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The Effect Of Strenghts-Based Leadership On Work Engagement: The Mediating Role Of Strenghts Use Among Healthcare Professionals

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Abstract

In a very competitive business environment, particularly in the healthcare sector, human resources are now among the most crucial aspects influencing an organization's performance. Healthcare employees are required to show the best performance and excellent levels of work engagement to ensure patient safety and the quality of healthcare treatments. According to Schaufeli et al. (2002), work engagement is a positive, rewarding psychological condition characterized by vitality, devotion, and absorption in one's work. 200 responders were chosen through the use of purposeful sampling. Data were gathered by distributing questionnaires, and SEM-PLS was used for analysis. The results show that work engagement is positively and significantly impacted by strengths-based leadership. Furthermore, the use of strengths is positively and significantly impacted by strengths-based leadership, and work engagement is positively and significantly impacted by strengths use. Additionally, the findings show that the relationship between strengths-based leadership and work engagement is positively and significantly mediated by strengths utilization. These results imply that healthcare professionals' work engagement can be improved both directly and indirectly by adopting leadership methods that emphasize identifying and utilizing people' abilities. According to this study, healthcare organizations should encourage strengths-based leadership techniques in order to maximize the potential of healthcare workers, which will improve job engagement and raise the standard of healthcare services.

Keywords: Strengths-Based Leadership, Strengths Use, Work Engagement, Healthcare Professionals.

INTRODUCTION

In a very competitive business environment, particularly in the healthcare sector, human resources are now among the most crucial aspects influencing an organization's performance. Healthcare employees are required to show the best performance and excellent levels of work engagement to ensure patient safety and the quality of healthcare treatments. According to Schaufeli et al. (2002), work engagement is a positive, rewarding psychological condition characterized by vitality, devotion, and absorption in one's work. Despite facing difficult working conditions, workers with high job engagement typically have more vigor, passion, and perseverance in completing their responsibilities (Bakker & Bal, 2010). Fostering work engagement has therefore emerged as a strategic objective for healthcare organizations looking to enhance organizational effectiveness and service quality.

One of the most important elements in encouraging workers' involvement at work has long been acknowledged to be leadership. According to Xu and Cooper Thomas (2011), effective leaders foster positive work environments, motivate staff, boost motivation, and promote increased participation in organizational activities. Prior research has shown that a variety of leadership philosophies, such as servant leadership, empowering leadership, and authentic leadership, have a positive impact on workers' job satisfaction by enhancing relationships at work and bolstering psychological resources (De Clercq et al., 2014; Hsieh & Wang, 2015; Tuckey et al., 2012). These results imply that the development of employees' psychological attachment to their jobs is largely dependent on leadership techniques.

As positive organizational psychology has progressed, the idea of strengths-based leadership has surfaced as a leadership strategy that places more emphasis on recognizing, enhancing, and leveraging individuals' strengths than on their shortcomings. According to Ding and Yu (2020), strengths-based leadership promotes managers to identify employees' special talents and give them chances to make

the most of them in their day-to-day work. This viewpoint is based on the premise that improving performance and well-being through the development of personal strengths is more beneficial than focusing only on improving inadequacies (Van Woerkom et al., 2016).

Strengths-based leadership has been shown to improve a number of organizational outcomes, such as job performance, creative work practices, and employee well-being (Burkus, 2011; Ding & Yu, 2020). However, there is still a dearth of empirical data on its impact on work engagement (Ding & Yu, 2022). This disparity is significant because work engagement is a crucial outcome for companies looking for long-term competitive advantages since it has been well recognized as a crucial predictor of both individual and organizational success (Bakker & Demerouti, 2017).

The relationship between strengths-based leadership and work engagement is unlikely to arise primarily through a direct effect. Instead, it may act through underlying psychological mechanisms, one of which is strengths utilization, defined as the amount to which individuals employ their own strengths in carrying out their professional obligations (Van Woerkom et al., 2016b). Employees who consistently employ their abilities likely to have better self-confidence, greater job satisfaction, enhanced performance, and stronger psychological well-being (Dubreuil et al., 2014). Additionally, a number of studies have shown that the use of strengths is positively correlated with work engagement, indicating that when employees are able to effectively utilize their personal strengths, they become more enthusiastic, committed, and focused on their work (Stander et al., 2014; Van Woerkom et al., 2016).

Because healthcare workers frequently deal with heavy workloads, emotional strains, and ongoing pressure to deliver high-quality patient care, using strengths becomes especially crucial in this industry. Healthcare workers can better manage occupational stress, build psychological resilience, and maintain higher levels of work engagement by working in accordance with their strengths. Therefore, encouraging staff members to identify and capitalize on their skills may be a useful tactic for raising employee engagement and the caliber of healthcare services.

There are still a number of research gaps despite the expanding corpus of work on strengths-based leadership. First, the majority of earlier research has focused on how it directly affects organizational outcomes without providing a sufficient explanation of the psychological processes that underlie these connections. Only a small number of studies have combined these three variables into a single conceptual framework by positioning strengths use as a mediating variable, despite the fact that some have found strengths use as a result of strengths-based leadership and others have confirmed the positive influence of strengths use on work engagement. Second, there are still few empirical studies in healthcare organizations, especially hospitals in Indonesia, while the majority of existing research has been done in business, manufacturing, and commercial companies across various countries. Further research in this area is necessary given the special traits of healthcare workers, such as heavy workloads, psychological stress, and the need for ongoing patient care.

The creation of an integrated conceptual model that investigates the impact of strengths-based leadership on job engagement via the mediating function of strengths use among medical professionals employed in hospitals in Riau Province, Indonesia, is what makes this study novel. This study aims to explain the psychological process via which strengths-based leadership improves workers' work engagement by promoting the effective use of individual strengths, in contrast to earlier research that primarily focused on direct connections or non-healthcare settings. As a result, it is anticipated that this research will further the field of positive organizational psychology while offering hospital management useful insights for creating leadership strategies that capitalize on staff members' strengths and eventually improve work engagement among medical professionals.

RESEARCH METHODS

In order to investigate the suggested hypotheses and meet the research goals, this study used a quantitative research design. The study's specific objectives were to look into how strengths-based leadership affects work engagement and how strengths use among healthcare professionals functions as a mediator. Data were gathered at a particular point in time using a cross-sectional research approach. The information showed how respondents felt about their supervisors' strengths-based leadership practices, how they used their own abilities at work, and how engaged they were in carrying out their regular duties. Between March and July 2026, the study was carried out in a number of hospitals in Riau Province, Indonesia. These hospitals were chosen because healthcare workers operate in extremely demanding settings where high levels of employee engagement and strong leadership are necessary to guarantee the provision of high-quality healthcare services.

Healthcare workers who worked in Riau hospitals and directly reported to a supervisor made up the target population. This criterion was created because the study looked at how employees perceived strengths-based leadership and how it related to the application of strengths and engagement at work. Physicians, nurses, midwives, pharmacists, lab workers, radiologists, rehabilitation therapists, and other medical professionals directly involved in patient care comprised the population. Due to the high job demands, constant connection with supervisors, and requirement for ongoing work involvement in providing healthcare services, healthcare professionals were deemed an ideal population.

Respondents who satisfied the predefined inclusion criteria were chosen using a purposive sampling technique. Healthcare workers who were actively working at Riau hospitals, had a direct supervisor who allowed them to assess strengths-based leadership techniques, and had been with the organization for at least a year to guarantee adequate work experience were eligible to participate. The Hair et al. (2022) suggestion, which recommends a minimum of 10 respondents per indicator for research using SEM, was used to establish the minimal sample size. Since this study included 20 measurement indicators, a minimum sample of 200 respondents was required. Data were collected by both paper-based and online questionnaires, followed by an explanation of the study aims and an assurance of the confidentiality and anonymity of all participants' responses.

RESULTS AND DISCUSSION

The following are the findings of the research testing:

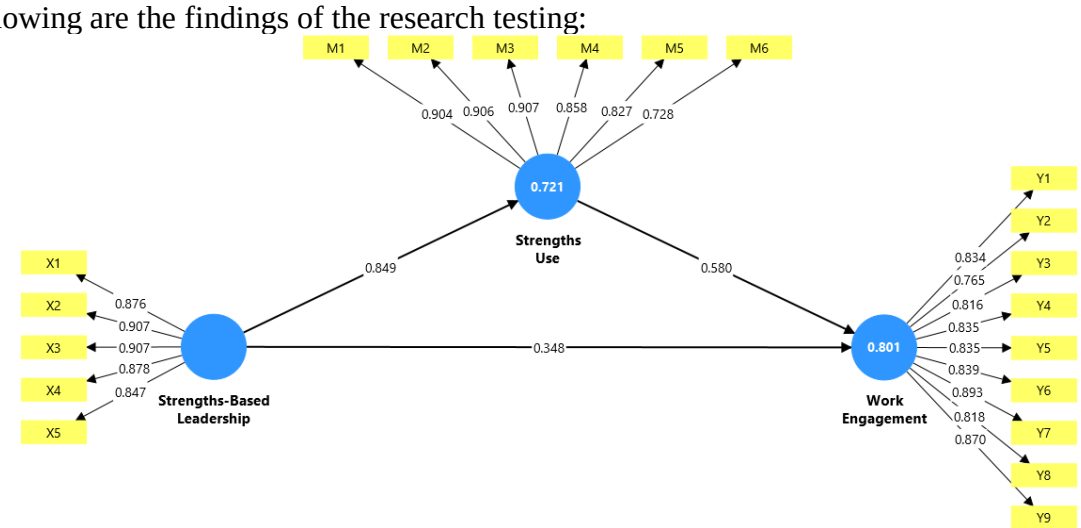

Figure 1. Path Coefficients

The path coefficient analysis revealed that Strengths-Based Leadership had the largest positive impact on Strengths Use (β = 0.849). Furthermore, Work Engagement was favorably affected by Strengths Use (= 0.580), implying that increased use of personal strengths was correlated with greater levels of work engagement. The direct impact of strengths-based leadership on work engagement was

similarly favorable, though not as powerful as its indirect impact through strengths utilization (β = 0.348). In general, the favorable path coefficients show that strengths-based leadership enhances engagement at work and healthcare professionals' use of strengths.

The R^2 value for the Strengths Use (SU) construct is 0.721, according to the coefficient of determination (R^2) study. This suggests that although factors outside the study model explained the remaining 27.9% of the variability in Strengths Use, Strengths-Based Leadership was responsible for 72.1% of the difference. However, the Work Engagement (WE) construct had an R2 value of 0.801, indicating that Strengths-Based Leadership and Strengths Use combined explained 80.1% of the Work Engagement variance, with the remaining 19.9% being explained by other variables not included in the suggested research model.

Table 1. Hypothesis Testing Results

	Original Sample (O)	*Sample Mean* (M)	*Standard Deviation* (STDEV)	*T statistics* (|O/STDEV|)	*P values*
SBL → SU	0,849	0,850	0,026	32,795	0,000
SBL → WE	0,348	0,351	0,071	4,910	0,000
SU → WE	0,580	0,578	0,067	8,613	0,000
SBL → SU → WE	0,493	0,491	0,055	8,960	0,000

Source : Processed Data by the Researcher, 2025

Results of Direct Effects

1. Work Engagement was positively and significantly impacted by Strengths-Based Leadership, H1 was supported.
2. H2 was supported since Strengths-Based Leadership significantly and favorably affected Strengths Use.
3. H3 was supported since Strengths Use significantly and favorably affected Work Engagement.
4. H4 was validated because Strengths Use positively and significantly moderated the association between Strengths-Based Leadership and Work Engagement.

Discussion

The Effect of Strengths-Based Leadership on Work Engagement

Strengths-Based Leadership had a positive and significant impact on Work Engagement, according to the hypothesis testing results, which supported H1. According to this research, healthcare workers are more likely to have better levels of work engagement when their supervisors identify, nurture, and capitalize on their unique abilities. These workers are typically in the early stages of their careers and need leadership that recognizes their potential, offers opportunities for growth, and provides ongoing support because the majority of respondents were under 30, had less than five years of work experience, and had a bachelor's degree. More zeal, commitment, and psychological attachment to their task are fostered by such leadership.

This result is in line with Bakker and Demerouti's Job Demands–Resources (JD–R) Theory, which contends that intrinsic motivation and work engagement are increased by job resources like encouraging leadership, acknowledgment of employees' abilities, growth opportunities, and a positive work environment. According to the strengths-based leadership concept, leaders serve as psychological resource providers by assisting staff members in recognizing and utilizing their strengths while providing helpful criticism and possibilities for significant growth. As a result, healthcare workers become more self-assured, feel happier, and think their employment is more important, which eventually boosts their energy, commitment, and focus at work.

The results are in line with earlier research by Wang et al. (2023) and Ding and Yu (2022), which found that strengths-based leadership enhances workers' job satisfaction by motivating them to identify and utilize their talents. According to these research, when workers feel appreciated, encouraged, and empowered to use their special talents, they become more engaged. Thus, by offering

empirical evidence that strengths-based leadership is a valuable organizational resource for improving work engagement among healthcare professionals, especially in high-demand healthcare settings, this study expands the literature on positive organizational psychology.

The Effect of Strengths-Based Leadership on Strengths Use

According to the results of the hypothesis test, Strengths-Based Leadership significantly and favorably affected Strengths Use, supporting H2. Healthcare professionals' utilization of their personal talents at work is best predicted by strengths-based leadership, according to the structural model's greatest coefficient. Given that the majority of respondents were under 30, had less than five years of work experience, and were employed permanently with a bachelor's degree, these results imply that early-career workers gain a great deal from leaders who see their potential, show them trust, and give them chances to use their strengths in day-to-day tasks.

Strengths-Based Leadership Theory, which suggests that great leaders improve organizational performance by recognizing, valuing, and developing their people' distinctive strengths, lends support to this conclusion. From the standpoint of healthy organizational behavior, leaders who offer opportunities for growth, constructive criticism, suitable work delegation, and ongoing support inspire staff members to boldly use their skills. In healthcare environments, where professionals have a variety of clinical and interpersonal skills, leadership that highlights individual talents allows staff members to use their knowledge more successfully, improving both organizational performance and patient care.

The current results are in line with earlier research by Ding and Yu (2022) and Van Woerkom et al. (2022), which showed that employees' usage of strengths is positively impacted by strengths-based leadership. According to these research, leaders who highlight employees' strengths encourage people to use their best abilities at work by fostering possibilities for personal growth, empowerment, and confidence. As a result, this study offers more empirical proof that strengths-based leadership is an essential organizational tool for encouraging healthcare personnel to use their abilities.

The Effect of Strengths Use on Work Engagement

The hypothesis testing results suggested that Strengths Use had a favorable and significant effect on Work Engagement, supporting H3. This research implies that healthcare workers who more effectively utilize their abilities, talents, and competencies are more likely to feel higher levels of work engagement. The findings suggest that early-career workers become more engaged when given the chance to use their strongest skills in providing healthcare services, since the majority of respondents were under 30, had less than five years of work experience, and worked in private hospitals.

This result is in line with the Job Demands–Resources (JD–R) Theory, which holds that employees' personal resources have an impact on work engagement in addition to job resources. Utilizing strengths is a crucial personal resource that helps people accomplish things more successfully, boost their self-efficacy, and feel happier and more satisfied with their jobs. Effective use of clinical knowledge, communication skills, empathy, problem-solving ability, and cooperation improves service quality and employees' psychological attachment to their work in the healthcare setting. As a result, making frequent use of one's unique strengths encourages increased energy, commitment, and absorption—all of which are essential components of professional engagement.

The results are in line with earlier studies by Van Woerkom et al. (2016) and Miglianico et al. (2020), which found a favorable correlation between work engagement and the usage of strengths. These research showed that workers who consistently use their own strengths are more energetic, enthusiastic, intrinsically motivated, and psychologically healthy, all of which contribute to increased work engagement. Thus, the current study supports the idea that healthcare professionals' use of strengths is a crucial personal resource that improves work engagement.

The Link Between Strengths-Based Leadership and Work Engagement Is Mediated by the Use of Strengths.

H4 was supported by the findings of the hypothesis test, which revealed that Strengths Use significantly and positively mediated the relationship between Strengths-Based Leadership and Work

Engagement. The fact that Strengths-Based Leadership's indirect effect on Work Engagement was stronger than its direct effect indicates that strengths utilization is a key channel through which Strengths-Based Leadership enhances employees' work engagement. These findings indicate that early-career healthcare professionals become more engaged when leaders assist them in recognizing, growing, and utilizing their particular strengths in their everyday work, given that the majority of respondents were under 30, had less than five years of professional experience, and possessed a bachelor's degree.

The Positive Organizational Behavior viewpoint put forward by Luthans and the Job Demands–Resources (JD–R) Theory both support this conclusion. The JD-R concept states that organizational resources, like autonomy, opportunity for growth, supportive leadership, and recognition, nurture employees' personal resources, which in turn create great work outcomes. Strengths-Based Leadership serves as a job resource in this study, whereas Strengths Use is a personal resource that grows with the help of leaders. Leaders may improve employees' confidence, sense of competence, job meaning, and psychological well-being by helping healthcare professionals to identify and capitalize on their strengths. This ultimately results in higher levels of work engagement.

The current results are in line with earlier research by Wang et al. (2023) and Ding and Yu (2022), which found that the positive link between work engagement and strengths-based leadership is mediated by strengths use. These findings demonstrate that strengths-based leadership is most effective when it enables individuals to actively apply their unique qualities in the workplace rather than depending primarily on direct leadership influence. Therefore, this study provides further empirical evidence that strengths use is a fundamental psychological process relating strengths-based leadership to greater work engagement among healthcare professionals.

CONCLUSIONS

The results of this study show that among healthcare workers, Strengths-Based Leadership greatly improves both Work Engagement and Strengths Use. Healthcare workers may carry out their jobs more successfully when their leaders identify, nurture, and capitalize on their skills. Employees become more enthusiastic, committed, and psychologically invested in their work as a result.

In a very competitive business environment, particularly in the healthcare sector, human resources are now among the most crucial aspects influencing an organization's performance. Healthcare employees are required to show the best performance and excellent levels of work engagement to ensure patient safety and the quality of healthcare treatments. According to Schaufeli et al. (2002), work engagement is a positive, rewarding psychological condition characterized by vitality, devotion, and absorption in one's work.

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