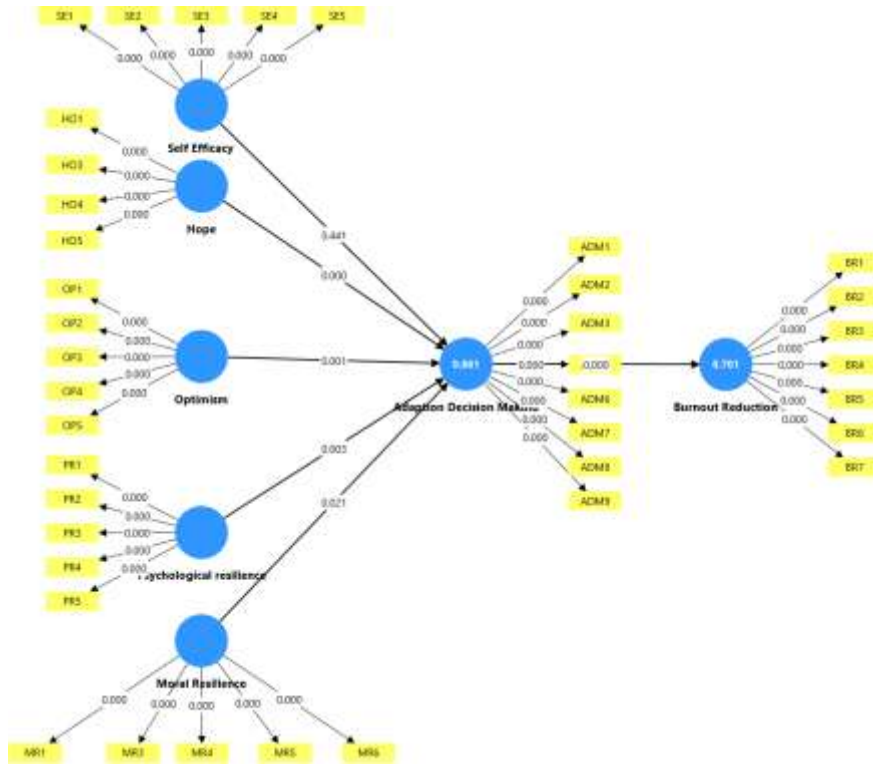


Figure 3. Inner Model

Table 5. R-Square

	R-square	Adjusted R-Square
<i>Adaptive Decision Making</i>	0.861	0.857
<i>Burnout Reduction</i>	0.701	0.699

The analysis results show that the R-squared value for the *Adaptive Decision Making* variable is 0.861. This means that the variables *Self-Efficacy*, *Hope*, *Optimism*, *Psychological Resilience*, and *Moral Resilience* account for 86.1% of the variation in *Adaptive Decision Making*, while the remaining 13.9% is influenced by other variables outside the research model. Meanwhile, the R-square value for *Burnout Reduction* is 0.701, indicating that the *Adaptive Decision Making* variable explains 70.1% of the variation in *Burnout Reduction*, while 29.9% is influenced by other factors outside the research model. This value indicates that the research model has substantial explanatory power.

Table 6. F-Square

	F-Square
<i>Adaptive Decision Making</i> → <i>Burnout Reduction</i>	2.347
<i>Hope</i> → <i>Adaptive Decision Making</i>	0.186
<i>Moral Resilience</i> → <i>Adaptive Decision Making</i>	0.044
<i>Optimism</i> → <i>Adaptive Decision Making</i>	0.082
<i>Psychological Resilience</i> → <i>Adaptive Decision Making</i>	0.077
<i>Self-efficacy</i> → <i>Adaptive Decision Making</i>	0.000

The results of the analysis indicate that the effect of *Adaptive Decision Making* on *Burnout Reduction* has an f^2 value of 2.347, indicating a very large effect. The *Hope* variable has a moderate effect on *Adaptive Decision Making* ($f^2 = 0.186$), while *Optimism* (0.082) and *Psychological Resilience* (0.077) show small to moderate effects. The *Moral Resilience* variable has a small effect (0.044). Meanwhile, *Self-Efficacy* has an f^2 value of 0.000, indicating that this variable does not contribute to *Adaptive Decision Making* in the research model.

Table 7. Q-Square

	Q ² predict	RMSE	MAE
<i>Adaptive Decision Making</i>	0.849	0.398	0.292
<i>Burnout Reduction</i>	0.778	0.478	0.349

The Q²predict values for *Adaptive Decision Making* and *Burnout Reduction* are 0.849 and 0.778, respectively, indicating that the research model has excellent predictive ability, as the Q² values are greater than zero.

Table 8. Hypothesis Testing

Hypothesis	Variable Relationship	Coefficient (β)	T-statistic	P-value	Decision
H1	Self-Efficacy → <i>Adaptive Decision Making</i>	-0.012	0.149	0.441	Rejected
H2	Hope → <i>Adaptive Decision Making</i>	0.377	5.442	0.000	Accepted
H3	Optimism → <i>Adaptive Decision Making</i>	0.195	3.237	0.001	Accepted
H4	Psychological Resilience → <i>Adaptive Decision Making</i>	0.237	2.775	0.003	Accepted
H5	Moral Resilience → <i>Adaptive Decision Making</i>	0.199	2.043	0.021	Accepted
H6	<i>Adaptive Decision Making</i> → <i>Burnout Reduction</i>	0.837	24.529	0.000	Accepted

H1: Self-Efficacy → *Adaptive Decision Making*

The results of the analysis indicate that Self-Efficacy does not have a significant effect on *Adaptive Decision Making*, with a coefficient of -0.012, a t-statistic of 0.149, and a p-value of 0.441. These values do not meet the significance criteria ($t > 1.96$ and $p < 0.05$). Thus, the first hypothesis, which states that Self-Efficacy has a positive effect on *Adaptive Decision Making*, is not supported by the research results.

H2: Hope → *Adaptive Decision Making*

The analysis results indicate that *Hope* has a positive and significant effect on *Adaptive Decision Making*, with a coefficient of 0.377, a t-statistic of 5.442, and a p-value of 0.000. This suggests that the higher an individual's level of *hope*, the greater their ability to engage in *adaptive decision-making*. Thus, the second hypothesis is accepted.

H3: Optimism → *Adaptive Decision Making*

The analysis results indicate that *Optimism* has a positive and significant effect on *adaptive decision-making*, with a coefficient of 0.195, a t-statistic of 3.237, and a p-value of 0.001. This suggests that an optimistic attitude can enhance an individual's ability to make adaptive decisions. Therefore, the third hypothesis is accepted.

H4: Psychological Resilience → *Adaptive Decision Making*

The results of the analysis indicate that *Psychological Resilience* has a positive and significant effect on *Adaptive Decision Making*, with a coefficient of 0.237, a t-statistic of 2.775, and a p-value of 0.003. This suggests that an individual's ability to cope with and adapt to stress can enhance their capacity for adaptive decision-making. Thus, the fourth hypothesis is accepted.

H5: Moral Resilience → *Adaptive Decision Making*

The results of the analysis indicate that *Moral Resilience* has a positive and significant effect on *Adaptive Decision Making*, with a coefficient of 0.199, a t-statistic of 2.043, and a p-value of 0.021. This suggests that an individual's ability to maintain moral integrity when facing work-related stress can support the process of adaptive decision making. Therefore, the fifth hypothesis is accepted.

H6: *Adaptive Decision Making* → *Burnout Reduction*

The results of the analysis indicate that *Adaptive Decision Making* has a positive and significant effect on *Burnout Reduction*, with a coefficient of 0.837, a t-statistic of 24.529, and a p-value of 0.000. This suggests that the higher an individual's ability to make adaptive decisions, the greater their ability to reduce *burnout* levels. Thus, the sixth hypothesis is accepted.

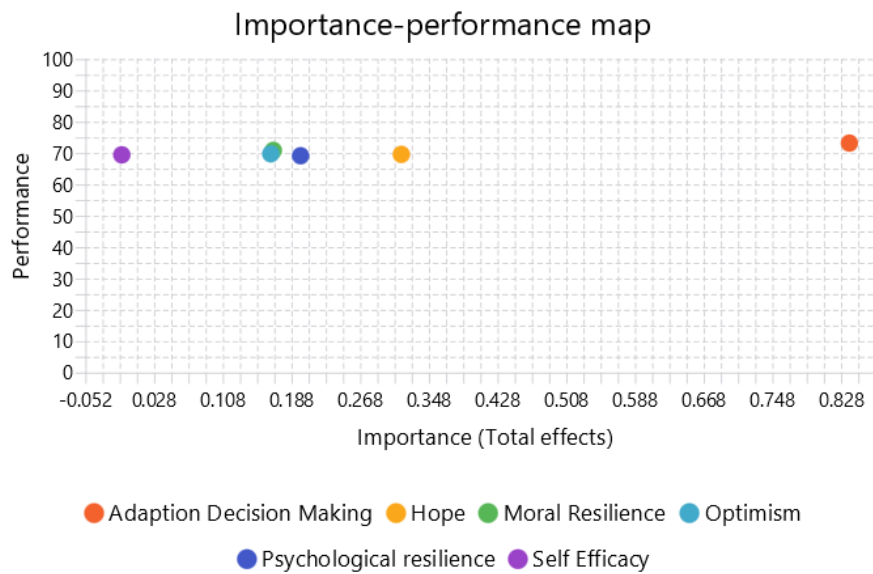


Figure 4. IPMA Map

The results of the Importance–Performance Map Analysis (IPMA) indicate that the *Adaptive Decision Making* variable has the highest level of importance regarding *Burnout Reduction*, with a coefficient value of 0.837 and a performance value of 73.188. This suggests that an individual’s ability to make adaptive decisions is the most important factor and also has the highest performance in supporting the reduction of *burnout* levels.

Furthermore, the *Hope* variable has an importance value of 0.316 and a performance value of 69.589, indicating that an individual’s hope or belief in achieving goals plays a significant role in supporting adaptive decision-making ability, which ultimately contributes to reducing *burnout*.

The *Psychological Resilience* variable also shows a positive contribution with an importance value of 0.198 and a performance value of 69.153, indicating that an individual’s ability to endure and adapt to work-related stress can support the reduction of *burnout* by enhancing adaptive decision-making ability.

Furthermore, the *Moral Resilience* variable has an importance value of 0.167 with a performance score of 70.863, while *Optimism* has an importance value of 0.164 with a performance score of 69.763. These two variables have a relatively smaller contribution compared to the other variables, but they still play a positive role in enhancing individuals’ ability to cope with work-related stress.

Meanwhile, the *Self-Efficacy* variable showed an importance value of -0.010 with a performance value of 69.448, indicating that this variable has a very small contribution and tends to not affect *Burnout Reduction* in this research model. Thus, an increase in self-efficacy in the context of this study does not significantly contribute to a reduction in *Burnout*.

DISCUSSION

The discussion of these research findings indicates that most individual psychological components play a significant role in shaping *adaptive decision-making* abilities, which ultimately contribute to efforts to reduce *burnout* in professional work environments. The findings of this study show that *hope*, *optimism*, *psychological resilience*, and *moral resilience* have a positive influence on an individual’s ability to make adaptive decisions. These results align with the *psychological capital* framework, which emphasizes that positive psychological resources can enhance an individual’s ability to cope with work-related stress and manage complex situations more effectively (Aydın & Demir, 2023; Slåtten et al., 2020).

The influence of *hope* on *adaptive decision-making* suggests that individuals with a strong goal orientation and confidence in their ability to achieve those goals tend to be better able to evaluate alternative courses of action flexibly. This enables individuals to consider various strategies when facing dynamic work situations. Previous research indicates that *hope* plays a crucial role in helping individuals manage stress and maintain optimal performance in challenging situations, particularly in high-stress work contexts such as the healthcare sector (Zhang et al., 2021). Therefore, the presence of *hope* serves as a key psychological factor that strengthens an individual’s capacity for adaptive decision-making.

In addition, research findings also indicate that *optimism* plays a role in enhancing adaptive decision-making abilities. Individuals with an optimistic outlook tend to view challenges as opportunities for growth and maintain motivation when facing uncertainty. Positive expectations about the future can enhance effort, emotional

regulation, and individual resilience in dealing with complex situations (Lench et al., 2021). In the context of decision-making, functional optimism helps individuals develop a more rational assessment of the situations they face, thereby supporting a more adaptive decision-making process (De Castro et al., 2025).

Furthermore, *psychological resilience* and *moral resilience* have also been shown to play a role in strengthening an individual's ability to make adaptive decisions. *Psychological resilience* reflects an individual's ability to endure and bounce back from stress or adversity, thereby enabling the individual to maintain emotional and cognitive stability during the decision-making process. Individuals with high levels of *resilience* tend to be better able to adjust their strategies when facing changes in the work environment (Wu et al., 2025). Meanwhile, *moral resilience* relates to an individual's ability to maintain moral integrity in situations fraught with ethical dilemmas. This ability is crucial in professional work environments because decisions made must consider not only technical aspects but also professional values and responsibilities (Hissink et al., 2025).

Conversely, research findings indicate that *self-efficacy* does not have a significant effect on *adaptive decision-making*. These results suggest that an individual's belief in their own abilities does not always directly influence their ability to adapt decisions in complex situations. Although *self-efficacy* is often associated with improved individual performance, in some contexts of adaptive decision-making, other factors such as experience, workplace support, and professional collaboration may play a more dominant role (Durand et al., 2021; Achury-Saldaña et al., 2025).

Furthermore, the study's findings also indicate that *adaptive decision-making* plays a crucial role in supporting efforts to reduce *burnout*. The ability to adapt decisions to dynamic work conditions enables individuals to manage work-related stress more effectively and reduce the emotional exhaustion that often arises in complex work environments. These findings align with research indicating that adaptive capabilities in professional performance contribute to improved psychological well-being and an individual's ability to cope with high job demands (Alharbi et al., 2025; El-Ashry et al., 2025). The results of the *Importance-Performance Map Analysis* further reinforce these findings by showing that *adaptive decision-making* is the most critical factor in supporting the reduction of *burnout*. This indicates that enhancing individuals' ability to make flexible and responsive decisions in the face of change can serve as an effective strategy for maintaining the psychological well-being of the workforce. Overall, the results of this study confirm that the development of positive psychological resources and the enhancement of adaptive decision-making abilities are crucial elements in creating a healthier and more sustainable work environment.

CONCLUSION

Essentially, the results indicate that *hope*, *optimism*, *psychological resilience*, and *moral resilience* play a role in enhancing individuals' ability to engage in adaptive decision-making. Meanwhile, *self-efficacy* did not show a significant influence on *adaptive decision-making*. Furthermore, this study also found that *adaptive decision-making* ability plays a crucial role in supporting efforts to reduce *burnout*; thus, the better an individual's ability to adapt decisions to workplace dynamics, the greater the potential for reducing work-related fatigue. These findings underscore that positive psychological resources and adaptive capabilities are key factors in supporting individuals' psychological well-being within dynamic work environments.

This study has several limitations. First, this study employs a survey approach with data collected at a single point in time, so it cannot capture changes in respondents' behavior or psychological state over time. Second, this study uses only a few specific psychological variables, so it is possible that other factors—such as organizational support, leadership, or the work environment—also influence adaptive decision-making ability and *burnout* levels. Third, the limited characteristics of the respondents within a specific context may restrict the generalizability of the study's findings to other organizational contexts.

Given these limitations, future research is recommended to employ a longitudinal research design and consider additional variables related to organizational factors and the work environment. Additionally, future studies could expand the scope of respondents to include different sectors or organizations. Practically, the results of this study imply that organizations need to encourage the development of positive psychological resources and improve adaptive decision-making abilities through training, strengthening individual capacity, and creating a supportive work environment, thereby helping to reduce *burnout* levels and improve employee well-being.

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