The Relationship Between Burnout and Workload Among Nurses in the Malaqbi 2 and Malaqbi 3 Inpatient Wards at the Provincial General Hospital of West Sulawesi

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ABSTRACT
Background: Nurses working in inpatient wards are required to deliver continuous and comprehensive nursing care. This condition often results in a high workload, which is frequently associated with an increased risk of burnout. Burnout among nurses can negatively affect their well-being, job performance, and the quality of patient care, making it an important occupational health issue in hospital settings.
Objective: This study aimed to analyze the relationship between workload and burnout among nurses working in the Malaqbi 2 and Malaqbi 3 inpatient wards at the Provincial General Hospital of West Sulawesi.
Methods: A cross-sectional study design was employed, involving 46 nurses selected using a total sampling technique. Data were collected using a structured questionnaire consisting of a workload measurement instrument and a burnout instrument adapted from the Maslach Burnout Inventory. Data analysis included univariate analysis to describe respondent characteristics and variable distributions, and bivariate analysis using the Spearman correlation test to examine the relationship between workload and burnout.
Results: The findings revealed that the majority of nurses experienced a heavy workload, while most respondents reported mild levels of burnout. Statistical analysis showed no significant relationship between workload and burnout ($p = 0.200$), although a weak positive correlation was identified between the two variables.
Conclusion: The study indicates that nurse burnout is not solely influenced by workload but is also affected by other factors, including individual characteristics, work environment, and organizational support. Hospital management is therefore encouraged to implement comprehensive strategies focusing on workload management, psychological support, and improvement of the work environment to prevent burnout and enhance nurses' well-being and quality of care.
Keywords: Burnout, Workload, Nurses, Inpatient Ward, Hospital

INTRODUCTION

Hospitals are healthcare service institutions that provide comprehensive services to the community, including inpatient care, outpatient care, emergency services, and intensive care units (World Health Organization, 2020). As public service providers, hospitals are required to maintain service quality, which is strongly influenced by the performance of healthcare workers, particularly nurses, who play a central role in delivering continuous and direct patient care (Kaunang et al., 2023).

Nurses are the largest group of healthcare professionals in hospitals and have the most frequent interactions with patients and their families. Their performance significantly influences patient satisfaction, safety, and overall healthcare outcomes (Tinambunan et al., 2018). However, nurses are often exposed to high job demands, complex responsibilities, and emotional stressors that may negatively affect their physical and psychological well-being (Denning et al., 2021).

Burnout is a psychological syndrome characterized by emotional, physical, and mental exhaustion resulting from prolonged exposure to work-related stress (Maslach & Leiter, 2016). The World Health Organization recognizes burnout as an occupational phenomenon resulting from chronic workplace stress that has not been successfully managed (World Health Organization, 2019). Although burnout is not classified as a medical diagnosis, its impact on healthcare workers' performance and well-being has become a global concern.

Globally, the nursing workforce continues to grow; however, workload imbalance and unequal distribution remain critical issues. In Indonesia, despite an increase in the number of nurses, regional disparities persist (World Health Organization, 2020). In West Sulawesi Province, limited nursing staff in inpatient units contributes to increased workload and work pressure.

High workload is a major environmental factor associated with nurse burnout. Nursing workload includes physical and psychological tasks such as patient monitoring, medication administration, documentation, and coordination with other healthcare professionals (Nursalam, 2016). Factors including high patient-to-nurse ratios, patient

dependency levels, length of hospital stay, and task complexity further increase workload intensity (Nabela et al., 2020). Prolonged exposure to excessive workload may lead to emotional exhaustion, depersonalization, and reduced personal accomplishment, which are core dimensions of burnout (Maslach et al., 2001).

Previous studies have consistently reported moderate to high levels of burnout among nurses, particularly in inpatient settings (Dimayanti et al., 2020; Gómez-Urquiza et al., 2016). Burnout negatively affects nurses' job performance, quality of care, absenteeism, and turnover intention, and may ultimately compromise patient safety (Tinambunan et al., 2018).

Preliminary observations conducted in July 2024 in the Malaqbi 2 and Malaqbi 3 inpatient wards of the Provincial General Hospital of West Sulawesi revealed frequent work overload among nurses due to limited staffing per shift. This condition suggests a potential relationship between workload and burnout among inpatient nurses.

Therefore, this study aimed to examine the relationship between workload and burnout among nurses working in the inpatient wards of the Provincial General Hospital of West Sulawesi.

METHODS

This quantitative cross-sectional study examined the relationship between workload and burnout among nurses in the Malaqbi 2 and Malaqbi 3 inpatient wards at the Provincial General Hospital of West Sulawesi from August 31 to September 9, 2024. The study involved all 46 nurses working in the selected wards using total sampling.

Workload and burnout were assessed using structured questionnaires, including a workload instrument adapted from Nursalam and the Indonesian version of the Maslach Burnout Inventory, both using a four-point Likert scale. Data were analyzed using univariate analysis and Spearman rank correlation with a significance level of 0.05. Ethical approval was obtained prior to data collection, and informed consent was secured from all participants.

RESULT

Respondent Characteristics

A total of 46 nurses participated in this study. As shown in Table 5.1, most respondents were aged 24–35 years, with the age groups of 24–29 years and 30–35 years each accounting for 37.0% of the sample. The majority of respondents were female (84.8%), while male nurses represented 15.2% of the total sample.

Regarding educational background, most nurses held a Diploma III (D3) qualification (67.4%), followed by professional nurses (Ners) (28.3%), and bachelor's degree holders (S1) (4.3%). In terms of length of employment, the majority of respondents had worked for 1–5 years (91.3%). Employment status was evenly distributed, with 50.0% of nurses being civil servants and 50.0% working under contract.

Table 1. Respondent Characteristics (n = 46)

Characteristics	Frequency (n)	Percentage (%)
Age (years)		
24–29	17	37.0
30–35	17	37.0
36–39	12	26.1
Gender		
Male	7	15.2
Female	39	84.8
Education Level		
Diploma III (D3)	31	67.4
Bachelor (S1)	2	4.3
Professional Nurse (Ners)	13	28.3
Length of Employment		
1–5 years	42	91.3
6–10 years	3	6.5
11–20 years	1	2.2
Employment Status		
Civil servant	23	50.0
Contract	23	50.0
Total	**46**	**100.0**

Workload Levels Among Nurses

Table 2 presents the distribution of nurses according to workload level. The findings indicate that the vast majority of respondents experienced a heavy workload (87.0%). Only a small proportion of nurses reported a moderate workload (10.9%), while very few experienced a light workload (2.2%). These results suggest that inpatient nurses in the studied wards were predominantly exposed to high work demands.

Table 2. Distribution of Nurses by Workload Level

Workload Level	Frequency (n)	Percentage (%)
Light	1	2.2
Moderate	5	10.9
Heavy	40	87.0
Total	**46**	**100.0**

Burnout Levels Among Nurses

As shown in **Table 3**, most nurses reported experiencing mild burnout (60.9%). However, more than one-third of respondents experienced moderate

to severe burnout, with 26.1% reporting moderate burnout and 13.0% experiencing severe burnout. This finding indicates that although mild burnout was predominant, a considerable proportion of nurses were already experiencing clinically relevant levels of burnout.

Table 3. Distribution of Nurses by Burnout Level

Burnout Level	Frequency (n)	Percentage (%)
Mild	28	60.9
Moderate	12	26.1
Severe	6	13.0
Total	**46**	**100.0**

Relationship Between Workload and Burnout

The cross-tabulation between workload and burnout levels is presented in Table 4 Among nurses with a heavy workload, more than half experienced mild burnout (57.5%), while 27.5% experienced moderate burnout and 15.0% experienced severe burnout. Nurses with light and moderate workloads predominantly reported mild burnout.

Spearman rank correlation analysis revealed a weak positive correlation between workload and burnout (r = 0.192). However, this relationship was not statistically significant (p = 0.200), indicating that higher workload was not significantly associated with increased burnout levels among nurses in this study.

Table 4. Cross-tabulation of Workload and Burnout

Workload Level	Mild n (%)	Moderate n (%)	Severe n (%)	Total n (%)
Light	1 (100.0)	0 (0.0)	0 (0.0)	1 (100.0)
Moderate	4 (80.0)	1 (20.0)	0 (0.0)	5 (100.0)
Heavy	23 (57.5)	11 (27.5)	6 (15.0)	40 (100.0)
Total	**28 (60.9)**	**12 (26.1)**	**6 (13.0)**	**46 (100.0)**

DISCUSSION

The findings indicate that most nurses in the Malaqbi 2 and Malaqbi 3 inpatient wards experience a heavy workload. This reflects the high demands of inpatient nursing care, which require continuous patient monitoring, complex clinical interventions, and administrative responsibilities. High workload among nurses is a common issue in hospital settings, particularly when staffing levels are not proportional to patient care demands. Excessive workload increases physical and psychological strain and may negatively affect nurses' well-being and job performance (Nursalam, 2016).

Previous studies have reported similar findings, showing that inpatient nurses frequently experience high workload due to patient dependency levels, staffing shortages, and task complexity. These conditions increase the risk of work-related stress and fatigue, especially in units that provide continuous care (Nabela et al., 2020).

Burnout Levels Among Nurses

This study demonstrates that most nurses experience mild burnout, while a smaller proportion experience moderate to severe burnout. Mild burnout reflects early symptoms of emotional and physical exhaustion, whereas moderate to severe burnout may impair nurses' mental health, work performance, and patient safety (Maslach & Leiter, 2016).

Burnout among nurses is widely recognized as a global occupational phenomenon. The World Health Organization defines burnout as a result of chronic workplace stress that has not been successfully managed (World Health Organization, 2019).

Previous studies have shown that nurses frequently experience emotional exhaustion and depersonalization due to prolonged exposure to work pressure, particularly in inpatient care settings (Gómez-Urquiza et al., 2016). These findings support the present results, confirming that burnout remains a significant concern among hospital nurses.

Relationship Between Workload and Burnout

The analysis shows a positive but weak correlation between workload and burnout, with no statistically significant relationship. This suggests that although heavier workload tends to increase burnout levels, workload alone is not the sole determinant of burnout among inpatient nurses.

Burnout is a multifactorial condition influenced by individual characteristics, organizational support, work environment, and coping strategies (Maslach et al., 2001).

Previous studies have reported inconsistent results regarding the relationship between workload and burnout. Some studies found a significant association, while others reported weak or non-significant relationships (Dimayanti et al., 2020).

These variations may be explained by differences in organizational climate, leadership style, availability of support systems, and individual resilience. In this study, the predominance of mild burnout despite heavy workload may indicate adaptive coping mechanisms or informal peer support among nurses.

Implications for Nursing Practice

These findings highlight the importance of monitoring both workload and psychological well-being among nurses. Although the statistical relationship between workload and burnout was not significant, the high prevalence of heavy workload and the presence of moderate to severe burnout should not be overlooked. Hospital management should consider optimizing nurse staffing, improving work schedules, and implementing psychological support or stress management programs to prevent burnout progression (Grigorescu et al., 2020).

Study Hypothesis

The initial hypothesis proposed a significant relationship between workload and burnout among inpatient nurses; however, the findings did not support this hypothesis. This suggests that future

research should explore additional factors contributing to burnout, including leadership support, work environment, organizational culture, and individual coping strategies (Denning et al., 2021).

CONCLUSION

This study demonstrates that nurses in the inpatient wards Malaqbi 2 and Malaqbi 3 at the Provincial General Hospital of West Sulawesi predominantly experience a heavy workload, while burnout levels are mostly mild. Although a positive relationship between workload and burnout is observed, the association is weak and not statistically significant, indicating that the proposed hypothesis is not supported. These findings suggest that burnout among inpatient nurses is influenced by multiple factors beyond workload alone, including individual coping capacity and organizational conditions.

Nevertheless, the presence of moderate to severe burnout in a proportion of nurses underscores the importance of early detection and preventive efforts. Hospital management is encouraged to optimize workload distribution and strengthen supportive interventions to maintain nurses' well-being and service quality.

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