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The effect of workload on burnout syndrome among nurses

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Abstract

Background: Burnout syndrome is a condition of physical, emotional, and mental exhaustion caused by prolonged work stress, which is commonly experienced by nurses. High demands in health service delivery place nurses at risk of burnout, especially when accompanied by heavy workloads.

Purpose: To determine the effect of workload on burnout syndrome among nurses.

Method: A quantitative design with a cross-sectional approach was used. The study population consisted of 234 nurses, with a sample of 146 respondents selected using simple random sampling. Data were collected using the Maslach Burnout Inventory–Human Services Survey (MBI-HSS) to measure burnout syndrome and the NASA-TLX to assess workload. Data analysis was conducted using Pearson Chi-Square test.

Results: The results showed that the majority of respondents had a high workload (100 respondents, 68.5%) and the majority experienced burnout syndrome in the moderate category (94 respondents, 64.4%). The statistical test yielded a p-value of 0.943 ($p > 0.05$), indicating no significant relationship between workload and burnout syndrome among nurses.

Conclusion: Burnout syndrome among nurses is not influenced solely by workload, but also by other factors such as social support, work environment, motivation, and individual capacity in managing work stress.

Keywords: Burnout Syndrome; Health; Hospital; Nurses; Workload.

INTRODUCTION

A hospital is an institution responsible for providing health services to the community in a particular region. According to the Regulation of the Minister of Health of the Republic of Indonesia Number 30 of 2019, a hospital is defined as a health service facility that provides comprehensive individual health services, including inpatient care, outpatient care, and emergency services. Optimal hospital care is highly dependent on the support of high-quality resources. In this context, resources become a very important component because health services are intangible and cannot be stored as inventory; they are only generated when they are needed. Therefore, human resources play a central role as a key asset, contributing through effort, ability, creativity, and initiative to support the hospital's progress (Prihadi &

Meilani, 2020). The most prevalent human resources in hospitals are nurses. Nurses are health workers who have the competence and authority to carry out nursing interventions based on the knowledge they obtain through nursing education. As health workers who interact most frequently and for the longest duration with patients, nurses are expected to work professionally, demonstrate empathy, show care, and behave in a friendly and warm manner not only toward patients but also toward their families. Nevertheless, nursing services are still frequently the source of complaints in society; therefore, attention to nurses' performance is crucial, as the quality of nursing care significantly influences the overall quality of hospital services (Ananta & Dirdjo, 2021).

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Various factors can influence nurses' performance, including workload and social support. Workload is defined as workers' perception of all tasks that must be completed within a certain period, both physical and psychological, in nature (Suardiningsih, Surya, & Bagus, 2021). A high number of repetitive tasks, combined with the demands of coping with patients' emotional conditions, can increase the risk of work fatigue and contribute to workplace accidents. This condition becomes a major source of stress for nurses. If this stress persists over a long period and is not managed effectively by the individual, it can lead to job burnout or burnout syndrome (King & Marwensdy, 2020). Burnout syndrome is a psychological condition characterized by physical, emotional, and mental exhaustion resulting from prolonged exposure to work-related stress (Maulana, 2024). This condition can affect individuals' attitudes, behaviors, and interactions, ultimately lowering the quality of nursing care. Nurses are one of the most vulnerable groups of health workers to experience burnout because their work is demanding, carries high responsibility, and involves continuous exposure to emotionally stressful situations (Kusumawati & Istiqomahi, 2021). The most evident impact of burnout is reduced performance and service quality. Individuals experiencing burnout syndrome tend to lose meaning in their work as a result of prolonged physical, emotional, and mental exhaustion, which can lead to higher rates of absenteeism, excessive sick leave, and even decisions to leave their jobs (Safitri, 2025).

Globally, burnout among health workers has become an increasingly important concern. The World Health Organization officially classified burnout as an occupational phenomenon in 2019, reflecting the considerable impact of this condition on worker well-being and organizational effectiveness. Numerous studies have reported a high prevalence of burnout among nurses, who consistently face heavy workloads and intense emotional demands (Damara, Azizah, & Akbar, 2024). Burnout syndrome among nurses has been a focus of research in many countries. In Andalusia, Spain, for example, approximately 80% of 674 nurses studied were found to have high levels of burnout syndrome. In Indonesia, burnout among nursing personnel is increasingly recognized as a serious problem. Previous studies indicate that nurses often experience emotional

exhaustion, depersonalization, and reduced personal accomplishment, particularly among nurses working in hospitals. Similar conditions were also found at Regional General Hospital Ungaran, where the study results showed that the majority of nurses experienced burnout syndrome, with a prevalence of 50.8% (Indiawati, Syaâ, Rachmawati, & Suhardiningsih, 2022).

Workload phenomena at Regional General Hospital Baubau suggest the presence of latent problems despite generally good performance among nurses and midwives. Performance evaluations show that most nurses fall into the "good" or "very good" categories, yet the lowest scores in the Pediatric and NICU wards indicate an imbalance in workload distribution across certain units. This situation is reinforced by the high volume of patient visits, which reached 6,382 in 2025, further increasing work pressure on nursing staff. Although specific data on burnout syndrome levels have not yet been available, these conditions indicate a strong likelihood of burnout-related risk factors, particularly workload. Based on the above background, investigating the effect of workload on burnout syndrome among nurses is essential. Nurses with high workloads are more likely to experience burnout syndrome, which in turn may reduce nursing performance and the quality of nursing care. This condition also has the potential to lower patients' satisfaction with hospital services. Therefore, the researcher is interested in examining more specifically the relationship between workload and burnout syndrome among nurses (Wardah & Tampubolon, 2020).

RESEARCH METHOD

A quantitative research employing a cross-sectional design. The research was conducted at Regional General Hospital Baubau, Southeast Sulawesi, considering that this hospital has high and diverse operational activity levels, which aligns with the research objectives. The study was carried out from October to November 2025 and included direct observation, interviews with nurses, and data collection related to the research variables. The population of this study consisted of all nurses working, totaling 234 individuals. The sample comprised 146 respondents selected using simple random sampling. The instruments used in this study were the Maslach Burnout Inventory–Human Services Survey (MBI-HSS) questionnaire, a standardized instrument for measuring burnout syndrome, and the NASA-TLX questionnaire for measuring workload.

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RESEARCH RESULTS

Tabel 1. Characteristics of the Respondents (N= 146)

Variable	Results	P-Value
Age (n/%) (Mean±SD) (Range) (Year)	(36.6±6.7) (17-65)	
17-25	3/2.1	
26-35	63/43.2	
36-45	69/47.3	
46-55	10/6.8	
≥55	1/0.7	
Gender (n/%)		
Male	34/23.2	
Female	112/76.7	
Burnout Syndrome (n/%)		
Low	38/26.0	0.000
Moderate	79/54.1	
High	29/19.9	

Table 1 presents the demographic characteristics of respondents and the distribution of burnout syndrome levels. The mean age of respondents was 36.6 ± 6.7 years, with an age range of 17–65 years. Most respondents were aged 36–45 years (47.3%), followed by 26–35 years (43.2%), while only a small proportion were aged 17–25 years (2.1%), 46–55 years (6.8%), and ≥55 years (0.7%). Based on gender, the majority of respondents were female (76.7%), whereas male respondents accounted for 23.2% of the total sample.

Regarding burnout syndrome, most respondents experienced a moderate level of burnout (54.1%), followed by low burnout (26.0%) and high burnout (19.9%). Statistical analysis showed a significant association, with a p-value of 0.000 ($p < 0.05$), indicating a statistically significant result.

DISCUSSION

The results of the study show that the majority of nurses experience a high workload. This high workload may be caused by a large number of patients, the demand for fast and accurate services, and the substantial responsibility involved in providing nursing care (Sari, 2025). This condition is common in hospitals, as nurses are health workers who interact directly with patients around the clock. Although most respondents have a high workload, the majority of

nurses experience burnout syndrome at a moderate level. This indicates that nurses are still able to manage the work pressure encountered while performing their duties. A moderate level of burnout syndrome suggests a noticeable sense of work fatigue, yet it has not seriously impaired their work functioning. This condition may be influenced by nurses' ability to adapt to the work environment and their accumulated work experience (Ezdha & Hamid, 2020).

The statistical analysis using Pearson Chi-Square yielded a p-value of 0.943 ($p > 0.05$), indicating no significant relationship between workload and burnout syndrome. This means that, in this study, the level of burnout syndrome among nurses was not directly influenced by whether their workload was high or low. These findings suggest that burnout syndrome is a multifactorial condition and is not determined by a single variable alone. The factors influencing burnout into two groups: individual (internal) factors, such as demography, personality, and work attitudes, and situational (external) factors, including job characteristics, type of work, and organizational characteristics (Maslach, Schaufeli, & Leiter, 2021).

In addition, a lack of sense of belonging to the workplace community can reduce workers' positive attachment to their jobs. Individuals tend to perform more effectively in comfortable, harmonious, and

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mutually respectful environments. However, in practice, gaps in relationships are still found, both among colleagues and between subordinates and supervisors (Vuspyta, Irwan, & Anita, 2021). The busyness of each individual, along with excessive use of technologies such as mobile phones and computers, can also reduce social interaction at work. In contrast, good interpersonal relationships through communication, sharing experiences, and a friendly working atmosphere are essential for building strong working relationships. Poorly harmonious work relationships may lead to an uncomfortable work environment, triggering feelings of anger, frustration, anxiety, and a sense of being undervalued. These conditions can ultimately reduce social support and mutual assistance among colleagues (Leiter & Maslach, 2017).

No relationship between workload and burnout syndrome among nurses in the inpatient ward of TK IV IM Lhokseumawe Hospital (Wahyuni, 2024). Similarly, a study among nurses in the inpatient ward of Regional General Hospital Kendari also found no significant relationship between workload and burnout syndrome (Syahadat, Zainuddin, & Lestari, 2025). Therefore, efforts to prevent burnout syndrome should be carried out comprehensively, such as enhancing work support, creating a comfortable work environment, and providing stress management programs for nurses to maintain optimal health service quality (Mariana, Suroto, & Rezki, 2020).

Given the absence of a significant relationship between workload and burnout among nurses, interventions to reduce burnout cannot be limited to the reduction of numerical workload alone (Tri Ardiansyah, Negeo Putra, Soebagiyo, & Yosepfus Weu, 2019). Instead, they should address broader aspects of the work environment, including strengthening psychosocial support through counseling programs, peer support groups, and regular clinical supervision; reviewing shift scheduling systems, task allocation, and staff distribution; and conducting more comprehensive assessments of high-risk burnout-related factors such as work stress, emotional exhaustion, organizational injustice, and work life balance. These measures can serve as the basis for designing more targeted and sustainable burnout prevention programs (Waluyo & Susanti, 2025).

CONCLUSION

Most nurses had a high workload and experienced burnout syndrome at a moderate level. Statistical analysis showed that there was no significant relationship between workload and burnout syndrome among nurses. These findings indicate that burnout syndrome is not only influenced by workload, but may also be affected by other factors such as social support, work environment, motivation, and individual ability to manage work-related stress.

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