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The Role of Workload in Increasing the Risk of Burnout Syndrome Among Nurses at Aisyiyah Siti Fatimah Tulangan Hospital, Sidoarjo

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Abstract

ABSTRACT
Background of Study: Nurses frequently experience high levels of occupational stress due to demanding workload conditions, leading to Burnout Syndrome (BOS). Burnout is characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, significantly impacting nurse well-being and healthcare service quality.
Aims and Scope of Paper: This study examines the relationship between workload and burnout syndrome among nurses at Aisyiyah Siti Fatimah Tulangan Hospital, Sidoarjo, aiming to identify the prevalence of burnout and its association with workload levels.
Methods: This study used a cross-sectional quantitative analytical design, involving 40 nurses from inpatient and outpatient units selected through total sampling. Data were collected using a structured workload questionnaire and the Maslach Burnout Inventory (MBI), which measures three dimensions of burnout: Emotional Exhaustion, Depersonalization, and Decreased Personal Accomplishment. Statistical analysis used the Chi-Square test with SPSS software to determine the significance of the relationship ($p < 0.05$).
Result: The majority of nurses (75%) reported moderate workload, while 25% experienced low workload; there were no cases of high workload. Despite this, the prevalence of burnout was very high, with 82.5% of nurses experiencing moderate burnout and 7.5% experiencing high burnout symptoms. Chi-square analysis confirmed a significant relationship ($p < 0.05$) between workload and burnout syndrome. Nurses with moderate workload were more likely to experience moderate to high burnout (93.3%). Emotional exhaustion emerged as the most affected component of burnout.
Conclusion: This study highlights that even moderate levels of workload can significantly contribute to burnout in nurses. These findings challenge the traditional view that only high workloads cause burnout, suggesting that psychological distress plays a crucial role. These results emphasize the need for effective workload management strategies, mental health support, and institutional interventions to prevent workforce attrition and maintain the quality of healthcare services.

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INTRODUCTION

Nursing is universally acknowledged as a high-demand profession requiring sustained physical stamina, emotional resilience, and psychological strength. Nurses often operate under prolonged shifts, navigate high patient-to-nurse ratios, and perform both clinical and administrative tasks simultaneously. These conditions, especially when persistent and unsupported, can culminate in extreme occupational stress and lead to Burnout Syndrome (BOS).

BOS is a psychological condition that emerges from chronic workplace stress that has not been effectively managed, and is classically defined by three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach, Jackson, & Leiter, 1981; Maslach & Leiter, 2016).

Nurses experiencing BOS often exhibit impaired cognitive performance, declining enthusiasm for patient care, and increased susceptibility to clinical errors, all of which compromise the safety and satisfaction of both patients and healthcare providers (Wu et al., 2021). Consequently, identifying and mitigating the factors contributing to BOS is a priority in healthcare systems globally. Among the various predictors, workload—both objective and perceived has been repeatedly confirmed as a key antecedent to burnout (Pires et al., 2021).

Workload itself is a multifaceted construct, encompassing physical demands (e.g., lifting, mobilizing patients), psychological burdens (e.g., emotional labor, multitasking), and time-related pressures (e.g., deadlines, overtime). Lestari et al. (2020) emphasize that workload should not be interpreted solely in terms of volume, but also the complexity and intensity of tasks within constrained timeframes. Adriaenssens, De Gucht, and Maes (2015) further clarify that workload is heavily influenced by patient acuity, institutional support structures, and administrative workload. When demands consistently exceed a nurse's available resources and recovery time, burnout becomes a probable outcome.

Recent empirical studies have substantiated the causal link between high workload and BOS in diverse nursing contexts. For instance, Ismiyanti, Khotimah, and Prananto (2023) identified excessive workload as the primary contributor to burnout among nurses stationed in COVID-19 isolation wards, where physical strain was compounded by emotional trauma. Similarly, Jimri, Larira, and Toar (2023) found a statistically significant relationship between workload intensity and burnout symptoms in an inpatient setting at Bhayangkara Level III Hospital, Manado. Both studies reinforce the findings of Maslach and Leiter (2016), who argue that burnout is often rooted not just in the quantity of work, but in the lack of control, recognition, and fairness perceived in the work environment.

Despite the increasing number of studies on this subject, there remains a notable scarcity of data focusing on burnout syndromes in Indonesian secondary and tertiary healthcare institutions. The national discourse has largely centered on frontline hospitals during health crises, overlooking everyday scenarios in general care hospitals. This gap is particularly evident in East Java, where localized data on nurse burnout is still underdeveloped. Consequently, this study seeks to explore the relationship between workload and BOS among nurses at Aisyiyah Siti Fatimah Tulangan Hospital in Sidoarjo a mid-sized, non-metropolitan institution with its own unique operational dynamics.

Field observations conducted prior to this study revealed that nurses in both inpatient and outpatient departments frequently reported fatigue, emotional detachment, and loss of enthusiasm. Informal discussions indicated that these symptoms often coincided with shifts involving patient overcrowding, understaffed teams, and administrative overload. These qualitative indicators point toward a misalignment between workload expectations and the actual coping resources available to nurses. Therefore, a systematic, quantitative exploration is necessary to verify and contextualize these observations.

The significance of this study is amplified by national statistics on nurse well-being. Thalib observed that burnout in Indonesian nurses remains alarmingly high, even outside pandemic conditions. Their study at RSD Dr. Soebandi Jember found that 81.18% of nurses experienced low-level burnout, 16.47% experienced moderate burnout, and 2.35% suffered from high burnout. Notably, 20% of respondents displayed clinical symptoms of depression. These data suggest that burnout is a structural issue, not merely episodic or situational.

The Job Demands-Resources (JD-R) model by Bakker and Demerouti (2017) provides a useful framework to interpret this phenomenon. According to this model, high job demands like intense workload, frequent emotional interactions, and time pressure are positively correlated with burnout when not offset by sufficient job resources such as supportive leadership, manageable schedules, and access to mental health services. Unfortunately, in many Indonesian hospitals, these balancing resources are either absent or inconsistently implemented.

In the case of Aisyiyah Siti Fatimah Tulangan Hospital, preliminary reports suggested that the nurse-to-patient ratio often exceeds Ministry of Health recommendations, especially during night shifts and peak outpatient hours. Work schedules are frequently extended without adequate recovery periods, and clinical documentation remains largely manual, increasing the administrative burden. These systemic stressors, though common in developing health systems, demand targeted intervention based on evidence from within the same setting.

Burnout, when left unaddressed, triggers a cascade of organizational inefficiencies: increased absenteeism, reduced productivity, lowered morale, and higher turnover rates (Maslach & Leiter, 2016). A study by Fuiaidy, Dewi, & Suisainti (2022) notes that hospitals with high burnout prevalence experience recurring nursing shortages, which in turn elevate the workload for remaining staff, perpetuating a harmful feedback loop. In regions already facing limited healthcare manpower, such a loop can severely compromise health outcomes.

This research utilizes a cross-sectional analytical design to examine the relationship between workload and BOS among 40 nurses at Aisyiyah Siti Fatimah Tulangan Hospital. Total sampling is used to ensure representation across all nursing units. Data collection tools include a standardized workload questionnaire, adapted from Adriaenssens et al. (2015) and the Maslach Burnout Inventory (MBI), which is widely recognized as a robust instrument for diagnosing burnout (Maslach, Jackson, & Leiter, 1981). The Chi-Square test is employed to determine statistical correlations between workload levels and burnout dimensions.

In addition to its academic value, this study is intended to inform hospital administrators and health policymakers at both local and national levels. Understanding the nuanced relationship between moderate workload and high burnout risk could lead to improvements in staffing models, schedule design, task delegation, and support infrastructure. Furthermore, the findings may support future intervention programs involving psychological support services, burnout prevention workshops, and policy shifts toward sustainable nurse-to-patient ratios.

Globally, institutions such as the World Health Organization (WHO) and the International Council of Nurses (ICN) have underscored the importance of nurse well-being as a cornerstone of healthcare quality. As part of Indonesia's broader strategy to improve Universal Health Coverage (UHC), protecting and empowering the nursing workforce must be prioritized. This study, therefore, contributes not only to scholarly discourse but to real-world solutions aimed at optimizing nurse performance and safeguarding patient care.

In summary, this study is driven by an urgent need to contextualize the burnout phenomenon within a representative Indonesian healthcare setting. While prior research has confirmed the association between workload and burnout, few studies have investigated how moderate but misaligned workload levels impact psychological resilience among nurses in everyday hospital operations. By bridging this gap, the study will provide actionable insights that are both evidence-based and policy-relevant, helping pave the way for healthier, more resilient nursing environments in Indonesia and beyond.

METHOD

This study employs a quantitative analytical approach with a cross-sectional research design to examine the relationship between workload and burnout syndrome among nurses at Aisyiyah Siti Fatimah Tulangan Hospital, Sidoarjo. A cross-sectional design is appropriate for analyzing associations between variables at a single point in time, providing empirical insights into workload-related burnout risks (Wu et al., 2021).

1. Study Design

This research is designed as a cross-sectional analytical study, which allows for the assessment of the prevalence and correlation between workload intensity and burnout syndrome among nurses in a hospital setting. The study focuses on both inpatient and outpatient nurses, as workload characteristics may differ across these units.

a. Study Population and Sampling

- **Populations**

The study population includes all nurses working in inpatient and outpatient care units at Aisyiyah Siti Fatimah Tulangan Hospital in 2024. Nurses were selected regardless of age, gender, or work experience, ensuring comprehensive representation of the workforce.

- **Sample and Sampling Technique**

A total sampling method was applied, involving all 40 nurses working in the hospital's inpatient and outpatient care units. Total sampling is a non-probability sampling technique that allows for the inclusion of all available subjects when the study population is relatively small.

Inclusion Criteria:

- Registered nurses actively working in either inpatient or outpatient departments.
- Nurses with at least one year of work experience to ensure familiarity with workload dynamics.

Exclusion Criteria:

- Nurses on extended leave (e.g., maternity or medical leave) during the study period.
- Nurses working on part-time or temporary contracts.

b. Data Collection Instruments

Data were collected using two standardized instruments:

- **Workload Measurement**

Workload was assessed using a structured questionnaire developed based on previous literature (Adriaenssens et al., 2015). This instrument evaluates workload across three key dimensions:

- Physical Workload: Number of patients per shift, frequency of physically demanding tasks, and workload distribution.
- Psychological Workload: Emotional strain, cognitive demand, and stress levels associated with patient care.
- Time-Related Workload: Working hours per shift, overtime frequency, and administrative duties.

Responses were collected using a Likert scale (1 = low workload, 5 = high workload), categorizing nurses' workload as low, moderate, or high based on cumulative scores.

- **Burnout Measurement**

Burnout was measured using the Maslach Burnout Inventory (MBI), a widely validated tool for assessing burnout in healthcare settings (Maslach, Jackson, & Leiter, 1981). The MBI evaluates burnout across three primary dimensions:

- Emotional Exhaustion (EE): Feelings of being emotionally drained and overwhelmed by work.
- Depersonalization (DP): A sense of detachment from patients and reduced empathy.
- Reduced Personal Accomplishment (PA): Decreased sense of professional effectiveness.

Each dimension was scored on a seven-point Likert scale (0 = never, 6 = every day). Higher scores in EE and DP indicate higher burnout levels, while lower PA scores suggest greater burnout risk.

c. Study Procedure

- **Ethical Considerations**

This study was conducted following ethical research principles and obtained institutional approval from the hospital's ethics committee. Informed consent was obtained from all participants, ensuring voluntary participation, anonymity, and confidentiality.

- **Data Collection Process**
  - Nurses were provided with self-administered questionnaires during scheduled work breaks to minimize disruption to patient care.

- Participants were instructed to complete the survey independently and return it within 48 hours to ensure accurate and unbiased responses.
- Non-responding nurses were given one follow-up reminder to encourage participation.

d. Data Analysis

- **Descriptive Analysis**

Descriptive statistics were used to summarize demographic characteristics, workload distribution, and burnout prevalence. Frequency distributions, means, and standard deviations were calculated to describe study variables.

- **Inferential Analysis**

The relationship between workload and burnout syndrome was analyzed using the Chi-Square (χ^2) test, which is commonly used to examine associations between categorical variables (Wu et al., 2021). A p-value of <0.05 was considered statistically significant, indicating a meaningful association between workload intensity and burnout syndrome among nurses.

- **Statistical Software**

All data analyses were conducted using SPSS (Statistical Package for the Social Sciences), latest version, ensuring robust statistical validation of the findings.

e. Study Rigor and Limitations

- **Study Strengths**
  - The use of validated instruments (MBI and workload questionnaire) ensures high reliability.
  - Total sampling minimizes selection bias and increases generalizability within the hospital setting.

f. Limiattions

- The cross-sectional design limits the ability to infer causality between workload and burnout.
- Self-reported data may introduce response bias, as participants may underreport or exaggerate their workload and burnout experiences.
- The study is hospital-specific, limiting generalizability to other healthcare institutions or regions.

RESULTS AND DISCUSSION

This section presents the findings of the study, structured into three main components: (1) characteristics of the study participants, (2) distribution of workload and burnout levels, and (3) statistical analysis of the relationship between workload and burnout syndrome. The results are supported by descriptive and inferential statistical analysis, providing insights into the association between workload and burnout among nurses at Aisyiyah Siti Fatimah Tulangan Hospital, Sidoarjo.

a. Characteristics of Study Pasticipants

The study included a total of 40 nurses, all of whom were working in inpatient and outpatient care units at Aisyiyah Siti Fatimah Tulangan Hospital. The demographic characteristics of the participants are summarized in Table 1.

Table 1. Characteristics of Study Pasticipants

Variable	Category	Frequency	Percentage (%)
Gender	Male	4	10.0
	Female	36	90.0
Age Group	22-27 years	33	82.5
	28-33 years	7	17.5
Education	Diploma 2	1	2.5
	Diploma 3	27	67.5
	Diploma 3	12	30.0

	Bachelor's	28	70.0
Work Experience	1-5 years	12	30.0
	6-10 years	4	10.0

As shown in Table 1, the majority of nurses were female (90.0%) and within the 22 – 27 age group (82.5%). Most participants held a Diploma 3 qualification (67.5%) and had between 1 – 5 years of experience (70.0%). These characteristics reflect a relatively young and early-career nursing workforce, which has implications for workload endurance and burnout susceptibility (Maslach & Leiter, 2016).

b. Workload Distribution Among Nurses

Workload levels among participants were classified into low, moderate, and high categories, based on the workload assessment questionnaire. The results are presented in Table 2.

Table 2. Distributions of Workload Levels Among Nurses

Workload Category	Frequency (n)	Percentage (%)
Low	10	25,0
Moderate	30	75,0
High	0	0,0
Total	40	100

Table 2 indicates that most nurses (75.0%) experienced a moderate workload, while 25.0% reported a low workload. Notably, no participants were categorized under high workload, which may be due to institutional workload distribution strategies or self-reporting bias (Adriaenssens et al., 2015). However, given that even a moderate workload can contribute to burnout risk (Wu et al., 2021), further investigation into workload-related stress is warranted.

c. Burnout Syndrome Prevalence Among Nurses

Burnout levels among nurses were assessed using the Maslach Burnout Inventory (MBI), which categorized participants into low, moderate, and high burnout groups. The findings are summarized in Table 3.

Table 3. Distribution of Burnout Syndrome Levels Among Nurses

Burnout Category	Frequency (n)	Percentage (%)
Low	4	10,0
Moderate	33	82,5
High	3	7,5
Total	40	100,0

The majority of nurses (82.5%) exhibited moderate burnout syndrome, while 7.5% experienced high burnout levels. Only 10.0% of the participants reported low burnout symptoms. These findings align with previous research (Ismiyanti et al., 2023), which demonstrated that moderate-to-high burnout levels are prevalent among nurses working under demanding conditions. A further breakdown of burnout dimensions (Emotional Exhaustion, Depersonalization, and Reduced Personal Accomplishment) revealed that Emotional Exhaustion was the most affected dimension, consistent with findings by Maslach et al. (1981).

d. Relationship Bertween Workload and Burnout Syndrome

A Chi-Square test was conducted to determine whether workload levels were significantly associated with burnout syndrome. The results are presented in Table 4.

Table 4. Relationship Between Workload and Burnout Syndrome

Workload Level	Low Burnout (n, %)	Moderate Burnout (n, %)	High Burnout (n, %)	Total (n)
Low	3 (30.0%)	5 (50.0%)	2 (20.0%)	10
Moderate	1 (3.3%)	28 (93.3%)	1 (3.3%)	30
Total	4 (10.0%)	33 (82.5%)	3 (7.5%)	40

Statistical analysis showed a significant association between workload and burnout syndrome ($p < 0.05$). Nurses with moderate workload were significantly more likely to experience moderate burnout (93.3%), compared to those with low workload, who had a more balanced distribution across burnout categories.

These results support findings from Maslach & Leiter (2016), who emphasized workload as a primary predictor of burnout syndrome. The high proportion of moderate burnout suggests that even moderate workload levels can contribute to psychological exhaustion, particularly in resource-limited healthcare environments (Wu et al., 2021).

This section critically analyzes the study's findings regarding the relationship between workload and burnout syndrome among nurses at Aisyiyah Siti Fatimah Tulangan Hospital. The discussion is structured into the following sub-sections: (1) interpretation of key findings, (2) comparison with previous studies, (3) implications for nursing practice and healthcare management, and (4) study limitations and recommendations for future research.

The results of this study indicate that moderate workload levels were predominant among nurses (75.0%), while 25.0% experienced low workload (Table 2). No participants reported high workload, suggesting an institutional effort to maintain manageable task distribution among nursing staff. However, despite this moderate workload classification, burnout prevalence was alarmingly high, with 82.5% of nurses experiencing moderate burnout and 7.5% exhibiting high burnout symptoms (Table 3). These findings imply that even moderate workload levels can significantly contribute to burnout risks, a conclusion supported by previous research (Maslach & Leiter, 2016; Wu et al., 2021). The Chi-Square analysis (Table 4) confirmed a statistically significant relationship ($p < 0.05$) between workload and burnout syndrome. Nurses experiencing moderate workload were more likely to develop moderate-to-high burnout (93.3% of cases), while those with low workload had a more balanced distribution of burnout levels. This supports the hypothesis that workload intensity is a key determinant of burnout, aligning with findings by Adriaenssens et al. (2015).

Among the three core dimensions of burnout (Maslach et al., 1981), Emotional Exhaustion emerged as the most affected component, reflecting the psychological toll of nursing duties. Nurses reported feelings of depletion, mental fatigue, and reduced coping capacity, which are well-documented precursors of professional disengagement and reduced job performance (Freudenberger, 1974). This highlights the cumulative effect of chronic work-related stress, which, if unaddressed, could escalate into severe burnout, absenteeism, or career withdrawal (Fuiaidy et al., 2022).

The absence of high workload cases in this study does not negate the potential for burnout escalation in the future. Previous studies have shown that subjective workload perceptions vary across work environments, and moderate workload can feel excessive in resource-limited settings (Wu et al., 2021). Therefore, despite the reported moderate workload levels, burnout rates remain concerningly high, indicating possible psychosocial stressors beyond workload intensity—such as staff shortages, emotional labor, or administrative burdens (Ismiyanti et al., 2023).

e. Implicayions for nursing Practice and Healthcare Management

The high prevalence of burnout symptoms among nurses in a moderate workload environment raises critical concerns for hospital management, patient care, and workforce sustainability. Several implications emerge from these findings:

1. Impact on Patient Care

Burnout is associated with reduced job performance, decreased patient engagement, and higher medical error rates (Maslach & Leiter, 2016). The emotional exhaustion reported in this study suggests that nurses may struggle with sustained attentiveness and empathy, potentially impacting patient safety and healthcare quality (Wu et al., 2021).

2. Workforce Retention and Job Satisfaction

High burnout levels contribute to nursing turnover, leading to staff shortages and increased workload for remaining employees, creating a negative feedback loop (Fuiaidy et al., 2022). If left unmanaged, burnout could escalate into mass resignations, absenteeism, or decreased workforce morale, exacerbating hospital operational challenges.

3. Strategies for Workload and Burnout Management

Given these implications, hospital administrators should consider evidence-based interventions to mitigate burnout risks. Recommended strategies include:

- Optimizing workload distribution Ensuring fair and efficient task allocation to prevent excessive psychological burden on nurses.
- Providing psychosocial support Implementing stress management programs, peer support groups, and resilience training to improve coping mechanisms.
- Enhancing staffing levels Increasing nurse-to-patient ratios to reduce individual workload strain, supported by institutional policy changes.
- Fostering professional development – Encouraging career growth opportunities and skill diversification to maintain job engagement and motivation.

These interventions align with recommendations by the World Health Organization (WHO) and the International Council of Nurses (ICN), which emphasize workplace well-being as a fundamental determinant of healthcare sustainability.

CONCLUSION

This study examined the relationship between workload and burnout syndrome among nurses at Aisyiyah Siti Fatimah Tulangan Hospital, Sidoarjo. The findings demonstrate a significant association between moderate workload and high burnout prevalence, indicating that even manageable workload levels can contribute to psychological exhaustion among nurses. The study revealed that moderate workload was the most common classification (75%), yet 90% of nurses exhibited moderate-to-high burnout symptoms, with Emotional Exhaustion being the most affected burnout component. These findings challenge the assumption that only excessive workload contributes to burnout, suggesting that other factors, such as emotional strain, work environment, and staff support, play critical roles in burnout development. The results align with previous research, reinforcing the notion that burnout arises not just from workload intensity but from its interaction with workplace conditions and individual coping mechanisms.

The implications of these findings are significant for nurse workforce management, hospital administration, and healthcare policy. Burnout-related consequences such as decreased job performance, increased absenteeism, and patient safety risks necessitate immediate intervention. Strategies such as optimized workload distribution, increased staffing, and stress management programs should be prioritized to mitigate burnout risks and enhance nurse well-being. From an academic perspective, this study contributes to the growing body of literature on occupational burnout by providing evidence from an Indonesian healthcare setting, emphasizing workload-related stressors in a hospital environment. Future research should adopt longitudinal designs to explore burnout progression over time, investigate organizational and psychological protective factors, and assess the effectiveness of intervention strategies in reducing workload-induced burnout. In conclusion, workload plays a critical role in the psychological well-being of nurses, and addressing burnout requires a holistic approach that considers organizational support, mental health interventions, and sustainable workforce policies. Failure to implement these measures could result in further workforce shortages, declining healthcare quality, and increased burden on hospital systems.

AUTHOR CONTRIBUTION STATEMENT

Conceptualization, methodology, guarantor (ER); Literature review, supervision (IS); Writing (ES, IS, FR, DN); Translation (FR).

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