



## ANALYSIS OF FACTORS RELATED TO BURNOUT AMONG NURSES IN INPATIENT ROOMS

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### ABSTRACT

Burnout is physical, emotional, and mental exhaustion experienced by nurses due to prolonged work stress. This condition has a negative impact on the quality of health services, increases the risk of work errors, and reduces the efficiency of patient care. There are several factors that influence the occurrence of burnout in nurses, including nurse characteristics, family support, and workload. The purpose of this study is to Analysis of Factors Related to Burnout Among Nurses in Inpatient Rooms. This study uses a quantitative descriptive research design with a cross-sectional approach. A total of 68 practicing nurses will participate in this study. The research instrument used a questionnaire consisting of a questionnaire on nurse characteristics (age, gender, length of service, education level, marital status, and employment status), a questionnaire on family support, workload, and burnout in nurses. Data analysis will use frequency distribution, chi-square, and multiple linear regression tests. The results show that age ( $p=0.038$ ), education level ( $p=0.040$ ), and workload ( $p=0.025$ ) are significantly related to burnout in nurses, while gender ( $p=0.808$ ), length of service ( $p=0.24$ ), marital status ( $p=0.235$ ), and family support ( $p=302$ ) were not associated with burnout among nurse. These results indicate that young nurses, have a high level of education and a high workload are more likely to experience burnout. Therefore, there is a need for routine monitoring of stress and burnout levels among nurses, especially among young and newly employed nurses. Additionally, there is a need for stress management training, psychosocial support, and counseling rooms for nurses who show symptoms of fatigue or burnout.

Keywords: burnout; inpatient rooms; nurses

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## INTRODUCTION

Hospitals are health care institutions that provide comprehensive services to individuals, including inpatient care, outpatient care, and emergency care. This definition is in accordance with Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2020, which states that hospitals are healthcare institutions that provide comprehensive individual healthcare services in the form of inpatient care, outpatient care, and emergency services (Kementerian Kesehatan Republik Indonesia, 2020). In addition, hospitals also play an important role in maintaining public health through a range of comprehensive medical services. According to the World Health Organization (WHO), hospitals not only function as health care centers, but also as an important part of the social and health system. Hospitals are tasked with providing health services that include treatment and prevention, thereby improving the welfare of the community. In addition, hospitals serve as training centers for health workers and as places for conducting medical research to develop science and technology in the health sector (World Health Organization, 2019).

Nursing is a component of healthcare that focuses on providing nursing care to individuals, families, and communities to promote, maintain, or restore health. The nursing profession plays a major role in patient care and is responsible for ensuring optimal quality of healthcare services (Wahyuni, 2022). This is in accordance with Law No. 38 of 2014 concerning Nursing, which explains that the provision of nursing services must be carried out in a responsible, accountable,

high-quality, safe, and affordable manner by nurses who have high competence, authority, ethics, and morals..

Burnout is physical, emotional, and mental exhaustion experienced by nurses as a result of prolonged work stress. Contributing factors include high workloads, limited human resources, job demands, and exposure to health risks in hospitals (Dinibutun, 2020). This situation has a negative impact on the quality of healthcare services, increases the risk of work errors, and reduces the efficiency of patient care (Rifai et al., 2024). In addition, economic pressures, long working hours, and a lack of social support further exacerbate nurses' fatigue levels. Burnout is often experienced by medical personnel, including psychologists, doctors, and nurses. As many as 83% of healthcare workers experience burnout (Djoar et al., 2023). A total of 32 out of 393 practicing nurses were found to be working in inpatient wards with working hours of 8–12 hours per day. This condition will result in physical and mental fatigue and a decline in work interest due to high productivity over a long period of time.

Nurses' burnout is influenced by various factors, including length of service and workload (Mulyanti et al., 2024), Nurses also need social support outside of their work environment, especially from their families, to reduce the pressures that trigger burnout (Damayanti et al., 2022). In addition, work commitment is a factor that influences burnout among nurses (Indiawati et al., 2022). Interviews with some nurses show that nurses often experience emotional exhaustion in the form of feelings of fatigue and mental drain, as well as a decline in personal achievement marked by feelings of incompetence or dissatisfaction with work results. If left unchecked and untreated, this condition can develop into more serious burnout. Based on the above description, The purpose of this study is to analyze factors related to burnout among nurses in inpatient rooms.

## **METHOD**

This study is a correlational study, aiming to determine the correlation between the variables studied using a cross-sectional approach, namely data collection conducted at one time simultaneously with all variables measured simultaneously (point time approach). The variables in this study are nurse characteristics (age, gender, length of service, education level, marital status, and employment status), family support factors, workload factors, and burnout among nurses. In this study, the research population consisted of nurses in the inpatient rooms of Welas Asih Hospital. The sampling technique used was proportionate simple random sampling of 68 nurses.

The family support instrument consists of 32 questions based on theory (Sarafino & Smith, 2014), covering four main dimensions of family support, namely emotional support, information, assessment, and appreciation. The results of the validity and reliability tests for this instrument were 0.31–0.58, and the reliability value using Cronbach's alpha coefficient was 0.79. The standardized nurse workload instrument was taken from Nursalam's 2017 book, which consists of 13 questions that have been tested for reliability with Cronbach's Alpha = 0.827. Meanwhile, the burnout questionnaire was developed from the Maslach Burnout Inventory (MBI) questionnaire, which had been modified according to the research context. Before use, the burnout instrument was tested for validity and reliability. The test results showed that all burnout items were valid and the instrument had high reliability with a Cronbach's Alpha value > 0.7. The statistical tests used were frequency distribution for univariate analysis and chi-square for bivariate analysis, while multiple linear regression analysis was used to determine the dominant factors. This study has obtained ethical clearance with number 205/09.KEPK/UBK/VII/2025.

## **RESULT**

Table 1 shows that most (58.8%) respondents were aged between 21 and 30 years old, most (64.7%) respondents were female, almost all (82.4%) respondents had been working for less than 5 years, most (69.1%) respondents were married, and most (55.9%) respondents had a Diploma in Nursing.

Table 1.  
Characteristics of Nurses in the Inpatient Room

Characteristics	f	%
Age		
21-30 year	40	58.8
31-40 year	28	41.2
Total	68	100
Gender		
Male	24	35.3
Female	44	64.7
Total	68	100
Length of work		
<5 year	56	82.4
>5 year	12	17.6
Total	68	100
Marital Status		
Married	47	69.1
Not Married	21	30.9
Total	68	100
Education		
D3 Nursing	38	55.9
Ners	30	44.1
Total	68	100

Table 2.  
Family Support, Workload, and Burnout Among Inpatient Nurses

Variables	f	%
Family Support		
Low	6	8.8
Moderate	35	51.5
High	27	39.7
Total	68	100
Workload		
Light	20	29.4
Moderate	46	67.6
Heavy	2	2.9
Total	68	100
Burnout		
Mild	53	77.9
Moderate	11	16.2
Severe	4	5.9
Total	68	100

Table 2 shows that most (51.5%) respondents had moderate family support, most (67.6%) respondents had a moderate workload, and almost all (77.9%) respondents had mild burnout.

Table 3.  
Relationship between Characteristics and Burnout in Nurses

Variable	Burnout			Total	Pearson Chi-Square	Sig
	Mild	Moderate	Severe			
Age						
21-30 year	27	9	4	40	6.560	0.038
31-40 year	26	2	0	28		
Gender						
Male	18	4	2	24	0.425	0.808
Female	35	7	2	44		
Length of work						
<5 year	42	11	3	56	2.858	0.24
>5 year	11	0	1	12		
Total	53	11	4	68		
Marital Status						
Married	16	5	0	48	2.893	0.235
Not Married	37	6	4	8		

Education						
D3 Nursing	33	5	0	38		
Ners	20	6	4	30	6.427	0.040
Total	53	11	4	68		

Table 3 shows that there is a relationship between age and education level with burnout ( $p=0.038$ ,  $p=0.040$ ), but there is no relationship between gender ( $p=0.808$ ), length of service ( $p=0.24$ ), and marital status ( $p=0.235$ ) with burnout among nurses.

### Classic Assumptions Test

Table 4.  
Normality Test

Keterangan	Unstandardized Residual
N	68
Asymp. Sig.(2-tailed)	0.848

Table 4 shows that the data is normally distributed ( $p=0.848$ ).

Table 5.  
Heteroscedasticity Test

Variable	Sig
Age	0.589
Family Support	0.632
Workload	0.572

Table 5 shows that there is no heteroscedasticity in the data for age ( $p=0.589$ ), family support ( $p=0.632$ ), and workload ( $p=0.572$ ).

Table 6.  
Multicollinearity Test

Variable	Colinearity Statistics	
	Tolerance	VIF
Age	0.923	1.083
Family Support	0.903	1.107
Workload	0.914	1.084

Table 6 shows that there are no symptoms of multicollinearity in the variables of age, family support, and workload.

### Hypotesis Test

Table 7.  
Simultaneous relationship test using the F test

F	Sig
5.705	0.002

Table 7 shows that each independent variable (age, family support, and workload) simultaneously has a significant effect on the burnout variable of nurses.

Table 8.  
Partial correlation test using the T-test

Variable	B	t	Sig
(Constant)	87.180	8.744	0.000
Age	-0.514	-2.231	0.029
Family Support	-0.075	-1.040	0.302
Workload	-0.341	-2.289	0.025

Based on Table 8, it shows that age ( $p=0.029$ ) and workload ( $p=0.025$ ) have a significance level of  $<0.05$ , so it can be concluded that age and workload are related to burnout in nurses. Meanwhile, family support ( $p=0.302$ ) can be concluded to have no significant relationship with burnout in nurses.

The multiple linear regression equation is as follows:

$$Y = 87.180 - 0.514 \_X1 - 0.341 \_X3$$

Note:

Y = Nursing Burnout Variable

X<sub>1</sub> = AgeVariable

X<sub>2</sub> = Workload Variable

Table 8.  
The Coefficient of Determination (R<sup>2</sup>)

Predictors	Adjusted R Square
Constant, Age, Family Support, Woarkload	0.211

Table 8 shows that the adjusted R Square value is 0.211 or 21.1%. This means that the independent variables can explain 21.1% of the variation in the dependent variable, while the remaining 78.9% is explained by other variables outside the predictor variables.

## DISCUSSION

### Characteristics of Nurses in the Inpatient Room

Table 1 shows that most respondents (58.8%) were aged 21-30 years (early adulthood). These results are in line with the findings of Sigalingging et al. (2025), who found that almost all nurses were in early adulthood (85.47%). Younger people are more likely to experience burnout than older people (Herianto et al., 2022). Early adulthood is filled with unrealistic expectations. Compared to the aging process in general, individuals become more mature, more stable, and more determined, thus developing a more realistic outlook (Indiawati et al., 2022).

The results of the study found that the majority (64.7%) of nurses were female. This is in line with the results of a study by Sigalingging et al. (2025), which found that the majority of nurses were female (53%). Women often experience conflict between taking care of their families and helping patients professionally, which is their responsibility. Female nurses sometimes have to leave their sick family members who need their help, while on the other hand they must also be professional, which means prioritizing helping and comforting patients. This situation can cause psychological problems, especially (Herianto et al., 2022). The results of the study found that almost all (82.4% of nurses) had been working for less than 5 years. People with little work experience tend to experience burnout. New nurses with limited experience will struggle to perform their duties. Nurses with minimal experience are more prone to burnout (Sigalingging et al., 2025).

The study found that most (69.1%) nurses were married. These results are in line with the study by Sigalingging et al., (2025), which found that the average nurse was married. Nurses who were married had a support system or people who provided support within the family. A person who is married and has a family is generally older, more stable, psychologically mature, and involvement with family and children can prepare a person mentally to deal with personal problems and emotional conflicts. Love and social support from family can help a person cope with the emotional demands of work (Indiawati et al., 2022).

Based on the calculations, it was found that most (55.9%) nurses had a D3 Nursing education. The level of education was one of the contributors to the incidence of burnout. Nurses who had college or university qualifications tended to have high emotional exhaustion (Sigalingging et al., 2025). Nurses with higher education tend to experience burnout because they have high expectations of their work. Pearlman and Hartman's theory explains that there is a relationship between perception and work stress among employees. When an individual's expectations and values do not match those of the organization, that employee will tend to experience burnout (Sigalingging et al., 2025).  
Family Support, Workload, and Burnout Among Inpatient Nurses

### Family Support

The results of the study show that most nurses (51.5%) have moderate family support, followed by high family support (39.7%), and only a small proportion (8.8%) have low family support. In

dealing with stressful events, individuals need social support. Individuals who have high social support not only experience low stress, but are also able to cope with stress more successfully than those who receive less social support. Family social support acts as a buffer against stressful life changes (Mulyanti et al., 2024). The family is the most comfortable place for a person to face all of life's problems. Sharing happiness and a place where hopes for a better life grow through family social support, psychological well-being will increase because attention and understanding will create a sense of belonging, increase self-esteem and clarity of identity, and foster positive feelings about oneself (Setyowati et al., 2022).

### **Workload**

The results of the study found that most (67.5%) nurses had a moderate workload. These results are in line with (Mulyanti et al., 2024) who found that nurses' workloads were in the moderate category. Moderate nursing workload indicates that the number of activities, responsibilities, and work demands that nurses must complete are still within the limits of their physical, mental, and time capacities. Emotional exhaustion refers to excessive physical and emotional workload resulting from interactions with coworkers and healthcare service users (Mulyanti et al., 2024).

The study found that 2.9% of nurses experienced high workloads. High workloads can cause nurses to experience burnout and fatigue. This will have an impact on the decline in the quality of services provided by nurses (Indiawati et al., 2022). Evaluating and adjusting nurses' workloads to prevent and reduce the risk of burnout. These efforts can be implemented by increasing the number of nurses, implementing fair work rotations, providing psychological support, and conducting regular stress management training (Pameria et al., 2025).

### **Burnout**

The results of the study show that most (77.9%) nurses experienced mild burnout, 16.2% experienced moderate burnout, and 5.9% experienced severe burnout. The results of this study are consistent with the research by Anggraeni et al., (2021) which found that 67.7% of nurses experienced mild burnout. Mild burnout can occur because the optimal efforts made by nurses in caring for patients have resulted in satisfaction within the nurses themselves. The study found that 16.2% of nurses experienced moderate burnout and 5.9% experienced severe burnout. Moderate burnout can become severe if not treated immediately. Meanwhile, Burnout has a negative impact on employee motivation, engagement, and productivity, which ultimately reduces their performance (Fhauzan & Ali, 2024), and even decreased job satisfaction (Indiawati et al., 2022). Increased burnout can interfere with the provision of nursing care to patients, causing nurses to have less rest, less sleep, headaches, confusion, and emotional distress (Wardah & Tampubolon, 2021).

## **The Relationship Between Characteristics and Burnout in Nurses**

### **Age and Burnout**

The results of the study found a significant relationship between age and burnout in nurses ( $P=0.038$ ). These findings are consistent with those of Indiawati et al., (2022) who found a strong relationship between age and burnout among nurses ( $p=0.01$ ). However, they differ from those of (Sigalingging et al., 2025) who found no relationship between age and burnout ( $p=0.122$ ). Based on the findings, 5.8% of young adults (aged 21-30) experience severe burnout. Early adulthood is filled with unrealistic expectations. Compared to the general increase in age, individuals become more mature, more stable, and more determined, thus having a more realistic perspective (Indiawati et al., 2022). This is reinforced by (Herianto et al., 2022), who state that as a person ages, they become more mature and stable. Burnout often occurs in younger employees, possibly because they are not yet ready for the job, lack adaptation, or feel uncomfortable in the work environment. Young nurses are inexperienced and must adapt to a challenging work environment (Herianto et al., 2022). At an older age, over 30 years old, the majority already feel comfortable with their jobs, so they do not want to readapt to a new environment and want to spend their working life in one place only.

### **Gender and Burnout**

Based on Table 3, there is a relationship between gender and burnout in nurses with a significance value of  $p=0.808$ , which means that there is no relationship between gender and burnout. Both men and women have the same picture of burnout, so gender is not a determining factor in the emergence of emotional exhaustion, depersonalization, or decreased self-achievement at work. These findings are consistent with those of Sigalingging et al. (2025) who stated that gender is not related to burnout among nurses. Different results were reported by (Indiawati et al., 2022) who stated that there is a relationship between gender and burnout among nurses..

### **Length of work**

The results of the study showed no relationship between length of service and burnout among nurses ( $p=0.24$ ). These results indicate that nurses who have worked for less than 5 years and those who have worked for more than 5 years have the same level of burnout. These results contradict the findings of Pujiarti et al., (2023) who stated that there is a relationship between length of service and burnout. Long working hours are not related to burnout. Nurses who have been working for a long time tend to feel boredom (burnout), while new nurses may experience stress because they are still adapting to their work. The longer a nurse's working period, the more experience they will have and their coping skills will also improve. This is why, even though the length of service of nurses increases, the incidence of burnout decreases (Indiawati et al., 2022).

### **Marital Status and Burnout**

Table 3 shows that there is no relationship between marital status and burnout among nurses ( $p=0.235$ ). Both unmarried and married nurses have the same level of burnout. The results of this study are in line with Sigalingging et al. (2025) who stated that marital status has no relationship with burnout in nurses ( $p=1.000$ ). Maslach's theory explains that unmarried people experience higher levels of burnout (Chairany & Mendrofa, 2023). Affection and social support from family can help a person cope with the emotional demands of work (Indiawati et al., 2022). Married nurses may experience emotional exhaustion. This is possible because married individuals have more responsibilities and demands than unmarried individuals, so married individuals have more burdens on their minds (Indiawati et al., 2022). This statement is reinforced by Chairany & Mendrofa (2023) who state that married nurses have the responsibility to support their families and must be able to perform social functions in the community..

### **Level of Education and Burnout**

The results of the study found that education level was significantly related to burnout ( $p=0.040$ ). Nurses with higher education had a higher chance of experiencing burnout. These findings are in line with the study by Indiawati et al., (2022) which states that educational level can affect burnout in nurses. However, this study contradicts the findings of Lutfi et al. (2021) dan Mariana et al., (2020) which state that there is no relationship between education and burnout in nurses. Highly educated professionals have idealistic hopes or aspirations, so when faced with a gap between their aspirations and reality, they experience anxiety and disappointment that can lead to burnout syndrome (Mariana et al., 2020).

### **The Relationship Between Age, Family Support, and Workload on Burnout Among Nurses.**

Table 7 shows that age ( $p=0.029$ ) and workload ( $p=0.025$ ) have a significance level of  $<0.05$ , so it can be concluded that age and workload are related to burnout in nurses. Poorly managed workload causes burnout in nurses (Mulyanti et al., 2024). The results of this study are in line with Pameria et al. (2025) who stated that there is a significant relationship between workload and burnout ( $p=0.022$ ). The higher the workload, the greater the incidence of burnout. High workloads cause repeated physical, mental, and emotional stress, leading to emotional exhaustion, cynicism or depersonalization towards patients, and feelings of ineffectiveness in self-achievement (Kooktapeh et al., 2023)

Emotional exhaustion refers to excessive physical and emotional workload resulting from interactions with colleagues and healthcare service users (Pameria et al., 2025). High workload will have an impact on decreased satisfaction (Norma Yulianda et al., 2024).

Physical fatigue that occurs continuously over a long period of time will lead to burnout (Indiawati et al., 2022). If burnout is left unaddressed, it can increase errors in work performance and workplace accidents, reduce nurses' commitment to their profession, and ultimately lead to high turnover and low quality of nursing care (Hutama et al., 2020).

One factor that influences nurses' perception of workload is age. Older employees tend to be more sensitive to their workload, as family responsibilities and household issues make them perceive their workload as heavier (Hutama et al., 2020). In addition to influencing workload, age can also influence stress in nurses. Younger nurses are still accustomed to their work environment and lack knowledge and experience in handling patients (Anggraeni et al., 2021). The results of the study found that family support had no effect on burnout ( $p=0.302$ ). The level of family support for nurses did not directly affect burnout among nurses.

These findings contradict those of Mulyanti et al., (2024) who found that family support was associated with burnout in nurses ( $p=0.000$ ). When facing stressful events, individuals need social support. Individuals with high social support not only experience lower stress levels but are also better able to cope with stress compared to those who receive less social support (Putri et al., 2023). Family support is only one of many types of social support available (Putri et al., 2023). Family support alone is not sufficient to influence burnout in nurses. In addition to family support, sources of support for nurses can come from the work environment, such as coworkers, supervisors, and organizational policies. Although family support is important for general well-being, its protective effect against job burnout can be limited when job demands are very high. Family support is only one of many types of social support available (Setyowati et al., 2022). This is in line with the findings Khote et al., (2024) who found a significant relationship between organizational support and burnout among nurses..

Based on Table 7, it can be seen that age, family support, and workload simultaneously have a significant effect on burnout in nurses ( $p=0.002$ ). These three variables contribute 21.1% to the burnout variable, so it can be concluded that there are other factors that contribute 78.9% to burnout in nurses. When tested partially, only the variables of age and workload significantly affected the variable of burnout, while the variable of family support did not have a significant effect on burnout.

## **CONCLUSION**

This study concludes that age, education level, and workload are significantly related to burnout among nurses, while gender, length of service, marital status, and social support are not significantly related. Therefore, stress management programs such as coping mechanism training, mindfulness, and psychological counseling are needed as part of ongoing organizational support.

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