



Individual, Organizational, and Work Environment Factors Associated with Burnout among Nurses at Sumberglagah Regional Public Hospital

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Background: Burnout syndrome among nurses is a critical occupational health issue that can impair job performance, reduce patient safety, and increase turnover rates. This study aimed to analyze the influence of individual factors, organizational factors, and work environment on the incidence of burnout syndrome among nurses at Sumberglagah Regional Public Hospital. *Method:* A cross-sectional design was employed, involving 99 nurses selected through simple random sampling from a total population of 131 nurses. Data were collected using validated questionnaires measuring individual factors, organizational support, work environment quality, and burnout syndrome using the Maslach Burnout Inventory-Human Services Survey (MBI-HSS). Data analysis included univariate, bivariate (Chi-square), and multivariate (multiple linear regression) tests. *Result:* The results showed that individual factors ($p = 0.000$, $\beta = -15.763$) and work environment ($p = 0.000$, $\beta = -10.671$) had a significant negative effect on burnout syndrome, indicating that higher scores in these areas were associated with lower burnout levels. Organizational factors ($p = 0.107$, $\beta = -5.667$) were not found to have a statistically significant independent effect. *Conclusion:* These findings highlight the need for integrated interventions combining personal resilience training with improvements in workplace conditions. Strengthening coping skills, fostering positive thinking, ensuring adequate staffing, and providing supportive physical and psychosocial environments are recommended strategies to reduce burnout risk. Implementing such measures is essential for protecting nurse well-being and maintaining the quality and safety of healthcare services.

Keywords: Burnout, Individual Effort, Organization Effort, Work Environment, Nurse

INTRODUCTION

Burnout syndrome is the feeling of being overwhelmed by never-ending expectations at one's job, without the cognitive equality of workload and one's ability to meet said expectations (Latuconsina et al., 2023; Sujannah et al., 2021). Braithwaite states that burnout goes beyond normal exhaustion. It is accompanied by a decline in self-worth and an emptying of the spirit (Alam, 2022). In the nursing profession which forms an integral part of the healthcare system, burnout is a notable issue. In healthcare, nurses are more exposed. Their job content includes attending to very sick patients, which is coupled with long working hours and huge emotional burdens. This chronic issue is multigenerational and endemic, meaning it is an issue to be dealt with. It is beyond just the nurse, it stretches to the patients and the entire system (Afni & Rahman, 2024; Handayani et al., 2023; Serra et al., 2022).

Studies regarding burnout syndrome and its prevalence among nurses have been taken more seriously abroad. According to a study conducted in Spain's Andalusia region and reported by Cañadas-De la Fuente et al. in 2018, out of 674 nurses surveyed, 80% reported to have burnout syndrome at a high level. A study by Saparwati and Apriatmoko in 2020 about nurses in Indonesia showed that burnout syndrome was present among 50.8% of nurses at Ungaran Regional Public Hospital. Almost similar results were reached in another study conducted at Darmo Hospital in Surabaya. Out of 10 inpatient nurses who were part of the study, 100% were reported to have burnout syndrome, 75% suffered from emotional exhaustion, and 50% suffered from sleep disorders, headaches, and other disturbances. Nurse resignation rates during the years 2019 and 2020 were reported to have increased from 4.7% to 9.3% (Indiawati et al., 2022).

Alam (2022) explain three primary factors that contribute to burnout syndrome: personal effort, system effort, and environment. Individual effort pertains to stress and job pressure, optimism, challenge coping, and mental resilience that nurses are capable of maintaining. Organizational effort centers on how healthcare systems support and advocate nurses, which encompasses equitable policies like balanced work, reasonable rest days, as well as primary and secondary mental health support. Recognition of effort and aid in resolving challenges by the supervisor is very crucial. A good number of healthcare systems do not have adequate support and are consequently feeling un-valued and overworked. The work environment element is in no way of lesser importance; it encompasses the psychosocial factors and the physical work environment (e.g. accommodating rooms and sufficient adequate apparatus). Poor conditions of work such as congestion and poor nurse-patient ratios, exacerbate tension and contribute to burnout syndrome (Afni & Rahman, 2024)

It is important to note that burnout syndrome does not occur instantaneously; rather, it develops gradually as a cumulative response to various internal and external stressors affecting both individuals and

the healthcare system (Alam, 2022). Nurses may experience overwhelming stress due to limited coping abilities and ineffective stress management strategies. Nurse who lacks adequate coping mechanisms may feel confused and emotionally drained when caring for critically ill patients, eventually leading to demotivation and loss of energy. Individual resilience factors, such as optimism and creative problem solving, are crucial in mitigating this risk. The most resilient nurses remain vulnerable to burnout when exposed to persistent pressures such as long working hours, staff shortages, and inadequate managerial support. Organizational factors such as rigid work policies, inadequate mental health programs, and limited access for rest, further intensify the problem. The situation is exacerbated by unfavorable working environments and poor interpersonal relationships, creating a vicious cycle that is difficult to break (Alam, 2022; Fardiansyah et al., 2022; Hernawati, 2019). A lot of studies exploring the causes of burnout, there remains a research gap regarding the combined influence of internal psychological factors and external organizational stressors among nurses in Indonesia. Most existing studies tend to focus on individual or environmental aspects separately. This study aims to analyze the relationship between internal and also external factors contributing to nurse burnout, with the goal of generating evidence-based recommendations for improving nurse well-being and healthcare service quality.

Several solutions can be applied to mitigate burnout syndrome in nurses. Stress management exercises help acquire coping skills as well as gain resilience. Policies can be improved to provide reasonable working hours, decreased workload, and increased staffing. Colleagues, as well as management, need to provide systemic help to foster collaboration in the workplace. Policies regarding take-home work assignments, along with leave policies, wellness programs, and integrated work-life balance, need to be instituted. Burned-out nurses need to be provided with psychological first aid and counseling. As shown in the research of Bektas (2019), the syndrome of burnout as a whole can be alleviated by the individual efforts (i.e. positive thinking, creative behavior, determination and compliance) and organizational efforts (i.e. peer and supervisor support, and a conducive work atmosphere) the person and the organization put in. It follows that the more these two aspects are integrated and optimized, the lesser the burnout and nurse's well-being will be improved along with the quality of healthcare services provided by the organization, and the less difficulty the organizations will have in retention of the skillful nurse professionals (Afandi & Ardiana, 2021; Indiwati et al., 2022; Nurmawati et al., 2022).

METHODOLOGY

This study used a cross-sectional observational design to analyze the relationship between individual, organizational, and work environment factors with burnout syndrome among nurses. The research was conducted at Sumberglagah Regional Public Hospital, Mojokerto, from January to July 2025.

The study population consisted of all 131 nurses working at the hospital. A total sample of 99 nurses was determined using Slovin's formula with a 5% margin of error. The sampling technique used was simple random sampling to ensure that every member of the population had an equal chance of being included in the study. The inclusion criteria were nurses were actively working during the study period, and provided informed consent to participate. Meanwhile, nurses on maternity, sick, or study leave, as well as those who did not complete the questionnaire, were excluded from the study.

The research variables included individual, organizational, and work environment factors as the independent variables, and burnout syndrome as the dependent variable. Data were collected using a structured questionnaire. Individual factors were measured using a Likert-scale questionnaire that assessed aspects such as positive thinking, creative behavior, determination, and compliance. Organizational factors were measured using items evaluating managerial support, co-worker support, and organizational atmosphere, also using Likert scale. The work environment variable included items assessing physical conditions, workload, and job demands. Burnout syndrome was assessed using the Maslach Burnout Inventory–Human Services Survey (MBI-HSS) developed by Maslach, which consists of three dimensions: emotional exhaustion (9 items), depersonalization (5 items), and reduced personal accomplishment (8 items). Each item was rated on a 7-point frequency scale ranging from 0 (never) to 6 (every day).

Prior to data collection, ethical approval was obtained from the Ethics Committee of STIKES Majapahit No. 114/EC-SM/2025. The researcher personally distributed questionnaires to respondents after obtaining written informed consent, ensured comprehension of the questionnaire items, and verified completeness of responses.

Data processing on several stages, including editing, coding, scoring, entry, cleaning, and tabulation. Statistical analyses were conducted sequentially, beginning with univariate analysis to describe the distribution of each variable, followed by bivariate analysis using the Chi-square test to examine associations between independent and dependent variables. After this, multiple linear regression was performed to identify the most influential factors contributing to burnout syndrome among nurses. All statistical tests were conducted at a 95% confidence level ($\alpha = 0.05$).

RESULT AND DISCUSSION

Based on the results of the research that has been conducted, the following data on respondent characteristics were obtained.

Table 1. Characteristics of Respondents

Age	F	%
21 – 30 Yo	10	10.1
31 – 40 Yo	53	53.5
41 – 50 Yo	36	36.4
Sex		
Male	39	39.4
Female	60	60.6
Educational Level		
Diploma	22	22.2
Nursing Bachelor	77	77.8
Length of Service		
1 – 5 Yrs	13	13.1
6 – 10 Yrs	37	37.4
> 10 Yrs	49	49.5
Total	99	100

Table 1 presents the distribution of respondents according to age, gender, educational background, and length of service. In terms of **age**, the largest proportion of respondents were in the 31–40 years age group (53.5%), followed by the 41–50 years group (36.4%), while the smallest proportion was in the 21–30 years group (10.1%). This indicates that the majority of respondents are in the middle adulthood stage, which is often associated with a high level of professional experience, stability in career, and greater responsibility in the workplace. However, this age range may also be more vulnerable to work-related stress due to the combination of professional and personal demands.

In terms of gender, a greater majority of the respondents were women, with 60.6% identifying, while respondents who identified as male were 39.4%. This distribution is consistent with the nursing profession's historical association of women as a predominant sector. Gender balance, or more accurately imbalance, could be a factor in how the respondents manage and cope with stress in the work environment because research has shown that male and female nurses deal with stress and burnout in different ways. Regarding the educational level, the majority, 77.8%, were Bachelor of Science in nursing holders, while 22.2% were Diploma III holders in nursing. The high prevalence of Bachelor nurses indicates the firm educational base that is probably responsible for a high level of clinical reasoning and competency in patient care. The burnout issue in work is associated with a high educational level because such people tend to have high expectations and responsibilities. Almost half of the respondents, 49.5%, reported serving for a period more than 10 years, 37.4% reported 6-10 years, while 13.1% reported between 1-5 years. This indicates that a large proportion of respondents are well versed and have a vast experience in the nursing field.

In as much as working for long periods can improve professional skills and foster resilience, actually being there without any breaks can forgetfully increase the chances of burnout, especially in high-risk areas like hospitals. The indicator data in Table 1 suggests that the the survey respondents in the group are mostly mid-aged, seasoned, and well-educated lady health practitioners. All these traits are critical for subsequent burnout syndrome risk factor analyses in this study.

In the current research, individual characteristics, work organization and the work environment were s connected to the occurrence of burnout syndrome among the nurses working at Sumberglagah Regional Public Hospital. Findings suggest that although the most respondents had positive perceptions of these three domains, a large number of people still rated these domains as moderate or poor, which is pertinent in light of the high and moderate incidences of burnout.

Table 2. Frequency of Individual, Organizational, and work environment Factor

Individual Factor	F	(%)
Poor	22	22.2
Moderate	33	33.4
Good	44	44.4
Organizational Factor		
Poor	12	12.1
Moderate	32	32.3
Good	55	55.6
Work Environment Factor		
Poor	21	21.2
Moderate	32	32.3
Good	46	46.5
Total	99	100

Based on personal attributes, close to 50% of the nurses (44.4%) were in the good category, demonstrating adequate coping skills, resilience, and positive thinking regarding work-related stress. Such traits are known to psychologically buffer against burnout and permit individuals to reconstitute work challenges as manageable ones (Alam, 2022). Although, the 22.2% of respondents categorized as poor suggests that a part of the workforce do not possess effective self-coping techniques, and as a result, become more susceptible to stress and emotional exhaustion. Other studies highlight that burnout among nurses can be minimized if coping capacity is enhanced and resilience training along with stress management programs are provided (Handayani et al., 2023; Indiawati et al., 2022).

With Organizational Factors, average ratings made by more than half of the respondents (55.6%) as good, signifying sufficient managerial assistance, equitable distribution of workload, and a favorable organizational climate. Organizational work structures, as noted by the supportive institutional structures, are critical in alleviating work stress and improving job satisfaction (Nurmawati et al., 2022)). Nevertheless,

the presence of 12.1% in the poor category suggests even underlying issues, such as task inequity along with minimal recognition of the output. Belay et al., (2021) noted comparable outcomes, such as the weakened organizational support systems increasing the risk of burnout, especially in hospital work units that are under pressure.

Regarding the **work environment**, nearly half of the respondents (46.5%) perceived it as *good*, while 32.3% rated it *moderate* and 21.2% rated it *poor*. A conducive work environment—characterized by sufficient physical resources, safe staffing ratios, and supportive interpersonal relationships—plays a critical role in sustaining nurse motivation and performance (Saputri et al., 2023). However, inadequate facilities, overcrowded wards, and high nurse-to-patient ratios can exacerbate occupational stress and contribute to burnout (Handayani et al., 2023) Field observations in this study revealed that certain hospital units lacked adequate equipment and workspace, which may hinder optimal patient care delivery.

Table 3. Burnout syndrome in Nurse

Burnout	F	(%)
High	9	9.1
Moderate	21	21.2
Low	69	69.7
Total	99	100

The analysis of table 3 on the levels of burnout syndrome revealed that most of the nurses (69.7%) suffered from low burnout while 21.2% suffered from burnout at moderate levels and 9.1% suffered from burnout at high levels. High burnout percentages, although, quite small is of concern in conjunction with the 30.3% that is in the moderate to high burnout categories. Moderate burnout is particularly troubling because it is almost certain to increase the rate of absenteeism and the associated decrease in productivity and turnover (Afni & Rahman, 2024). Burnout not only increases the risk of turnover it also has the potential to worsen the quality of clinical judgements and the safety of the patients that are being cared for. Burnout is therefore not only an issue of concern for the health of the nurses but also for the quality of care that their patients receive (Isnaini et al., 2022).

Persuasive evidence and the findings we have discussed suggest that nurse burnout arises from the interplay of individual, organizational, and situational factors complexity of all these factors. Enhancing personal protective factors is always useful, but as packs and colleagues told us, we also need organizational level changes to ensure an equitable workload, staffing, reasonal managerial support, and improved psychosocial environments at work. The most robust evidence for preventing burnout and promoting the sustained well being of nurses comes from the combination of individual level approaches with organizational level changes (Arifin et al., 2019; Hernawati, 2019).

Table 4. Linier Regression Result

No	Independent Variable	Dependent Variable	P	Beta	Description
1	<i>Individual Factor</i>	<i>Burnout Syndrome</i>	0.0000	-15.763	Accepted
2	<i>Organizational Factor</i>		0.107	-5.667	Rejected
3	<i>Work Environment Factor</i>		0.0000	-10.671	Accepted

The linear regression results indicate that individual factors had a significant and inverse relationship with burnout syndrome ($p = 0.000$, $\beta = -15.763$). Higher individual factor scores, which denote strong coping abilities, resilience, positive thinking, and compliance, points to a lower rate of burnout. This discovery bolsters Belay et al. (2021) and Indiwati et al. (2022) who assert that emotional exhaustion and depersonalization in nurses are significantly reduced with personal resilience training and stress management measures. This reaffirms that individual capacity is a crucial protective element against burnout in demanding healthcare settings.

The organizational factor did not demonstrate a significant independent effect on burnout ($p=0.107$, $\beta=-5.667$). While descriptive statistics showed the vast majority of respondents rated organizational matters favorably, such non-significance indicates that organizational policies, in conjunction with managerial support, may not single-handedly attenuate burnout in the absence of effective individual coping strategies. This position is supported by Sujannah et al. (2021), who identified that support from the organization tends to influence the resource and engagement at the level of the individual, rather than at the level of the organization. Here, organizational factors may function in a moderating or mediating capacity—they lower burnout only when the individual's coping capacity is strong.

The results indicate that the work environment factor has a significant negative association with burnout syndrome among nurses. This result suggests that burnout increases when the quality of the physical workstation, psychosocial climate, and interpersonal relationships in decline. The result aligns with (Al Yahyaei et al., 2022; Sarıköse & Göktepe, 2022), who found that nurses' mental well-being improves when adequate facilities, optimal staffing ratios, and supportive organizational cultures are present. A deteriorating work environment tends to amplify psychological strain, emotional fatigue, and depersonalization, as nurses face greater workload pressures and limited social support. Although this variable was statistically significant, it was categorized as "rejected" in the results table, possibly due to predefined research hypotheses, theoretical expectations, or potential multicollinearity among predictors. Nonetheless, this finding reinforces the critical role of a healthy work environment in maintaining nurse performance and emotional stability.

Interactionally speaking, it could be that organizational elements impact burnout indirectly by influencing individual elements. For instance, fair allocation of work, managerial appreciation, and cordial

colleagues might bolster a nurse's self-efficacy and coping strategies, thereby reducing burnout. Likewise, a favorable workplace might amplify the strong individual factors, thereby creating a synergistic protective effect against burnout. Suryani et al. (2023) offer support for this interpretation by underscoring the need for integrative approaches that factor personal and systemic elements in the prevention of burnout.

CONCLUSION

This research concludes that individual nurse attributes and the quality of the work environment are significantly correlated with burnout syndrome, whereas organizational factors show no independent direct effect. Strengthening organizational support should therefore be accompanied by continuous professional development programs to enhance nurses' personal resilience and well-being. Hospitals are encouraged to develop targeted strategies and early interventions to prevent burnout, thereby maintaining the quality and safety of patient care. Policymakers and healthcare administrators should also consider integrating burnout prevention into institutional health promotion policies and support further research exploring longitudinal effects and intervention effectiveness.

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