



Active Coping Style and Pharmacist's Burnout during Pandemic COVID-19: Core Self-Evaluation as a Mediator



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Abstract

This study aims to determine the effect of active coping style on pharmacist's burnout and whether the core self-evaluation as a personal resource has a role as a mediator between active coping style and pharmacist's burnout. The pharmacists work so hard to look for the antidote for the virus, so they have to work in shifts to meet the demand for medications, which sometimes causes them to experience burnout. Therefore, the pharmacist needs active strategies and stable behaviors to deal with and solve the problems, known as the active coping style. Data were collected from 281 pharmaceutical industries using the Core Self-Evaluation Scale by Judge, et. al., Simplified Coping Style Questionnaire by Xie, and Maslach Burnout Inventory-General Survey by Maslach. The data was analyzed using simple mediation regression model no. 4 PROCESS v4.0 by Hayes. The results show core self-evaluation is an effective mediator for the relationship between active coping styles and burnout. The result also indicated that self-esteem has the strongest relationship with emotional exhaustion. This study highlight active coping style and core self-evaluation are essential for workers in the pharmaceutical industry to overcome their burnout.

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Contents

Abstract.....	1283
1 Introduction.....	1284
2 Materials and Methods.....	1287
3 Results and Discussions.....	1287

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4	Conclusion	1292
	Acknowledgements	1292
	References	1293
	Biography of Authors	

1 Introduction

Industry in a country is one way to absorb labor. According to Law No. 5 of 1984 concerning the industry, "Industry is an economic activity that processes raw materials, raw materials, semi-finished goods or goods into a higher value for their use, including industrial design and engineering activities." A large number of industries in Indonesia have made business people compete in massive production processes to get the maximum profit. The demand that the production process is achieved is providing a qualified workforce of work quantity and quality. So, it is not uncommon for the industry to implement a shift work system for its workforce (Gustafsson et al., 2017; Wilkinson et al., 2017).

Work shift is the arrangement of working hours as a substitute or in addition to morning or evening work as is usually done (Boekosono & Hakim, 2010). According to Maharja (2015), 63% of workers suffer from fatigue due to work shifts. Other studies have shown a positive and significant influence between work shifts on work fatigue so that it has an impact on employee performance (Arianto & Puspita, 2019). Excessive fatigue due to work stress is very likely to be felt by workers in carrying out their roles. The impact of work stress can disrupt personal life, such as a worse condition for the worker's family and friendships (Nink, 2015). When a worker feels prolonged stress, such as fatigue when waking up, feeling guilty at work, and decreasing performance, this condition indicates burnout. Burnout is a work-related syndrome characterized by excessive levels of fatigue, decreased professional efficacy, and cynicism. Fatigue is felt not only physically but also mentally and emotionally (Maslach et al., 2001).

In the industrial sector, workers are required to work fast and often experience overtime in work to meet production demands. Excessive working hours can cause work stress which puts workers in the industrial sector at risk of experiencing burnout (Khusniyah et al., 2014). The burnout that cannot be overcome can affect work performance, such as demotivation, skipping work, and anxiety (Talahatu, 2018). The current condition of the COVID-19 pandemic impacts industry players having to implement work from home or semi-work from home or set working hours as an effort to prevent transmission of COVID-19, so that it affects decreasing productivity. The COVID-19 pandemic forces medical personnel to work longer hours. One of them is a pharmacist, who is required to find the antidote for the virus, so they have to work shifts and even work harder to find innovation so that the need for medicines during this pandemic is fulfilled (Jiang & Jiang, 2015; Jiang, 2015).

Although basically, the work system in the pharmaceutical industry has shifted, there must still be a reduction in the number of people who enter one shift so that it affects reducing working hours per individual worker. This will cut employee salaries and create a new anxiety source for workers, where prolonged anxiety can lead to burnout (Visacri et al., 2021; Ung, 2020). Therefore, it is important to prevent burnout of industrial workers to achieve job targets. In addition, the current condition of the COVID-19 pandemic, which impacts industry players, must implement work from home or semi-work from home or work hours to prevent the transmission of COVID-19 so that it affects decreasing productivity. In addition, this decrease in productivity impacts reducing wages due to the regulation of working hours, resulting in job insecurity. According to previous research, job insecurity has an effect on turnover in a company (Arnes & Wardani, 2020). Furthermore, job insecurity itself has a significant relationship with burnout (Tilakdharee et al., 2010), so burnout must be overcome so that it does not have a negative impact on the company.

Burnout arises because of two factors, situational and individual. Situational factors include job characteristics, job types, and organizational characteristics, while individual factors consist of personality, demographics, and attitudes towards work (Maslach et al., 2001). Situational factors that are not ideal can cause stress. Previous research has shown a positive relationship between job stress and burnout. A well-known way to deal with stress is the coping style (Khusniyah et al., 2014).

Coping style is defined as a psychological strategy and stable behavior to cope with or tolerate external and internal challenges or stress (Lazarus & Folkman, 1984). Some people deal with stress actively, while others

deal with it passively. This research will focus on the active coping process. The process of active coping is a behavior or psychological response in which strategies are designed to change the nature of the stressor and change the mindset of the stressor (Xie, 1998).

Coping behavior in individuals contributes to why exposure to the same stress can cause burnout in some subjects but not in others (Xie, 1998). According to previous research, burnout can be reduced by coping strategies. In addition, active coping can protect against the negative impact of stressors on adaptive outcomes by enhancing coping effectiveness in specific situations (Xie, 1998). There are two coping groups: problem-focused coping and emotion-focused coping (Lazarus & Folkman, 1984). Individuals who use problem-focused coping usually take immediate action to solve the problem. There are five strategies in problem-focused coping: active coping, planning, seeking social support for an instrumental reason, suppression of competing activities, and restraint coping (Lazarus & Folkman, 1984). Emotion-focused coping focuses on efforts to reduce the negative emotions that are felt when faced with a problem. There are five strategies: seeking social support for emotional reasons, positive reinterpretation and growth, denial, and turning to religion and acceptance (Lazarus & Folkman, 1984).

Apart from coping styles, personality factors are also important in developing burnout (Maharja, 2015). The most consistent predictors of burnout are neuroticism and extraversion (Hardiyanti, 2013). It is well known that neuroticism is one of the dimensions of core self-evaluation (CSE). The concept of core self-evaluation is to describe an individual's evaluation of themselves, their abilities, and controls (Judge et al., 1998). Core self-evaluation consists of four characteristics: self-esteem, general self-efficacy, locus of control, and neuroticism. Self-esteem is the total value that a person places on himself as a person (Risnawati et al., 2021). Self-efficacy is an estimate of a person's basic ability to cope with the stressors of life and the belief in their ability to utilize the resources necessary to exercise general control over their life (Anwar & Wardani, 2021). It reflects self-confidence. Locus of control describes an individual's belief in controlling events or believing that the environment or fate is responsible for these events, and the personality dimension of neuroticism is to assess the ability to withstand stress conditions (Judge et al., 1999). When a person faces stress, if he has a high neuroticism scale, he will overcome the situation, where stress is accompanied by a coping process (Bianchi, 2018).

Given the massive production to achieve the daily target of the production process in the pharmaceutical industry, workers are always required to have good work performance (Suryasa et al., 2021). Meanwhile, the results of observations by researchers in the pharmaceutical industry show a tendency to burn out, especially for workers who shift due to excessive workload or other burnout factors. It has a negative impact on the personal life and works performance and demotivation at work. Researchers need to study how burnout is handled because the previous study entitled Core Self-Evaluation and Burnout among Nurses: The mediating role of coping Styles by Li et al. (2014), examined the relationship between Burnout and core self-evaluation and the mediator coping style. The results of the analysis of this study show that nurses with high CORE SELF-EVALUATION will reduce burnout. The most important point is that coping style can influence burnout by partially mediating the relationship between core self-evaluation and burnout. This study shows that when active coping is used, burnout is reduced (Brunelli & Hofer, 2007; Kopp et al., 2003).

Based on the problems described above, it can be seen that in an industry, workers are company assets that provide support as members and are good managers of the company itself. However, in a work environment, everyone in it has problems regardless of the responsibilities held by an organization. We know that working shifts certainly have more risks than normal working hours (morning to evening); moreover, the health risk is very large, and the effect of working shifts is felt (Meireza et al., 2019). Changing sleep patterns or schedules alone can result in disruption of bodily functions or even malfunctioning or adequately. Working at night will also interfere with health and increase the potential for diseases such as heart disease, stroke, hypertension, and cholesterol. Changes in the sleep cycle also significantly affect mood swings and are more sensitive, making a person feel isolated from the environment because working hours do not match the working hours of family, friends, and partners, which impacts mood control of emotions and anxiety (Khidoyatova et al., 2022).

Rapid progress in the pharmaceutical field and the need for quality drugs for the health needs of today's modern society are increasingly complex. This affects the increase in the production target of the pharmaceutical industry. As a result, the pharmaceutical industry is required to increase its production capacity. Therefore, to achieve the target, the industry is conducting a 24 hours non-stop production process.

The shift working system can cause conflict with the emergence of feelings of stress in the soul (stress), plus pandemic conditions like now create other anxiety in workers (Fadli et al., 2020). This problem will become a burden for someone at work. When a person experiences stress, he will behave abnormally, such as anxiety, nervousness, psychosomatic disorders, and high blood pressure; certain mental conditions can show hostile moods, difficulty sleeping, irritability, hopelessness, and difficulty controlling emotions (Gao, 2016).

In its role as an organization, the pharmaceutical industry demands that its workers always perform well to produce quality products. Therefore, the stress that shift workers may experience must be addressed so that it will not lead to burnout that can affect job performance. One way to prevent burnout is using active coping styles and Core-Self-evaluation as a mediator between the relationship between active coping styles and burnout.

Literature review

Burnout

Burnout is a psychological construct in the form of fatigue that affects practitioners in organizations. Freudenberger conducted the first burnout research by observing employees at work in an organization pioneered by Maslach in his book *Burnout: The Cost of Caring* to elaborate on symptoms, sources, effects, and how to control and prevent burnout (Maslach et al., 2001). Burnout is a condition of workers when individual perceptions show significant differences that affect effort, characterized by excessive physical and emotional fatigue and psychological symptoms such as irritability, anxiety, and nervousness (Farber et al., 1991). Symptoms of work stress do not necessarily indicate burnout. However, when the work stress cannot be overcome, and then someone experiences burnout. Almost all burnout sufferers are initially enthusiastic, energetic, and optimistic. However, when they experience stressful work conditions and cannot handle them, burnout is one of the responses shown to become prolonged fatigue and loss of commitment and moral purpose at work (Wardani & Pitensah, 2021; Wardani & Firmansyah, 2021). According to Maslach et al. (2001), burnout is a response to an emotionally demanding situation with demands from service recipients who need help, assistance, attention, and care from service providers. According to Maslach et al. (2001), the dimensions of burnout are emotional exhaustion, depersonalization, and personal accomplishment. Emotional exhaustion is a feeling of frustration, despair, sadness, helplessness, depression, feeling trapped, irritable and angry for reasons that are not clear; depersonalization is a behavior away from the social environment and apathy, whereas personal accomplishment is a feeling where individuals are never satisfied with their work, resulting in feelings of not being useful for themselves or others.

Active coping style

Active Coping style is a term used for a strategy that focuses on a problem and includes taking active steps to remove or avoid stressors. Examples of active coping strategies are fighting for what you want, solving problems differently, and seeking support from parents or friends. The items on this instrument are very similar to the problem-focused coping items described by Lazarus and Folkman (Xie, 1998). Active coping style is a simplification of the coping process from the Lazarus & Folkman theory, which divides coping into eight aspects, namely creative coping, planful problem solving, and seeking social support as part of problem-focused coping and accepting responsibility, self-control, distancing, positive reappraisal, and escape. Avoidance as part of emotion-focused coping. This active coping style by Xie (1998), is very similar to the problem-focused coping by Lazarus and Folkman, where the strategy focuses on active completion.

Core self-evaluation

According to Judge et al. (1998), the concept of core self-evaluation is a high-level trait that represents the fundamental evaluation that people make of themselves and their worthiness, competence, and abilities. In self-evaluation theory, the core concept is indicated by four characteristics: self Esteem, locus of control, neuroticism, and general self-efficacy. Self Esteem can be defined as the overall value that a person places on a person as a person (Harter et al., 2002). General self-efficacy is an assessment of how well a person can handle

life's challenges (Locke, et al, 1997). Neuroticism is a tendency to have negative views and focus on negative aspects of oneself (Watson, 2000). Finally, the locus of control is concerned with beliefs about the causes of events in a person's life; the locus is internal when individuals see results as something that depends on their behavior (Rotter, 1966). In this case, one can gather from the similarities between these qualities, that Core Self-evaluation is the basic assessment and basis of one's worthiness, effectiveness, and ability as a person (Wardani et al., 2021; Atika & Wardani, 2021).

2 Materials and Methods

This research uses a quantitative method consisting of three variables: burnout, coping style, and core self-evaluation. This research was conducted on 281 workers in industry pharmacy consisting of 173 female respondents and 108 male respondents. The sampling technique used was multistage sampling. This study uses three measuring instruments; namely, Core Self-Evaluation Scale (CSES) by Judge et al. (1997), consist 12 items, consists of 12 items and has been adapted in several previous studies (Wardani et al., 2021; Wardani & Anisa, 2021). Simplified Coping Style Questionnaire (SCSQ) by Xie (1998), consists of 12 items, Maslach Burnout Inventory-General Survey (MBI-GS) by Maslach (2003), consists of 16 items and has been adapted and tested in several previous studies (Wardani & Firmansyah, 2019; Wardani & Amalia, 2021; Wardani & Pitensah, 2021; Wardani & Wanti, 2021).

These three measuring instruments have already been tested for validity; in this study, a back-forward translation process was carried out on the measuring instrument before it was ready to be used. Three fluent English people conducted the process by translating the material into Bahasa and then re-translating it into English. The first person will translate from the original language to the subject of research (Indonesian). Then, the second person will translate the translation results (first person) to the language of origin of the measuring instrument (original language).

Then, the task of the researchers is to see and compare the results of the translation of the two people with the original measuring instrument, whether the same or not. After the back-translated process is completed, an expert judgment (a minimum of two people and a supervisor) is carried out by the person with their competence (psychology) and an expert in their field. People who carry out expert judgment will ask to fill out and assess the expert judgment form, and then sign it, and the requirements for conducting expert judgment are that the researcher asks to attach his theory, blueprint, and measurement tools.

All three measuring instruments have passed the reliability test with Cronbach's Alpha score being more than 0.7. The analysis used in this research is a mediation regression analysis of the model 4 v3.0 process by Hayes, and an independent t-test analysis. The following are the results of Cronbach's Alpha scores in table 1.

Table 1
The scores of Cronbach's Alpha

Research Variable	No of Item	Cronbach's Alpha
Burnout	16	.826
Active Coping style	12	.642
Core self-evaluation	12	.719

3 Results and Discussions

In this study, 218 respondents participated. Consisting of 173 (61.6%) female respondents and 108 (38.4%) male respondents, there were 263 (93.6%) respondents aged 18-30 years and 18 (6.4%) respondents aged 30-50 years. Based on the level of education, there were 173 (61.6%) respondents who graduated from high school vocational high school, there were 80 (38.1%) respondents who graduated from high school/vocational high school, and there were 108 (38.4%) respondents who graduated from bachelor. Based on the working period, 210 (74.7%) respondents worked under six years. There were 41 (14.6%)

respondents who worked for over 6 to 10 years. There were 30 (10.7%) respondents who have worked for more than ten years. Based on marital status, there were 225 (74.3%) respondents who are single, there were 77 (25.4%) respondents who married, and there was 1 (0.3%) respondent who divorced. Descriptive analysis is used to find out the frequency of data that has already been collected and processed. From this analysis, we can see a summary of the conclusions obtained in general. In this analysis, there are descriptive data from burnout, active coping style, and core self-evaluation. Descriptive analysis can see in table 2 below:

Table 2
Categorization of Burnout

Variable		Range		f		%	
		H	E	H	E	H	E
Burnout	L	16-37	20-29	187	49	66,5	17.4
	M	38-59	30-41	94	186	33,5	66.2
	Hi	60-80	42-50	-	46	0	16.4

Remarks: **H** = Hypothetical; **E** = Empiric; **f** = frequency; **L** = Low; **M** = Moderate; **Hi** = High

Based on the criteria for burnout hypothetical categorization, the table showed that research subjects who have low burnout are 187 (66,5%) respondents. Furthermore, subjects with moderate burnout are 94 (33,5%) respondents, and subjects with high burnout are 0 (0%) respondents. Thus, while in empirical categorization, low burnout, there were 49 (17,6%) respondents, moderate burnout, there were 186 (66,2%) respondents, and high burnout, there were 46 (16,4%) respondents.

Table 3. Categorization of Active Coping style

Variable		Range		f		%	
		H	E	H	E	H	E
Active Coping style	L	12-28	28-39	1	50	0.4	17.8
	M	29-44	40-48	158	193	56.2	68.7
	Hi	45-60	49-56	122	38	43.4	13.5

Remarks: **H** = Hypothetical; **E** = Empiric; **f** = frequency; **L** = Low; **M** = Moderate; **Hi** = High

Based on the criteria for active coping style hypothetical categorization, the table showed that research subjects with low active coping style are 1 (0.4%) respondent. Furthermore, among subjects with moderate active coping styles as many as 158 (56.2%) respondents and among subjects with high active coping styles are 122 (43.4%) respondents. While in empirical categorization, low active coping style, there were 50 (17.8%) respondents, moderate burnout, there were 193 (68.7%) respondents, and high burnout, there were 38 (13.5%) respondents.

Table 4
Categorization of core self-evaluation

Variable		Range		f		%	
		H	E	H	E	H	E
CSE	L	12-28	30-38	-	48	0	17.1
	M	29-44	39-49	161	195	57.3	69.4
	Hi	45-60	50-60	120	38	42.7	13.5

Remarks: **H** = Hypothetical; **E** = Empiric; **f** = frequency; **L** = Low; **M** = Moderate; **Hi** = High

Based on the criteria for core self-evaluation hypothetical categorization, the table showed that research subjects who have low core self-evaluation are 0 (0%) respondents. Furthermore, subjects with moderate core self-evaluation are 161 (57.3%) respondents, and subjects with high core self-evaluation are 120 (42.7%) respondents. While in empirical categorization, low core self-evaluation, there were 48 (17.1%)

respondents, moderate burnout, there were 195 (69.4%) respondents, and high burnout, there were 38 (13.5%) respondents. Regression analysis was conducted to determine whether core self-evaluation has a mediator role in impacting the relationship between active coping style and burnout.

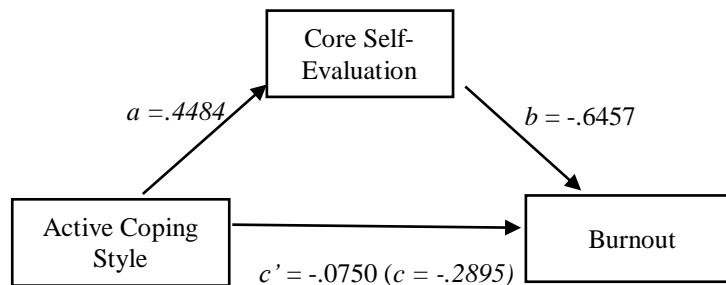


Figure 1. The result of Mediation Regression

Based on Figure 1 of the mediation regression model, it can be seen that there is a positive relationship between active coping style and core self-evaluation indicated by path (a) of .4484 ($r = .3848$ and $R^2 = .1481$; $p < .001$) so that the results of the first hypothesis (H1) in this study is accepted. Path (b) describes a negative relationship between core self-evaluation and burnout with coefficients of $-.6457$ ($r = .6290$ and $R^2 = .3956$; $p < .001$), the results of the second hypothesis (H2) in this study are accepted.

The value of the relationship between active coping style and burnout without the presence of a mediator between the two shows the coefficient value of $-.3645$ with $r = .2923$; $R^2 = .0855$; $p < .001$. These results indicate that there is a significant negative relationship between active coping style and burnout, the results also indicate that the third hypothesis (H3) is accepted. However, when there is a core self-evaluation as a mediator between the two, the coefficients on the direct effect (c') between active coping style and burnout become $-.0750$ (bootLLCI - bootULCI = $-.1190$ - $.0490$; $p = .235$). These results indicate that when there is a core self-evaluation as a mediator between active coping style and burnout, the direct effect between active coping style and burnout is not significant.

Judging from the value of indirect effect (ab), active coping style with burnout through core self-evaluation as a mediator showed the result of $-.2895$ (bootLLCI - bootULCI = $-.3945$ - $-.1900$). The value of indirect effect (ab) obtained in the study shows the value of coefficients is greater than the value of the coefficients of direct effect (c'). These results indicate that the direct effect of an active coping style on burnout is weak and insignificant because of the mediating role of core self-evaluation. The active coping style will have a stronger influence when first through core self-evaluation, and then core self-evaluation will affect burnout. Furthermore, the results of this study indicate that core self-evaluation acts as a mediator of the relationship between active coping style and burnout. Therefore, it can be said that the fourth hypothesis (H4) of this study is accepted. Furthermore, it can be seen the mediation equation, where this equation can describe the influence of the independent variable (Active coping style) on the mediator variable (core self-evaluation). The mediation equations for this research are as follows:

$$M = 24.0277 + .4484X$$

The equation above shows that the regression coefficient on the Active coping style is .4484, while the constant value of the core self-evaluation is 24.0277. These results indicate that if the Active coping style is increased by 1 point, it will give an increase of .4484 in the core self-evaluation. On the other hand, when there is a decrease of 1 point from the Active coping style, it will reduce the core self-evaluation value of .4484.

Moreover, the equation formula below is the mediation regression where the value of Y is the constant result of the dependent variable, the value of X is the coefficient of the independent variable, and the value of M is the coefficient of the mediator variable. In this case, it is also explained that if there is an additional 1-point value from each variable, both core self-evaluation and active coping style, it will reduce the burnout value and vice versa. The equations of the mediation regression of this study are as follows:

$$Y = 66.5023 - .0750X - .6457M$$

Based on the above equation, it shows that the regression coefficient for Active coping style is -.0750, on core self-evaluation, is -.6457 and burnout is 66.5023. Regression coefficients on active coping style and core self-evaluation showed negative results. This shows that if the active coping style gets an additional 1 point, it will reduce burnout by -.0750 and vice versa. Likewise, the core self-evaluation every time there is a change, the burnout will increase or decrease by -.6457 and vice versa.

The matrix correlation showed a correlation between the dimensions of the three variables, namely active coping style, core self-evaluation, and burnout. The highest correlation between core self-evaluation and burnout is self-esteem and emotional exhaustion, with a correlation value of .522, $p < .001$. Then, between the dimensions of burnout and active coping style is a personal accomplishment and active coping; the correlation value is -.408, $p = .000$. Finally, between the dimensions of core self-evaluation and active coping style is the dimension of general self-efficacy and active coping with a correlation value of .387, $p = .000$. Meanwhile, the relationship between the depersonalization dimension in burnout and active coping is not significant because $p > .05$.

On the other hand, the results of the t-test analysis found that the burnout value with mean differences was -1.465 ($p = .040$), which shows there are differences in burnout based on gender. Core self-evaluation with mean differences of 1.515 ($p = .023$); where this shows that there are differences in core self-evaluation based on gender and active coping style with mean differences of .172 ($p = .765$); where this shows there is no difference in active coping style based on gender.

Further tests were carried out on research variables based on education level. From the results of the independent t-test conducted in this study, it was found that the burnout value with mean differences was -.240 ($p = .635$), which shows there is no difference in burnout based on education level. Core self-evaluation with mean differences of .184 ($p = .783$); where this shows that there is no difference in core self-evaluation based on education level and active coping style with mean differences of 0.024 ($p = .967$); where this shows that there is no difference in active coping style based on education level. Further tests were carried out on research variables based on age. From the results of the independent t-test conducted in this study, it was found that the burnout value with mean differences was 1.883 ($p = .185$), which indicates that there is no difference in burnout by age. Core self-evaluation with mean differences of -.749 ($p = .733$); where this shows that there is no difference in core self-evaluation based on age and active coping style with mean differences of .757 ($p = .507$); where this shows there is no difference in active coping style based on age.

3 Results and Discussions

The study aims to see the role of core self-evaluation as a mediator between active coping style and burnout in shift workers in the pharmaceutical industry during a pandemic. Based on the analytical test that has been carried out in this study, shows that core self-evaluation has a role in mediating the relationship between active coping style and burnout. The results of the mediating role of the core self-evaluation as a whole can be seen from the value of the indirect effect in the path (ab) which is greater than the direct effect in the path (c'). The value in the path (ab) is the result of the indirect effect of active coping style on burnout which first goes through core self-evaluation as a mediator between the two variables. In this case, it can be seen that the direct effect (c') of active coping style on burnout becomes insignificant when there is a core self-evaluation between the two. So that the active coping style must first go through core self-evaluation which acts as a mediator to be able to affect burnout, especially on shift workers in the pharmaceutical industry during a pandemic.

The relationship between active coping style and burnout has a negative relationship, meaning that the greater the active coping style performed by individuals, the lower the burnout rate. This is because burnout occurs when stress is prolonged, meaning that if someone with an active coping style is high, the stress will be able to be overcome so that it does not become prolonged stress, and burnout will not appear. However, the effect of the active coping style against burnout is 8.55%. This result may be because this research was conducted during a pandemic where there was limited contact (social distancing) so individuals found it difficult to do active coping style in reducing burnout because the essence of all these conditions lies in one of

the most basic and primitive elements of human emotion, namely "fear". In the case of the COVID-19 pandemic, this is closely related to feelings of helplessness and a loss of the fundamentals of security, financial stability, and the ability to imagine a bright future. Fear of infection in the presence of others, contact with contaminated, or overly close contact with other humans evokes fear. It increases distrust of others, avoidance, and withdrawal from daily activities, thereby limiting opportunities for essential human contact and social support, which is indispensable for adaptive function (Bonanno et al. 2011) in (Polizzi, 2020). The exposure describes the fear of a pandemic so that it limits humans from moving actively in their active coping style.

Their personality influences the choice of coping style in overcoming a person's burnout, wherefrom previous studies dividing two groups with low neuroticism and high neuroticism, the results show that individuals with high neuroticism tend to be more active in using adaptive coping styles compared to individuals with low neuroticism (Gunthert et al., 1999). It is well known that neuroticism is one of the dimensions of core self-evaluation (CSE). This is reinforced by the results of this study, namely that there is a positive relationship between active coping style and core self-evaluation. The concept of core self-evaluation is to describe individual evaluations of themselves, their abilities, and control. Core self-evaluation consists of four characteristics: self-esteem, general self-efficacy, locus of control, and neuroticism. Self-esteem is the overall value that a person places on himself as a person (Risnawati et al., 2021). Self-efficacy is an estimate of a person's basic ability to cope with the stresses of life and their belief in their ability to utilize the resources necessary to exercise general control over their life. It reflects self-confidence (Wardani & Anwar, 2019). Locus of control describes an individual's belief in controlling events or believing that the environment or fate is responsible for these events, and the personality dimension of neuroticism is to assess the ability to withstand stressful conditions. When a person faces stress, if he has a high neuroticism scale, he will be able to overcome the situation with a coping style.

The results of previous studies, a meta-analysis review showed that core self-evaluation is associated with stressors and the tendency to use problem-focused coping (in this study, it is called active coping style because a person's emotional stability has a unique effect on stress and the coping process (Kammeyer-Mueller et al., 2009). In addition, investigated the role of core self-evaluation in the coping process and showed that individuals with high core self-evaluation use coping styles as a form of stress resolution (Kammeyer-Mueller et al., 2009). This is reinforced by seeing the relationship between dimensions in active coping style and core self-evaluation, namely the four dimensions (Self-esteem, locus of control, neuroticism, and general self-efficacy) have a positive relationship, meaning that the higher a person's coping style, the ability to control themselves in overcoming life pressure and her belief in the ability to exercise self-control was also higher. The relationship between other dimensions that is quite high is the positive relationship between active coping style and self-esteem, which means that the higher a person's coping style will affect, the higher the ability to judge himself well, and then he will be satisfied with himself.

The third analysis is the relationship between core self-evaluation and burnout. A negative relationship was found in this study, meaning that the higher the core self-evaluation, the lower the burnout. Vice versa, if the core self-evaluation in a person is low, the burnout will be high. The research results by Li et al. (2014), show that nurses who have high core self-evaluation will have less burnout. The most important point is coping style as one of the factors that influence burnout directly or indirectly by partially mediating the relationship between core self-evaluation and burnout. This study shows that when active coping is used, burnout is reduced. If we look at the correlation between dimensions, the dimension of self-esteem in core self-evaluation relates to emotional exhaustion in the burnout dimension. This means that if a person has high self-esteem, he can assess himself well, and he will be satisfied with himself so that he will not experience emotional exhaustion, which is a dimension of burnout. Interestingly, self-esteem also has a relationship with active coping style, and it has been explained above that active coping style only has a role in reducing burnout when accompanied by core self-evaluation. Someone with high self-esteem will assess himself and encourage him to do an active coping style to reduce burnout.

The demographic factor obtained from this study finds differences in burnout and core self-evaluation based on gender. This is supported by previous research that women tend to express burnout with emotional exhaustion while men tend to be depersonalized (Purvanova & Muros, 2010). Some of the factors that affect burnout include coping style and core self-evaluation, which means reducing/weakening burnout with an active coping style through core self-evaluation.

4 Conclusion

Based on the research results obtained, it can be concluded that the four problem formulations, four research objectives, and four hypotheses were resolved with the following explanation: There is a significant negative relationship between active coping style and burnout among employees who work shifts in the pharmaceutical industry during the COVID19 pandemic; There is a significant positive relationship between active coping style and core-self-evaluation of employees who work shift in the pharmaceutical industry during the COVID-19 pandemic; There is a significant negative relationship between core self-evaluation and burnout among employees who shift workers in the pharmaceutical industry during the COVID-19 pandemic; Core self-evaluation was found to be an effective or partial mediator between the relationship active coping style and burnout. In this study, there was an increase in someone's burnout when an active coping style goes through the core self-evaluation.

Limitations and study forward

There are still many limitations in this study in several respects, one of which is the reliability test of the measuring instrument used. The reliability test still needs to be done again if it is to be used by other companies because each company has different cultures, policies, and rules. In addition, the level of education and the respondent's position in filling in the measuring instrument also needs to be adjusted because there are several items on the measuring instrument that may be difficult for certain groups to understand. Finally, the following limitation is the number of samples taken due to the pandemic, making it difficult to find samples in person; the online survey is the only option available. Therefore, further research to increase the number of samples to be more representative.

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