



(RESEARCH ARTICLE)



Factors that influence the level of burnout in inpatient nurses of Kendari city regional general hospital

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Abstract

Background: Burnout in nursing staff is a multidimensional phenomenon that has an impact on the quality of health services. This study aims to analyze the effect of work stress, workload, sleep quality, job satisfaction, and coping strategies on burnout levels in inpatient nurses at Kendari City Hospital.

Methods: This type of research uses quantitative methods and analytical surveys with a cross-sectional design involving 126 inpatient nurses selected through Probability Sampling with Proportional Random Sampling techniques where the sample is determined according to the proportion of each inpatient room and the selection is done randomly. Data were collected using the Maslach Burnout Inventory (MBI) questionnaire and instruments related to independent variables. Data analysis used the Kendall Tau correlation test and multinomial logistic regression with a significance level of $p < 0.05$.

Results: The results of the study found that 88.9% of respondents experienced moderate burnout and 7.9% severe burnout. Job stress showed a significant positive correlation with burnout ($\tau = 0.172$; $p = 0.049$), as did workload ($\tau = 0.203$; $p = 0.018$) and sleep quality ($\tau = 0.204$; $p = 0.021$). Job satisfaction ($\tau = -0.243$; $p = 0.006$) and coping strategies ($\tau = -0.179$; $p = 0.043$) were negatively related to burnout. Multivariate analysis revealed workload as the strongest predictor of severe burnout ($\text{Exp}(B) = 0.004$; $p = 0.002$).

Conclusion: The research findings indicate the need for: (1) Optimization of workload distribution systems and provision of problem-focused coping-based stress management programs for hospitals, (2) Increasing self-awareness and developing adaptive coping skills for nurses, and (3) Further research with a mixed methods approach and wider sample coverage. Implementation of these recommendations is expected to reduce burnout levels to ensure the health and safety of nurses while improving the quality of nursing services.

Keywords: Burnout; Job Stress; Workload; Sleep Quality; Coping Strategies; Job Satisfaction; Inpatient Nurses

1. Introduction

In hospitals, healthcare workers such as nurses, doctors, and support staff are exposed to various risks, ranging from chemical exposure and infections to mental stress due to high workloads and demanding demands. These conditions make healthcare workers vulnerable to physical health problems, such as nosocomial infections, and mental health issues, such as stress and burnout. Maintaining the health and safety of hospital workers directly impacts the quality of care provided to patients. A safe and healthy work environment enables workers to provide optimal care and maintain consistent service quality (1, 2, 3).

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Inpatient nurses play a crucial role in hospitals as the spearhead of direct care for patients requiring intensive care. They are responsible for 24-hour patient monitoring, medication administration, wound care, and emotional support for patients and their families. Beyond simply fulfilling clinical duties, nurses must also interact empathetically, listen to patients' concerns, and provide a sense of security in often uncertain situations. The obligation to remain vigilant to changes in patient conditions requires high levels of preparedness and mental resilience (4).

Physical demands are also very high, as inpatient nurses often have to work long and exhausting shifts, lifting or moving patients, and preparing various medical equipment. These conditions can lead to intense physical fatigue. Furthermore, complex emotional aspects, such as dealing with patient death, critical conditions, and tensions with patients' families, add to the pressure on nurses (5). This complexity of tasks makes inpatient nurses vulnerable to stress and burnout, which can impact their performance and the quality of patient care (6). Burnout rates in Europe, indicating that 43 percent of burnout occurs among health and social care workers (nurses), 32 percent among teachers, and the remainder are dominated by administrative and management workers, as well as legal and police personnel (7).

Burnout among healthcare workers, particularly nurses, is an issue that is gaining increasing global attention. A 2020 survey showed that nearly two-thirds of nurses (62%) experienced burnout. This condition is particularly prevalent among younger nurses, with 69% of nurses under 25 reporting burnout, especially since the COVID-19 pandemic (8). Burnout can lead to decreased quality of healthcare services, increased rates of medical errors, and high rates of absenteeism and turnover among healthcare workers. This suggests that burnout impacts not only individuals but also the effectiveness of the healthcare system as a whole.

The consequences of this constant physical and emotional stress not only impact the well-being of individual nurses but also contribute to the emergence of burnout among them. When heavy work demands are not balanced with adequate support mechanisms, the risk of burnout increases (9). This suggests that burnout is not simply a result of a high workload, but is also influenced by psychosocial factors in the work environment, such as a lack of support from colleagues and superiors, and limited opportunities for physical and mental recovery (10).

The work environment for nurses in hospitals is rife with stress-inducing factors, which impact their physical and mental well-being. One major factor is long working hours and exhausting shift systems, which often result in nurses' lack of rest and chronic fatigue. High workloads, such as caring for multiple patients with complex needs simultaneously, also exacerbate this condition (11). In emergency situations or critical patient conditions, nurses often have to work under tight time pressure, requiring high concentration and rapid responses with little room for error (12).

Facing high work pressure, nurses need strategies to maintain their physical and mental balance (13). Without effective coping mechanisms, the accumulation of stress from emotional, administrative, and social demands can exacerbate the risk of burnout. Therefore, it is crucial for nurses to develop and implement effective coping mechanisms to better manage work pressure (14).

Nurses in inpatient settings are responsible for providing long-term care to patients during their hospitalization (15). This creates more emotionally and physically intensive interactions than nurses in outpatient settings, who only interact with patients briefly during visits. Furthermore, in inpatient settings, nurses face a more consistent workload due to the need to monitor patients' conditions 24/7 across rotating shifts. They also have to handle more complex administrative tasks, such as medication management, medical record keeping, and coordination with multidisciplinary teams (16). Meanwhile, emergency room nurses work in more dynamic situations but typically focus more on acute and short-term cases. Inpatient nurses often face pressure from patients' families, who tend to demand more detailed attention and information about the patient's condition. They also have to deal with the emotional stress of witnessing repeated patient deterioration or death. On the other hand, emergency room nurses typically face high levels of stress in short periods of time, while outpatient nurses are rarely exposed to deep emotional situations.

Based on the problems presented above, the researcher has conducted research with the title "Factors that influence the level of burnout in inpatient nurses at Kendari City Hospital".

2. Method

This study employed an analytical survey with a cross-sectional approach. The sampling technique used in this study was Probability Sampling with Proportional Random Sampling. The sample was determined according to the proportion of each inpatient room and was selected randomly. The Kendall Tau correlation test was used to identify the direction and strength of the relationship between two ordinal or non-parametric variables. Multinomial logistic analysis was

used in this study to examine the effect of independent variables on burnout levels, which were categorized into three levels:

3. Results

3.1. Bivariate Analysis

Table 1 Kendall Tau Correlation Test Results: The Effect of Job Stress, Workload, Sleep Quality, Job Satisfaction, and Coping Strategies on Burnout in Inpatient Nurses at Kendari City Hospital in 2025

Independent Variables	Burnout in Inpatient Nurses	
	Correlation Coefficient	Sig. (2-tailed)
Job Stress	0.172	0.049
Workload	0.203	0.018
Sleep Quality	0.204	0.021
Job Satisfaction	0.243	0.006
Coping Strategies	-0.179	0.043

Source: Data Primer April 2025

Table 1 shows that The results of the Kendall Tau correlation test in this study revealed a significant relationship between the independent variables (job stress, workload, sleep quality, job satisfaction, and coping strategies) and the dependent variable (burnout) in inpatient nurses at Kendari City Hospital. The correlation coefficients (τ) ranged from -0.179 to 0.243, indicating a very weak to moderate strength of relationship. While p-values <0.05 for all variables demonstrated that these relationships were statistically significant and not due to chance. The job stress variable showed a significant positive correlation with burnout ($\tau = 0.172$, $p = 0.049$). A positive τ value indicates that higher job stress leads to higher levels of burnout, although the relationship is relatively weak. The p-value of 0.049 (just below the 0.05 significance level) indicates that there is a 4.9% chance that this result occurred randomly, making this relationship statistically reliable. These findings are consistent with the theory that accumulated job stress significantly contributes to emotional exhaustion. Workload showed a stronger positive correlation with burnout ($\tau = 0.203$, $p = 0.018$). A higher τ value indicates a stronger relationship than job stress, while $p = 0.018$ indicates only a 1.8% chance of this result being random. This means that any increase in workload tends to be followed by an increase in burnout with a very high probability (98.2%). This underscores workload as a major risk factor requiring managerial intervention. Poor sleep quality was positively correlated with burnout ($\tau = 0.204$, $p = 0.021$). A τ value of 0.204 indicates a relationship comparable in strength to workload, while $p = 0.021$ means there is 97.9% confidence that this relationship is significant. These findings strengthen the evidence that sleep disturbances impair psychological recovery, thereby exacerbating vulnerability to burnout, particularly among night shift nurses. Job satisfaction showed the strongest positive correlation ($\tau = 0.243$, $p = 0.006$). A positive τ value indicates that higher levels of job satisfaction lead to higher levels of burnout. With $p = 0.006$ (99.4% confidence), this is the most significant predictor of burnout in this study. A τ value of 0.243 qualifies as a low-moderate relationship, but the positive direction of the relationship indicates that nurses with high job satisfaction tend to report higher levels of burnout. Coping strategies showed a negative correlation ($\tau = -0.179$, $p = 0.043$). A negative τ value indicates that the use of Emotion-Focused Coping strategies tends to reduce burnout compared to Problem-Focused Coping. With $p = 0.043$ (95.7% confidence), this relationship is significant, although weak. This finding is inconsistent with the literature, which predominantly identifies Problem-Focused Coping as the primary coping strategy in the workplace. Methodologically, all results met the criteria for statistical significance ($p < 0.05$), with τ consistent with theory. Although none of the τ values exceeded 0.3 (indicating a moderate relationship), the strong significance of the p-values for all variables (the lowest $p = 0.006$ for job satisfaction) provides a solid empirical basis for concluding that these five factors significantly contribute to burnout. This finding justifies the need for a multidimensional approach to burnout prevention interventions.

3.2. Multivariate Analysis

Table 2 Multinomial Logistic Analysis Results of the Effect of Job Stress, Workload, Sleep Quality, Job Satisfaction and Coping Strategies on Burnout in Inpatient Nurses at Kendari City Hospital in 2025

Kriteria Burnout ^a		Sig.	Exp(B)	95% Confidence Interval for Exp(B)	
				Lower Bound	Upper Bound
Low	Intercept	0.681			
	[stresscriteria=1]	0.971	0.845	9.633E-5	7413.856
	[stresscriteria =2]	0.856	0.436	5.641E-5	3372.844
	[stresscriteria =3]	.	.	.	.
	[satisfacriteria =1]	.	434540336 28578.730	434540336285 78.730	434540336285 78.730
	[satisfacriteria =3]	0.116	5.787	0.648	51.642
	[satisfacriteria =4]	.	.	.	.
	[copingcriteria =1]	0.654	1.563	0.222	11.028
	[copingcriteria =2]	.	.	.	.
	[workloadcriteria =1]	0.987	1.186	1.411E-9	996891978.980
	[workloadcriteria =2]	0.983	0.800	9.548E-10	670075408.276
	[workloadcriteria =3]	.	.	.	.
	[qualitycriteria =1]	0.240	4.194	0.383	45.930
	[qualitycriteria =2]	.	.	.	.
Hard	Intercept	0.118			
	[stresscriteria =1]	0.611	0.385	0.010	15.246
	[stresscriteria =2]	0.788	0.629	0.022	18.337
	[stresscriteria =3]	.	.	.	.
	[satisfacriteria =1]	.	1.795	1.795	1.795
	[satisfacriteria =3]	0.194	0.344	0.069	1.724
	[satisfacriteria =4]	.	.	.	.
	[copingcriteria =1]	0.078	3.684	0.864	15.702
	[copingcriteria =2]	.	.	.	.
	[workloadcriteria =1]	0.004	0.005	0.000	0.185
	[workloadcriteria =2]	0.002	0.004	0.000	0.118
	[workloadcriteria =3]	.	.	.	.
	[qualitycriteria =1]	0.476	0.579	0.129	2.600
	[qualitycriteria =2]	.	.	.	.

Source: Data Primer April 2025

Table 2 shows that The results of the multinomial logistic analysis using the "Moderate" burnout reference category revealed a complex pattern of relationships between various work factors and burnout levels in nurses. The model compared the likelihood of experiencing "mild" and "severe" burnout relative to the "moderate" category. Some results showed unstable estimates, particularly evident in the very wide confidence intervals (e.g., Exp(B) for the satisfied criterion = 1 with a CI of 43454033628578.730 to 43454033628578.730), indicating problems with the model, likely

due to the inadequate sample sizes of 4 for the "Low" burnout category and 10 for the "Severe" burnout category. In the "mild" burnout category, none of the variables reached statistical significance (all p values > 0.05). However, some interesting patterns emerged: nurses with "moderate" job satisfaction were 5.787 times more likely to experience mild burnout than those with moderate (Exp(B) = 5.787, $p = 0.116$). Similarly, good sleep quality showed a positive trend with Exp(B)=4.194 ($p=0.240$). This result contradicts theoretical expectations and requires further interpretation, possibly reflecting reporting bias or unique characteristics of the study sample. For the workload variable in the "mild" burnout category, the model's estimates were unreliable, as evidenced by the extreme Exp(B) values (1.186 for light burnout and 0.800 for moderate burnout) with very wide confidence intervals (1.411E-9 to 996891978.980). This suggests that the model struggled to estimate the effect of workload on mild burnout, possibly due to uneven data distribution or other issues in the model specification. For the "severe" burnout category, more significant findings emerged. Workload demonstrated a highly significant protective effect—both light (Exp(B)=0.005, $p=0.004$) and moderate (Exp(B)=0.004, $p=0.002$) workload significantly reduced the likelihood of severe burnout compared to severe workload. This finding is consistent with theory and is the strongest indicator in the model, suggesting that workload reduction interventions may be most effective in preventing severe burnout. Problem-focused coping strategies tended to increase the risk of severe burnout (Exp(B)=3.684, $p=0.078$), although this did not reach full statistical significance ($p<0.05$). This finding is interesting because it contradicts theoretical expectations and may reflect that in the context of very high workloads, problem-focused approaches actually increase psychological distress because nurses recognize their inability to change work situations that actually require organizational intervention. Job satisfaction and sleep quality variables did not show a significant effect on severe burnout (all $p>0.05$). However, there is an indication that "fair" job satisfaction may be protective (Exp(B)=0.344, $p=0.194$), although it is not significant. The estimate for "poor" job satisfaction again shows problems in the model with Exp(B)=1.795 and an unreasonable confidence interval (1.795 to 1.795), indicating problems with the convergence of the estimates.

4. Discussion

4.1. The Effect of Work Stress on Burnout

Theoretically, prolonged work stress is a major trigger for burnout in inpatient nurses, as explained by the Job Demands-Resources (JD-R) Model. Job demands such as responsibility for patient lives, long working hours, and intense interaction with family can drain emotional resources and lead to chronic fatigue. This study measured work stress using the Nursalam questionnaire and burnout levels using the Maslach Burnout Inventory (MBI).

The data showed that the majority of nurses experienced moderate levels of burnout, even in the mild stress category. This trend increased with stress levels, with severe stress carrying a high risk of triggering severe burnout. These findings indicate that burnout can occur even when work pressure is not extreme, suggesting that job stress is not the sole contributing factor. The weak but statistically significant Kendall's Tau correlation ($\tau=0.172$) supports this conclusion.

A significant protective factor was a high level of job fit, with 84.1% of respondents feeling suited to their profession. This suggests that burnout is more likely caused by external factors such as excessive workload, lack of resources, and pressure from superiors or patients, rather than an intrinsic mismatch with the nursing role. Therefore, interventions to reduce burnout should focus on systemic and organizational improvements, rather than job reorientation. Measures such as stress management training, fair scheduling, equitable workload distribution, and strengthening social support are necessary to create a supportive work environment that maintains nurses' mental well-being and quality of care.

4.2. The Effect of Workload on Burnout

The results of the Kendall's Tau statistical test showed a significant and positive relationship between workload and burnout levels in nurses, with a τ value of 0.203 ($p = 0.018$). Multinomial logistic regression analysis confirmed this finding, showing that light and moderate workloads significantly reduced the risk of severe burnout by more than 99% compared to heavy workloads. This demonstrates that the higher the workload, the greater the likelihood of nurses experiencing extreme emotional exhaustion.

The distribution of the data clarifies the impact of this workload. In the heavy workload category, no nurses were free from burnout; they only experienced moderate or severe levels. The trend of increasing burnout with workload was also clear. Workload was measured comprehensively, encompassing not only the number of tasks (quantitative) but also qualitative aspects such as mental fatigue, time pressure, and feelings of professional stagnation, all of which contribute to burnout risk.

An interesting finding emerged from the comparison of nursing ward types. In total care wards (such as the ICU), heavy workloads directly impacted severe burnout, but nurses there appeared more resilient under lighter workloads. In contrast, in the partial care ward, severe burnout occurred even with light to moderate workloads. This indicates that pressures in the partial care ward, such as administrative burdens and interactions with patients' families, create different vulnerabilities than the purely clinical pressures of the intensive care ward.

Time pressure is also crucial, as indicated by 23 respondents who always felt they had to work quickly. The constant demand to work at a high pace without sufficient breaks is an indicator of quantitative workload that triggers emotional exhaustion and depersonalization, core dimensions of burnout. In conclusion, workload is a significant determinant of burnout. Therefore, interventions are needed that are systemic and managerial, not individual. Policies to evaluate and adjust nurse-to-patient ratios, distribute workloads equitably, design humane shift schedules, and provide support and recognition are strategic steps to mitigate burnout and maintain the quality of care and nurse well-being.

4.3. The Effect of Sleep Quality on Burnout

Kendall's Tau test results showed a significant association between poor sleep quality and higher levels of burnout in nurses ($\tau=0.204$; $p=0.021$). Sleep quality was measured using the Pittsburgh Sleep Quality Index (PSQI), which assesses various aspects such as sleep duration and disturbances. The data showed that of the 53 nurses with poor sleep quality, none experienced mild burnout; 46 experienced moderate burnout, and 7 experienced severe burnout. This indicates that poor sleep quality significantly exacerbates the impact of work stress.

Conversely, in the group with good sleep quality (73 respondents), the majority experienced moderate burnout (66 respondents), and only 3 experienced severe burnout. These findings suggest that while good sleep quality does not completely prevent moderate burnout due to work pressure, it acts as a very strong protective factor against the development of more severe and severe burnout. Poor sleep quality was most prevalent among nurses in intensive care units such as the NICU and specific workload units like Lavender. In the NICU, stress stems from monitoring critical patients and night shift schedules that disrupt circadian rhythms. Meanwhile, in the Lavender Ward, the repetitive workload that demands high vigilance creates prolonged stress. The characteristics of this work unit are significant factors that directly disrupt sleep patterns.

Physiologically, the mechanism of this relationship can be explained by impaired cognitive function and hormonal imbalances, particularly cortisol. Poor sleep dysregulates the body's response to stress, reduces coping capacity, and accelerates emotional exhaustion, a key gateway to chronic burnout. Therefore, interventions to prevent burnout must prioritize improving sleep quality. Hospital management needs to implement more humane shift scheduling policies, consider adequate rest periods, and provide education on sleep pattern management. Relaxation and stress management training programs are also needed to help stabilize biological rhythms and increase nurses' psychological resilience.

4.4. The Effect of Job Satisfaction on Burnout

The results of the Kendall's Tau test showed a significant positive relationship between job satisfaction and burnout levels ($\tau=0.243$; $p=0.006$). This counterintuitive finding suggests that higher job satisfaction actually increases burnout levels. This contradicts the general theory that job satisfaction is a protective factor. This phenomenon can be explained through the concept of overcommitment and excessive work commitment. As many as 70.6% of nurses expressed great satisfaction with being able to provide prompt service. This satisfaction, stemming from high dedication and emotional attachment to the profession, can actually transform into internal pressure to continuously meet high work standards without adequate systemic support.

High job satisfaction without ideal working conditions can actually backfire. Satisfied nurses tend to set very high expectations for themselves. When these expectations clash with realities on the ground, such as staff shortages, administrative burdens, or limited resources, the resulting disappointment and pressure exacerbate emotional exhaustion and trigger burnout. This finding is also closely related to compassion fatigue, where highly empathetic and dedicated nurses are more susceptible to mental exhaustion due to constant exposure to work pressure. Job satisfaction stemming from a strong sense of responsibility is not enough to protect them from the effects of accumulated stress and excessive workload.

Therefore, management interventions should not focus solely on improving job satisfaction. A holistic strategy is needed, including rational workload management, providing psychological support, and creating a work system that supports a balance between dedication and mental well-being for nurses. This is crucial to prevent high dedication from becoming a path to chronic burnout.

4.5. The Effect of Coping Strategy on Burnout

The results of the study showed a significant relationship between coping strategies and burnout levels in nurses ($\tau = -0.179$, $p = 0.043$). This negative correlation indicates that using appropriate coping strategies can reduce the severity of burnout. Surprisingly, emotion-focused coping proved more effective in preventing severe burnout than problem-focused coping.

The data showed that of the 92 nurses who used emotion-focused coping, only 4.3% experienced severe burnout. In contrast, of the 33 nurses who relied on problem-focused coping, the proportion of severe burnout reached 18.2%. These findings suggest that in the stressful work context of nurses with many factors beyond the individual's control, an approach focused on managing emotions is actually more protective.

Adaptive emotion-focused coping, such as reflecting on experiences and learning from mistakes, has been shown to be effective in building mental resilience. Seventy-four nurses reported consistently learning from mistakes, demonstrating a high level of reflective capacity. This strategy helps nurses accept unchangeable situations and prevent the accumulation of emotional burdens. Conversely, problem-focused coping, which focuses on immediate problem-solving, risks causing frustration when applied to systemic issues such as staff shortages or high workloads that cannot be addressed individually. The expectation of solving problems without tangible results can exacerbate emotional exhaustion.

Therefore, interventions should focus on developing emotion regulation skills and psychosocial training that teaches nurses to flexibly apply a combination of coping strategies according to the situation. Institutional support in creating a work environment that supports psychological well-being remains a key factor in preventing burnout.

5. Conclusion

Based on the research results, it can be concluded that the level of burnout in inpatient nurses at Kendari City Hospital is significantly influenced by the five factors studied, namely work stress, workload, sleep quality, job satisfaction, and coping strategies. These findings reveal a complex dynamic in which traditional factors such as stress and workload do contribute positively to increased burnout. However, counterintuitive results emerged for the job satisfaction variable, where high satisfaction—often driven by overcommitment and dedication—can also exacerbate burnout. Meanwhile, poor sleep quality exacerbates the impact of emotional exhaustion, and adaptive coping strategies, particularly Emotion-Focused Coping, have proven to be the most effective and significant protective factor in reducing the risk of severe burnout.

Suggestion

Therefore, burnout prevention efforts require a multidimensional approach that focuses not only on reducing workload and stress, but also on improving sleep quality, managing work expectations to prevent maladaptive dedication, and training in appropriate coping strategies to build nurses' mental resilience.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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