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THE EFFECT OF WORKLOAD AND BURNOUT ON NURSES' PERFORMANCE IN INTERNAL MEDICINE WARDS MEN AND WOMEN (Case Study at Jayapura Hospital)

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Abstract

This study is expected to obtain empirical evidence on the effect of workload and Burnout on the performance of nurses in male and female internal medicine wards. The research methods used were verifiable descriptive analysis and multiple linear regression analysis. The number of respondents collected in this study was 53 people, representing all people who worked at Jayapura Hospital who were randomly selected. The results of the descriptive analysis showed that the influence of workload, Burnout and nurse performance in the male and female internal medicine ward was classified as a good criterion. The results of the study showed that both partially and simultaneously, workload and Burnout had a very significant influence on nurse performance, with a combined contribution of 93.1% to performance variation. This confirms that these two factors are dominant predictors that need to be managed strategically to maintain the quality of nursing services at referral hospitals.

Keywords: *workload, work fatigue, nurse performance*

INTRODUCTION

Nurses play a crucial role in delivering direct healthcare services to patients; therefore, the quality of hospital services is highly dependent on nurses' performance (Septiani & Ramadhika, 2024; Siantur, 2024). However, increasing healthcare demands often require nurses to handle excessive workloads, including a high number of patients and extensive administrative responsibilities. These conditions may lead to Burnout, which can negatively affect service quality, increase the risk of clinical errors, and reduce patient satisfaction (Firdaus et al., 2024; Yustikasari & Santoso, 2024). RSUD Jayapura, a Type B referral hospital in Papua, employs 1,278 healthcare workers, with nurses constituting the largest professional group, consisting of 875 diploma-level nurses and 130 registered nurses (Ners), representing approximately 78.6% of the non-physician healthcare workforce (RSUD Jayapura, 2025). Despite the substantial number of nursing staff, workload distribution remains a major challenge. Preliminary observations indicate that in several inpatient units, one nurse is responsible for more than 15 patients per shift, exceeding the Ministry of Health's recommended ratio of one nurse for every 6–10 patients. This situation is further aggravated by administrative demands, rotating shifts, and limited logistical support.

The impact of excessive workload is reflected in the increasing prevalence of Burnout among nurses. Approximately 65% of nurses reported experiencing persistent physical and mental fatigue, while 40% stated that fatigue reduced their concentration, efficiency, and accuracy in providing nursing care. This issue is particularly evident in the Male and Female Internal Medicine Wards, which accommodate an average of 40–50 patients daily with only 26–30 staff nurses available. These wards also recorded the highest number of patient complaints, primarily related to nurse responsiveness, timeliness of care, and communication quality (RSUD Jayapura, 2025).

The growing number of patients further intensifies nurses' workload. Hospital data from 2024 show that Class III inpatient services accounted for 60,955 patients annually, significantly higher than other inpatient categories. This finding indicates a substantial demand for healthcare services and highlights the potential risk of increased nurse fatigue if not supported by effective human resource management. Previous studies have consistently demonstrated a significant relationship between workload, Burnout, and employee performance. Research conducted by Afridon et al. (2024), Pakpahan et al. (2024), Azizah et al. (2024), Irdhayanti et al. (2024), Rahmawati et al. (2024), and Putri et al. (2024) found that higher workloads tend to increase fatigue levels and subsequently reduce productivity and performance. In the nursing profession, excessive physical and emotional demands may directly

affect the quality of patient care. Based on these conditions, this study focuses on the Male and Female Internal Medicine Wards of RSUD Jayapura, which experience the highest operational pressure and patient complaint rates. The study aims to analyze the relationship between workload, Burnout, and nurses' performance. The findings are expected to provide evidence-based recommendations for improving human resource management strategies and enhancing the quality of healthcare services at RSUD Jayapura.

LITERATURE REVIEW

Workload

Workload refers to the level of mental, physical, and temporal demands experienced by individuals while performing their tasks. According to Hart and Staveland (1988), workload encompasses not only the quantity of work but also the cognitive, physical, and emotional resources required to complete it. Excessive workload can lead to stress, reduced concentration, and decreased job performance, particularly in high-risk professions such as nursing. Similarly, Ilmi et al. (2024), Krisdianto et al. (2023), and Umroh (2024) emphasize that workload arises when job demands exceed an individual's capacity, skills, or available time, potentially resulting in decreased effectiveness and work-related strain.

The NASA Task Load Index (NASA-TLX), developed by Hart and Staveland (1988), is one of the most widely used instruments for measuring workload. It evaluates workload through six dimensions: Mental Demand, Physical Demand, Temporal Demand, Performance, Effort, and Frustration. Mental demand reflects the cognitive activities required to perform tasks, while physical demand relates to bodily effort such as lifting, standing, or moving patients. Temporal demand measures time pressure, performance reflects perceived success in completing tasks, effort represents the amount of mental and physical energy expended, and frustration indicates the level of stress or dissatisfaction experienced during work.

In the nursing profession, these workload dimensions are particularly relevant due to the complexity of patient care and the demanding healthcare environment. High mental, physical, and time-related demands often require nurses to exert substantial effort while managing emotional stress. Prolonged exposure to excessive workload can contribute to fatigue, reduced job performance, and lower quality of patient care. Therefore, understanding workload through the NASA-TLX framework provides a comprehensive approach for evaluating nurses' working conditions and identifying strategies to improve both employee well-being and healthcare service quality (Hart & Staveland, 1988; Ilmi et al., 2024; Krisdianto et al., 2023).

Burnout

Burnout was first conceptualized by Maslach and Jackson (1981) as a psychological syndrome resulting from chronic workplace stress that has not been successfully managed. Burnout is characterized by three core dimensions: Emotional Exhaustion, which reflects feelings of being emotionally drained; Depersonalization, which involves developing negative or detached attitudes toward service recipients; and Reduced Personal Accomplishment, which refers to diminished feelings of competence and professional achievement. Through the development of the Maslach Burnout Inventory (MBI), burnout has become one of the most widely studied occupational health issues, particularly in healthcare professions where continuous interaction with patients is required.

Burnout is not limited to physical tiredness but also includes psychological and emotional exhaustion that can reduce efficiency, work performance, motivation, and productivity (Korwa et al., 2024; Subekti et al., 2024; Putranto et al., 2024). It is considered a protective response of the body to excessive demands; however, prolonged exposure to fatigue may develop into chronic burnout. In healthcare settings, persistent fatigue can impair concentration, decision-making, and the ability to provide quality patient care, ultimately affecting both employee well-being and organizational performance.

Several factors contribute to Burnout, including working hours, workload, shift schedules, age, years of service, and work environment conditions (Santriyana et al., 2024). Among these factors, excessive workload and prolonged working hours are frequently identified as the primary causes of burnout among nurses. In this study, Burnout is measured using the Maslach Burnout Inventory–Human Services Survey (MBI-HSS), which assesses three dimensions: Emotional Exhaustion, Depersonalization, and Reduced Personal Accomplishment. These dimensions provide a comprehensive framework for understanding how workplace demands affect nurses' psychological well-being and job performance (Maslach & Jackson, 1981).

Nurse Performance

Nurse performance refers to the behaviors and outcomes demonstrated by nurses in carrying out their professional responsibilities to achieve healthcare service goals. Borman and Motowidlo (1993) proposed that employee performance consists of two main dimensions: Task Performance and Contextual Performance. Task performance relates to the execution of core technical duties, while contextual performance encompasses supportive behaviors that enhance the social and organizational environment. In nursing practice, these dimensions are essential because nurses are required not only to provide accurate clinical care but also to maintain effective interpersonal relationships with patients, families, and healthcare teams.

Several scholars emphasize that nurse performance reflects the effective application of professional knowledge, skills, and ethical responsibilities in delivering nursing care. According to Istiqomah and Afriani (2023), nurse performance involves intellectual, technical, interpersonal, and moral competencies used to achieve healthcare objectives. Similarly, Manik and Wijayanti (2023) define nurse performance as the implementation of knowledge and skills in providing quality nursing care, while Adelta et al. (2023) highlight that high nurse performance is indicated by patient satisfaction, quality service outcomes, and minimal complaints. Therefore, nurse performance plays a crucial role in determining both patient outcomes and the overall reputation of healthcare institutions.

In this study, nurse performance is measured using the framework developed by Borman and Motowidlo (1993), which includes Task Performance and Contextual Performance. Task Performance refers to nurses' ability to perform clinical duties accurately, efficiently, and according to professional standards, including medication administration, patient monitoring, nursing interventions, and documentation. Meanwhile, Contextual Performance reflects voluntary behaviors that support organizational effectiveness, such as teamwork, communication, professionalism, and willingness to assist colleagues. Together, these dimensions provide a comprehensive assessment of nurses' contributions to healthcare quality and organizational success.

METHOD

This study employed a quantitative research method with an explanatory survey approach to examine the effects of workload and Burnout on nurses' performance in the Internal Medicine Wards of RSUD Jayapura. The explanatory design was selected to investigate causal relationships among variables, where workload and Burnout served as independent variables, while nurse performance functioned as the dependent variable. Data were collected through structured questionnaires and analyzed using inferential statistical techniques.

The study population consisted of all staff nurses working in the Male and Female Internal Medicine Wards of RSUD Jayapura. Given the relatively small and accessible population, a total sampling technique was applied, resulting in 53 respondents. Participants were required to be active staff nurses with at least one year of work experience in the respective wards and willing to participate in the study. Primary data were obtained directly from respondents through questionnaires, while secondary data were gathered from hospital records and relevant documents.

Research instruments were adapted from internationally validated scales, including the NASA Task Load Index (NASA-TLX) for workload, the Maslach Burnout Inventory–Human Services Survey (MBI-HSS) for Burnout, and the Task Performance and Contextual Performance framework developed by Borman and Motowidlo for nurse performance. All questionnaire items were measured using a five-point Likert scale. Data analysis included validity and reliability testing, classical assumption tests, descriptive statistics, multiple linear regression analysis, t-tests, F-tests, and the coefficient of determination (R^2) to evaluate the influence of workload and Burnout on nurses' performance.

RESULTS AND DISCUSSION

Validity Test

The validity test was conducted using the Pearson Product-Moment Correlation with the assistance of IBM SPSS Statistics version 26. An item was considered valid if its calculated correlation coefficient (r-value) exceeded the critical value of 0.273 at a significance level of 5% with a sample size of 53 respondents. The results indicated that all items in the Workload (X_1) variable had correlation coefficients ranging from 0.623 to 0.867, the Burnout (X_2) variable ranged from 0.598 to 0.822, and the Nurse Performance (Y) variable ranged from 0.791 to 0.893. Since all correlation values were higher than the critical r-value (0.273), all questionnaire items were declared valid. These findings demonstrate that the research instruments were able to accurately measure the constructs of workload, Burnout, and nurse performance. Therefore, all questionnaire items were deemed appropriate for further statistical analysis without requiring item revision or elimination.

Reliability Test

The reliability test was conducted to assess the consistency and stability of the research instruments in measuring the intended constructs. Reliability was evaluated using Cronbach's Alpha, where a coefficient of 0.70 or higher indicates acceptable reliability (Nunnally & Bernstein, 1994). The results showed that the Workload (X_1) instrument achieved a Cronbach's Alpha value of 0.947, the Burnout (X_2) instrument obtained a value of 0.951, and the Nurse Performance (Y) instrument recorded a value of 0.968. All values substantially exceeded the recommended threshold of 0.70, indicating excellent internal consistency among the questionnaire items. These findings demonstrate that all research instruments are highly reliable and capable of producing stable and consistent measurements. Therefore, the instruments are considered suitable for further statistical analyses and hypothesis testing.

Normality Test

A normality test was conducted to ensure that the regression residuals were normally distributed, which is an important assumption of multiple linear regression analysis. The One-Sample Kolmogorov–Smirnov Test was employed to assess the normality of the residuals.

Table 1. Results of the Normality Test

Statistic	**Value**
N	53
Normal Parameters Mean	0.0000000
Std. Deviation	2.89355766
Most Extreme Differences	
Absolute	0.059
Positive	0.059
Negative	-0.059
Test Statistic	0.059
Asymp. Sig. (2-tailed)	0.200

The results showed a Kolmogorov–Smirnov test statistic of 0.059 with a significance value (p-value) of 0.200. Since the significance value was greater than the threshold of 0.05, the null hypothesis of normal distribution could not be rejected. Therefore, the residuals were considered normally distributed. Furthermore, the residual mean was approximately zero (0.0000000), with a standard deviation of 2.894, indicating a symmetric distribution around the mean. These findings confirm that the normality assumption was satisfied, supporting the validity of subsequent parametric analyses, including regression coefficients, t-tests, and F-tests.

Linearity Test

A linearity test was conducted to determine whether the relationship between Workload (X_1) and Nurse Performance (Y) was linear, which is an important assumption in multiple linear regression analysis. The test was performed using ANOVA by decomposing the variation into linearity and deviation from linearity components.

Table 2. Results of the Linearity Test

Source of Variation	**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Between Groups (Combined)	6199.415	23	269.540	53.643	.000
Linearity	5742.974	1	5742.974	1142.946	.000
Deviation from Linearity	456.441	22	20.747	4.129	.000
Within Groups	145.717	29	5.025		
Total	6345.132	52			

The results indicate that the linearity component was statistically significant ($p = 0.000 < 0.05$), suggesting a significant linear relationship between workload and nurse performance. However, the deviation from linearity was also significant ($p = 0.000 < 0.05$), indicating the presence of non-linear elements in the relationship. Although some deviation from perfect linearity exists, the linear component contributed substantially more to the explained variation (Sum of Squares = 5742.974) than the deviation component (Sum of Squares = 456.441). Therefore, a linear regression model remains appropriate as the primary analytical approach. These findings suggest that workload is significantly associated with nurse performance, although the strength of the relationship may vary at different workload levels.

Multicollinearity Test

A multicollinearity test was conducted to determine whether a high correlation existed among the independent variables in the multiple linear regression model. Multicollinearity was assessed using Tolerance and Variance Inflation Factor (VIF) values. A model is considered free from multicollinearity when the Tolerance value is greater than 0.10 and the VIF value is less than 10.

Table 3. Results of the Multicollinearity Test

Variable	Tolerance	VIF
Workload	0.979	1.021
Burnout	0.976	1.024

The results show that the Tolerance values for both independent variables were substantially higher than 0.10, while the VIF values were far below the critical threshold of 10. Specifically, the Workload variable had a Tolerance value of 0.979 and a VIF of 1.021, whereas the Burnout variable had a Tolerance value of 0.976 and a VIF of 1.024. These findings indicate that no multicollinearity problem exists between the independent variables. Therefore, workload and Burnout can be considered relatively independent predictors, each contributing unique information to explain variations in nurse performance. Consequently, the regression model satisfies the multicollinearity assumption and is appropriate for further analysis and hypothesis testing.

Heteroscedasticity Test

A heteroscedasticity test was conducted to determine whether the variance of the residuals remained constant across all levels of the independent variables. In this study, the Glejser test was employed by regressing the absolute residual values (Abs_RES) on the independent variables, namely workload and Burnout. A significance value ($p > 0.05$) indicates the absence of heteroscedasticity.

Table 4. Results of the Heteroscedasticity Test

Variable	**B**	**Std. Error**	**t**	**Sig.**
(Constant)	5.054	1.240	4.075	.000
Workload	-0.027	0.062	-0.432	.668
Burnout	-0.015	0.052	-0.296	.769

The results show that the significance values for Workload ($p = 0.668$) and Burnout ($p = 0.769$) were greater than the significance level of 0.05. These findings indicate that neither independent variable had a significant effect on the absolute residual values. Therefore, the regression model does not exhibit heteroscedasticity, and the residual variance can be considered constant across all levels of the predictors. This confirms that the homoscedasticity assumption has been satisfied, supporting the reliability of the regression coefficients and the validity of subsequent statistical tests, including the t-test and F-test.

Autocorrelation Test

An autocorrelation test was conducted to determine whether correlations existed among the residuals in the regression model. Autocorrelation was assessed using the Durbin–Watson statistic, which ranges from 0 to 4. A value close to 2 indicates the absence of autocorrelation, while values between 1.5 and 2.5 are generally considered acceptable.

Table 5. Results of the Autocorrelation Test

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	0.965	0.931	0.929	2.951	2.365

The Durbin–Watson value of 2.365 falls within the acceptable range of 1.5–2.5, indicating that no autocorrelation problem exists in the regression model. This result suggests that the residuals are independent and do not exhibit systematic correlation across observations. Although the study utilized cross-sectional data rather than time-series data, making autocorrelation less likely, testing this assumption remains important as part of the classical regression diagnostics. The absence of autocorrelation, together with the fulfillment of normality, linearity, multicollinearity, and homoscedasticity assumptions, confirms the robustness of the regression model used to examine the effects of workload and Burnout on nurse performance at RSUD Jayapura.

Hypothesis Test

F-Test

The F-test was conducted to examine the simultaneous effect of workload and Burnout on nurse performance. The results are presented in Table 6.

Table 6. F-Test Results

Source of Variation	Sum of Squares	df	Mean Square	F	Sig.
Regression	5909.753	2	2954.876	339.345	.000
Residual	435.379	50	8.708		
Total	6345.132	52			

The results showed an F-value of 339.345 with a significance level of 0.000 ($p < 0.05$). Therefore, the null hypothesis was rejected, indicating that workload and Burnout simultaneously had a significant effect on nurse performance. These findings confirm that the regression model is statistically significant and suitable for explaining variations in nurse performance.

T-Test

The t-test was performed to assess the partial effect of each independent variable on nurse performance.

Table 7. Results of the Partial Regression Coefficients (t-Test)

Variable	B	Std. Error	Beta	t	Sig.
(Constant)	-0.820	2.132		-0.384	.702
Workload	0.414	0.107	0.458	3.855	.000
Burnout	0.388	0.089	0.520	4.376	.000

The findings revealed that workload had a significant positive effect on nurse performance ($\beta = 0.414$, $p < 0.001$). Similarly, Burnout also demonstrated a significant positive effect on nurse performance ($\beta = 0.388$, $p < 0.001$). Since both significance values were below 0.05, the null hypotheses were rejected. These results indicate that workload and Burnout individually contributed significantly to nurse performance. The positive coefficients suggest that higher levels of workload and Burnout were associated with higher performance scores among nurses in this study setting.

Coefficient of Determination (R^2)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.965	0.931	0.929	2.951

The model produced an R^2 value of 0.931, indicating that 93.1% of the variance in nurse performance was explained by workload and Burnout. The remaining 6.9% was attributable to other factors not included in the model. The Adjusted R^2 value of 0.929 further confirmed the robustness of the model. These findings demonstrate that

workload and Burnout are dominant factors influencing nurse performance and that the regression model has excellent explanatory power.

Discussion

Effect of Workload on Nurse Performance

The findings revealed that workload had a significant positive effect on nurse performance ($\beta = 0.414$, $p < 0.001$). This result differs from the conventional assumption that excessive workload tends to reduce performance due to increased stress and burnout (Nursalam, 2018; Tarwaka, 2020). In the context of RSUD Jayapura, however, higher workload may reflect greater professional engagement and responsibility among nurses. As the main referral hospital in Eastern Indonesia, nurses are required to manage complex clinical cases and maintain high standards of patient care. Consequently, increased workload may encourage greater focus, discipline, and commitment to patient safety.

These findings are consistent with the Job Demands–Resources (JD-R) Model proposed by Bakker and Demerouti (2007), which suggests that high job demands do not necessarily lead to negative outcomes when supported by adequate organizational resources. Supportive supervision, teamwork, and a strong patient-safety culture may enable nurses to transform work demands into improved performance. Similar findings were reported by Afridon et al. (2024), who found a significant relationship between workload and employee performance. Therefore, workload should not merely be reduced but managed effectively to maintain optimal performance levels.

Effect of Burnout on Nurce Performance

The study also found that Burnout significantly influenced nurse performance ($\beta = 0.388$, $p < 0.001$). Although fatigue is generally associated with decreased productivity and increased risk of errors, the positive relationship observed in this study suggests that the fatigue experienced by nurses may represent functional fatigue rather than destructive fatigue. Nurses who are highly involved in patient care and demonstrate strong professional commitment may report higher levels of fatigue while simultaneously maintaining high performance standards.

This finding can also be explained through the JD-R framework, where challenging job demands may stimulate motivation and work engagement when adequate resources are available (Bakker & Demerouti, 2007). The organizational environment of RSUD Jayapura may provide sufficient support to prevent fatigue from developing into burnout. Nevertheless, hospital management should continue implementing preventive measures, such as adequate rest periods, stress management programs, and employee well-being initiatives, to minimize the risk of chronic fatigue.

Simultaneous Effect of Workload and Burnout on Nurse Performance

The F-test results demonstrated that workload and Burnout simultaneously had a significant effect on nurse performance ($F = 339.345$, $p < 0.001$). Furthermore, the coefficient of determination ($R^2 = 0.931$) indicated that 93.1% of the variation in nurse performance could be explained by these two variables. This finding highlights the substantial role of workload and Burnout in influencing nurse performance within the Internal Medicine Wards of RSUD Jayapura. The results suggest that workload and fatigue are closely intertwined aspects of nurses' work experiences. Rather than functioning solely as negative stressors, these factors may reflect the intensity of professional involvement and commitment to patient care. Consistent with the JD-R Model, the impact of job demands largely depends on the availability of organizational resources that support employee well-being and effectiveness. Therefore, hospital management should focus on balancing job demands with adequate resources, including fair shift scheduling, supportive leadership, teamwork, and occupational health programs. Such strategies can help maintain high levels of performance while safeguarding nurses' long-term well-being.

CONCLUSION

This study examined the effects of workload and Burnout on nurse performance in the Internal Medicine Wards of RSUD Jayapura. The findings revealed that workload had a significant positive effect on nurse performance ($\beta = 0.414$, $p < 0.001$), indicating that nurses facing higher work demands tended to demonstrate better performance. This result suggests that workload, when managed within a supportive organizational environment, can function as a motivating factor that encourages greater responsibility, commitment, and professional engagement. The study also found that Burnout significantly and positively affected nurse performance ($\beta = 0.388$, $p < 0.001$). Although fatigue is generally considered detrimental to performance, the results indicate that the fatigue experienced by nurses in this setting may reflect intensive involvement in patient care rather than burnout. This finding highlights the importance of organizational support in enabling nurses to maintain performance despite demanding work conditions.

Furthermore, workload and Burnout simultaneously exerted a significant influence on nurse performance ($F = 339.345$, $p < 0.001$). The coefficient of determination ($R^2 = 0.931$) showed that 93.1% of the variation in nurse performance could be explained by these two variables. These findings emphasize that workload and Burnout are important determinants of nurse performance at RSUD Jayapura. Therefore, hospital management should focus on balancing job demands with adequate organizational resources, including effective workload management, supportive supervision, fair shift scheduling, and employee well-being programs, to sustain high-quality nursing performance and patient care outcomes.

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