

**ANALYSIS OF SOCIAL SUPPORT AND WORKLOAD WITH
BURNOUT AMONG HEALTH WORKERS AT HOSPITAL X**

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INFORMATION	ABSTRACT
<p>Correspondence: ferritaaisya@gmail.com</p> <p>Keywords: <i>Burnout, social support, workload, inpatient nurses, hospital management.</i></p>	<p><i>Objective: This study aimed to analyze the relationship between social support, workload, and burnout among inpatient nurses at Hospital X</i></p> <p><i>Methods: This study employed a cross-sectional design conducted from December 2024 to May 2025 at Hospital X. The population consisted of 69 inpatient nurses, with a sample of 59 nurses selected using simple random sampling. Data were collected using self-administered questionnaires measuring social support was assessed using a Sarafino-based instrument consisting of emotional support, informational support, instrumental support, appreciative support. Workload using a Budiasa-adapted questionnaire, consisting of work target, working conditions, use of working time, and work standards. Burnout using the Maslach Burnout Inventory consisting emotional exhaustion, depersonalization, and reduced personal accomplishment. Data analysis included descriptive statistics, normality testing, and multiple linear regression with a significance level of α is 0.05.</i></p> <p><i>Results: The results showed that nurses experienced moderate levels of social support (mean=31.29), workload (mean=21.22), and burnout (mean=14.98). Multiple regression analysis revealed that social support had a significant negative effect on burnout ($B=-0.151$, $p=0.010$), indicating its protective role. In contrast, workload had a significant positive effect on burnout ($B = 0.400$, $p < 0.001$), identifying workload as a major risk factor. The regression model explained 33% of the variance in burnout.</i></p>

	<p><i>Conclusion: Social support significantly reduces burnout, while workload significantly increases burnout among inpatient nurses. Strengthening workplace social support and implementing effective workload management are essential strategies to mitigate burnout and improve nurses' well-being and service quality at Hospital X.</i></p>
INFORMASI	ABSTRAK
<p>Korespondensi: ferritaaisya@gmail.com</p> <p>Kata kunci: Kelelahan, dukungan sosial, beban kerja, perawat rawat inap, manajemen rumah sakit</p>	<p>Tujuan: Penelitian ini bertujuan menganalisis hubungan antara dukungan sosial, beban kerja, dan kelelahan kerja perawat rawat inap di Rumah Sakit X.</p> <p>Metode: Penelitian ini menggunakan desain cross-sectional yang dilakukan dari Desember 2024 hingga Mei 2025 di Rumah Sakit X. Populasi terdiri dari 69 perawat rawat inap, sampel 59 perawat dipilih menggunakan simple random sampling. Data dikumpulkan menggunakan kuesioner yang diisi sendiri yang mengukur dukungan sosial menggunakan instrumen Sarafino, yang terdiri dari dukungan emosional, dukungan informasional, dukungan instrumental, dan dukungan apresiatif. Beban kerja menggunakan kuesioner adaptasi Budiasa, terdiri dari target kerja, kondisi kerja, penggunaan waktu kerja, dan standar kerja. Burnout menggunakan Maslach Burnout Inventory terdiri dari kelelahan emosional, depersonalisasi, dan penurunan pencapaian pribadi. Analisis data meliputi statistik deskriptif, pengujian normalitas, dan regresi linier berganda dengan tingkat signifikansi α 0,05.</p> <p>Hasil: Hasil menunjukkan perawat mengalami tingkat dukungan sosial yang moderat (rata-rata=31,29), beban kerja (rata-rata=21,22), dan kelelahan kerja (rata-rata=14,98). Analisis regresi berganda mengungkapkan dukungan sosial memiliki pengaruh negatif yang signifikan terhadap kelelahan kerja ($B=-0,151$, $p=0,010$), menunjukkan peran protektifnya. Sebaliknya, beban kerja memiliki pengaruh positif yang signifikan terhadap kelelahan kerja ($B=0,400$, $p < 0,001$), mengidentifikasi beban kerja sebagai faktor risiko utama. Model regresi menjelaskan 33% varians dalam kelelahan kerja.</p> <p>Kesimpulan: Dukungan sosial secara signifikan mengurangi kelelahan kerja, sementara beban kerja secara signifikan meningkatkan kelelahan kerja di antara perawat rawat inap. Memperkuat dukungan sosial di tempat kerja dan menerapkan manajemen beban kerja yang efektif merupakan strategi penting untuk</p>

	mengurangi kelelahan kerja dan meningkatkan kesejahteraan perawat serta kualitas layanan di Rumah Sakit X.
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INTRODUCTION

Burnout has continued to be a major problem in the world and has not diminished, especially in human service fields such as the health sector. Employees in the health sectors have a huge responsibility in ensuring the provision of quality health services in any country. Promotive, preventive, curative, and rehabilitative aims of the health sectors make the employees very vulnerable to burnout.

Studies from other countries carried out that there is a significant prevalence of burnouts on medical practitioners. For example, research done in Andalusia, Spain, clearly indicated that out of 674 nursing participants in the study, almost 80% of the medical practitioners experienced burnouts (Pujiarti & Idealistiana, 2023). It is clear from the study above that burnouts can neither be seen nor treated as an individual problem. Instead, this problem can be identified and observed to occur within the medical workplace. The conditions above are not only observed in other countries. For example, studies carried out by the Indonesian National Nurses Association (PPNI) of Indonesia in 2021 clearly showed that almost 50.9% of medical practitioners in the four largest Indonesian provinces experience fatigue, work stress, and interrupted sleep schedules owing to an increased work load (Mouliansyah et al., 2023).

Burnout is the condition of physical, emotional, and mental exhaustion that people develop as a result of prolonged work, especially when the work involves extreme interaction with clients (Dewi, N. K., 2019). In the context of the hospital environment, the main cause of nurse burnout is the level of performance required, the ethical accountability required of the professional, and the need to be relentlessly empathetic with the clients. From an organizational perspective, high levels of burnout may also lead to reduced productivity, increased absenteeism, and higher staff turnover, if it is not well managed, the effects of nurse burnout can be the decreased quality of health services, the risk of medical malpractice, and the unhappiness of the health care provider, which ultimately affect hospital performance and patient safety. Therefore, hospitals need to implement strategies

such as strengthening workplace social support, improving communication between supervisors and nurses, and managing workload more effectively. These strategies may help enhance nurses' well-being, maintain service quality, and support sustainable hospital performance.

One critical consideration in the development of burnout is social support. According to Lee & Ashforth, as quoted in Hidayatullah (2021), "Social support has an important role in decreasing the level of burnout in employees." Social support can emanate from supervisors, colleagues, families, or other social contexts. Healthcare professionals who get sufficient social support are more resilient in terms of psychological fortitude, manage working stress effectively, and perform to their optimal levels. When there is a lack of social support, healthcare professionals feel protected, unvalued, and are less capable in dealing with working stress.

Besides the social support, workload also plays a significant part in the burnout process. According to Budiasa (2021), workload entails the person's own assessment of the amount of work to be achieved over a specific time and the level of effort in doing the work. An inequitable workload in regard to a healthcare provider's capacity might cause working stress and fatigue. There has to be a proper workload-capacity relationship for work to be of quality and to avoid burnout.

As health facilities, hospitals have a crucial responsibility in promoting a positive work environment for health practitioners. Nurses should strive to be in their best physical and psychological health since their duties have a direct impact on patient safety and well-being. Nevertheless, not all health practitioners have the capacity to be in such good health. Prolonged exposure to stressful events, routine work, and patient interactions can be dangerous to the psychological well-being of health practitioners and can exhibit symptoms of burnout (Putra & Muttaqin, 2020; Adnyaswari & Adnyani, 2017).

From the preliminary results obtained from Hospital X, the burnout rate among the nursing staff seems to be high. The preliminary survey was conducted using a questionnaire measured on a four-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree). On average, the burnout score among the

respondents reached 3.44, with a standard deviation of 0.72. This mean value, which is close to the maximum score on the scale, indicates that most respondents tended to agree that they experienced emotional exhaustion related to their work. Meanwhile, the standard deviation suggests a moderate variation in responses, meaning that burnout was experienced relatively consistently among the respondents. These findings indicate that burnout among nursing staff at Hospital X is already at a relatively high level and requires serious attention from hospital management. To a large extent, high burnout could adversely affect the working and the overall services delivered to the patients. Various studies have also indicated that stress and burnout are particularly experienced by medical professionals, such as nurses, to a greater extent than any other occupation (Adawiyah & Bikololong, 2018). Social support, such as the presence of a spouse, receiving positive feedback from superiors, and harmonious relations with coworkers, has been proven to help in lowering burnout levels. Social support gives a feeling of being valued and loved, which helps in dealing with stress at work. From this description, it may be deduced that burnout in nurses is caused by many variables, especially those related to social support and workload. As a result, this study is intended to examine a relationship concerning social support, workload, and burnout at Hospital X among healthcare professionals. Findings from this study will perhaps set a foundation in Hospital X in setting policies that aim to enhance the welfare of healthcare professionals and ensure that there is minimal burnout among these healthcare professionals at Hospital X.

METHODS

The research study in this case adopted an empirical research design that was qualitative. The research study involved the use of a cross-sectional study. In cross-sectional study approach, there is the assessment of both the independent and dependent variables at an instance (Nursalam, 2020). The reason why cross-sectional study research approach was adopted in this study is that this kind of research study is employed when trying to determine if there is an association between variables.

This study took place between December 2024 and May 2025 at Hospital X.

Populations and Samples

The population for this study included all 69 inpatient nurses working in Hospital X. However, the sample was calculated using the Slovin formula with a margin of error of 5%, yielding the required sample size of 59 inpatient nurses.

This study employed a simple random sampling technique, in which each member of the population had an equal opportunity to be selected as a participant (Sugiyono, 2019), ensuring unbiased and representative sampling. The inclusion criteria comprised inpatient nurses working in service units at Hospital X, holding a minimum of a Diploma III in Nursing, and having more than one year of work experience to ensure adequate professional exposure. The exclusion criteria included inpatient nurses aged 55 years and above, those occupying managerial or structural positions, and nurses who were on leave during the study period, as these conditions could influence workload, social support, and burnout levels

Research Variables

In this research, social support and workload were defined as the independent variables, whereas burnout among inpatient nurses served as the dependent variable. The analysis was conducted to examine how social support and workload influence the level of burnout experienced by nurses in inpatient care settings.

Research Instruments

Data was collected using self-administered, close-ended questionnaire consisting of a four-point Likert scale ranging from 1 strongly disagree to 4 strongly agree, without neutral point. The instrument was designed to measure social support, workload as independent variables, and burnout as dependent variable among healthcare workers.

Social support was measured using a questionnaire developed based on Sarafino's theory, comprising five dimensions namely emotional support, esteem (appraisal) support, instrumental (tangible) support, informational support, and network (companionship) support. Higher scores indicate higher perceived social support.

Workload was assessed using an instrument adapted from Budiasa (2021), which included four dimensions namely work target, working conditions, use of working time, and work standards. Higher scores reflect higher perceived workload.

Burnout was measured using a questionnaire adapted from the Maslach Burnout Inventory (MBI), consisting of three dimensions namely emotional exhaustion, depersonalization, and reduced personal accomplishment. Higher scores on emotional exhaustion and depersonalization indicate higher burnout, while higher scores on personal accomplishment indicate lower burnout.

Data Gathering Procedure

Data collection began after seeking research permission from the educational institution and Hospital X. After acquiring authorization, the researcher used questionnaires to gather information from participants who responded to research criteria. All participants were provided with information on research objectives and freely gave their consent to participate.

Data Analysis

Data analysis was conducted using the Statistical Package for Social Sciences (SPSS) software. The analytical procedures were carried out in several stages to ensure that the data met the assumptions required for hypothesis testing. Descriptive statistics were used to describe respondents' characteristics and variable distributions. Normality test was performed by examining skewness and kurtosis values to determine whether the data met the assumption of normal distribution. If the skewness and kurtosis values exceeded the acceptable range, the data were considered not normally distributed. Based on this assumption testing, multiple linear regression analysis was applied to examine the relationship between social support, workload, and burnout. The level of significance was set at 0.05. Ethical clearance and administrative permission were obtained from Hospital X prior to data collection, with official approval number 1284/KET/IV.6.AU/A/06/2025

RESULTS

Table 1 presents the characteristics of the respondents involved in this study (n = 59). The majority of respondents were female, accounting for 54 individuals (91.5%), while only 5 respondents (8.5%) were male. In terms of educational background, more than half of the respondents held a Diploma (D3) qualification, totaling 42 nurses (71.2%). This was followed by respondents with a Ners degree, comprising 15 individuals (25.4%). A small proportion had a Diploma (D4) qualification and Professional Midwifery education, each represented by 1 respondent (1.7%).

Regarding length of employment, nearly half of the respondents had worked for 1–5 years, amounting to 30 nurses (50.8%). Respondents with 6–10 years of work experience numbered 9 (15.3%), while those with 11–15 years of employment totaled 12 (20.3%). The smallest group consisted of respondents with more than 16 years of service, with 8 nurses (13.6%).

Table 1. Characteristics of Respondents (n=59)

Characteristics	f	%
Gender		
Male	5	8,5
Female	54	91,5
Education		
Diploma (D3)	42	71,2
Diploma (D4)	1	1,7
Ners	15	25,4
Professional Midwifery	1	1,7
Length of Employment (years)		
1–5	30	50,8
6-10	9	15,3
11-15	12	20,3
> 16	8	13,6
Total	59	100.0

Descriptive analysis of the study variables showed that social support had a mean score of 31.29 (SD = 5.49), indicating a relatively high level among respondents. The workload variable had a mean score of 21.22 (SD = 3.64), reflecting a moderate

level of perceived workload. Meanwhile, burnout showed a mean score of 14.98 (SD = 2.84), suggesting a moderate level of burnout among healthcare workers.

Table 2. Descriptive Statistic

Variable	N	Min	Max	Mean	SD
Social Support	59	17,00	40,00	31.29	5.49
Workload	59	14,00	30,00	21.22	3.64
Burnout	59	8,00	23,00	14.98	2.84

The Kolmogorov–Smirnov test indicated that the data were normally distributed ($p = 0.20$). Multicollinearity diagnostics showed acceptable values, with tolerance values of 0.996 and VIF values of 1.004 for both social support and workload, indicating no multicollinearity issues. The regression model explained 33% of the variance in burnout ($R^2 = 0.33$), indicating that social support and workload together account for a moderate proportion of burnout among healthcare workers, while the remaining 67% may be influenced by other factors not included in the model. Furthermore, social support had a significant negative effect on burnout ($t = -2.656$, $p = 0.010$), while workload showed a significant positive effect on burnout ($t = 4.684$, $p < 0.001$).

Table 3. Correlation and Determination Coefficient Test Results

Variable	Kolmogorov-Smirnov	Tolerance	VIF	R Square	T	p
Constant					4.529	.000
Social Support	0,20	.996	1.004	0,33	-2.656	.010
Workload		.996	1.004		4.684	.000

Source: SPSS Output (2025)

Table 4. Regression Coefficient Test Results

Variable	Unstandardized Coefficients	Sig.
Constant	11.211	0.000
Social Support	- 0.151	0.010
Workload	0.400	0.000

Source: SPSS Output (2025)

Based on the regression results presented in Table 4, social support had a significant negative effect on burnout ($B = -0.151$, $p = 0.010$), indicating that higher levels of perceived social support are associated with lower burnout among healthcare workers. In contrast, workload showed a significant positive effect on burnout ($B =$

0.400, $p < 0.001$), suggesting that increased workload contributes to higher levels of burnout. The constant term was also statistically significant ($B = 11.211$, $p < 0.001$), supporting the adequacy of the regression model.

The multiple regression equation can be expressed as follows:

$$\text{Burnout} = 11.211 - 0.151 X1 + 0.400 X2 + e$$

Description:

X1 = Social support

X2 = Workload

These findings indicate that social support functions as a protective factor against burnout, whereas workload acts as a risk factor that exacerbates burnout among healthcare workers.

DISCUSSION

This study aimed to determine the relationship between social support, workload, and burnout among inpatient nurses. Based on the descriptive findings, the mean burnout score was 14.98, indicating a moderate level of burnout among respondents. This suggests that although burnout is not at a severe level, it remains a considerable concern because prolonged moderate burnout may gradually affect nurses' psychological well-being and service performance. These findings indicate that burnout among inpatient nurses at Hospital X is present and requires managerial attention.

Effect of Social Support on Burnout

The regression analysis shows that social support is a significant predictor that affects burnout negatively ($B = -0.151$, $t = -2.656$, $p = 0.010$). This indicates that there is a relationship between increased perceptions of social support and a reduction in burnout levels that inpatient nurses experience. The results confirm that one of the foundations of the study was correct in which social support is a protective factor that shields nurses from stress associated with work. In addition, the regression model explained 33% of the variance in burnout, meaning that social

support and workload together contributed moderately to burnout levels, while the remaining 67% may be influenced by other factors not examined in this study. This finding highlights that burnout is multifactorial in nature and influenced by both organizational and psychosocial elements.

The statistical results support the assumption that nurses who perceive higher emotional, informational, instrumental, and collegial support tend to experience lower emotional exhaustion and depersonalization. Adequate social support may enhance psychological resilience, helping nurses manage job stress more effectively.

These findings is consistent with other empirical works indicating that increased social support from supervisors, friends, and family is significantly associated with decreased burnout among nurse professionals (Adawiyah & Blikololong, 2018; Aristiani et al., 2015; Marulitua, 2019 ; Akbar & Soetjningsih, 2022). Another similar finding was reported by Putra and Muttaqin (2020), which suggested that sufficient social support is crucial for improving psychological well-being and decreasing possible emotional exhaustion among nurse professionals. By giving them emotional support and encouragement to deal with work-related stress, nurse professionals can easily overcome work-related worries.

Social support has consistently been shown to play a critical role in reducing burnout across various professional settings. Empirical evidence indicates that social support functions as an important job resource that mitigates the negative effects of high workload and job demands on emotional exhaustion. Taylor and Frechette (2022) found that despite increased workload during the COVID-19 pandemic, social support helped reduce burnout among academic staff, highlighting its buffering effect under extreme work pressure. Similarly, Woranetipo and Chavanovich (2021) demonstrated that high workplace social support, when combined with effective coping strategies, significantly weakened the positive relationship between workload and burnout. A meta-analysis by Hanifah et al. (2023) confirmed that strong social support significantly lowers burnout risk among health workers across multiple countries. Furthermore, Xie et al. (2022) showed that support from leaders and colleagues reduces burnout both directly and

indirectly by enhancing mindfulness, suggesting that social support strengthens psychological resilience. Collectively, these findings reinforce that social support is a vital protective factor in preventing burnout, particularly in high-demand work environments.

Overall, the present study reinforces the understanding that social support not only predicts burnout but actually has a statistical contribution in lowering levels of burnout, controlling for the effect of workload in the regression equation. This further reinforces the statement that social support systems in hospitals can be an effective means of lowering burnout levels.

Effect of Workload on Burnout

Conversely, the results of the regression analysis showed that workload has a significant positive impact on burnout ($B = 0.400$, $t = 4.684$, $p < 0.001$). This suggested that every one unit increasing workload has a marked effect of increasing 0.400 burnout among the inpatient nurses. Workload plays a dominant role in explaining burnout compared to social support. This indicates that although social support functions as a protective factor, excessive workload may override its buffering effect when job demands exceed nurses' physical and psychological capacities, leading to burnout among the inpatient nurses.

This finding suggests that higher work demands, time pressure, and task intensity substantially contribute to emotional exhaustion and depersonalization among inpatient nurses. Considering that the mean burnout score was in the moderate category, the strong positive coefficient of workload implies that continued increases in workload may elevate burnout to more severe levels if not properly managed.

This result confirms a previous study that listed workload as one of the main causes of occupation-related stress in nursing profession roles, especially in inpatient settings (Pujiarti & Idealistiana, 2023; Irawan et al., 2022). In addition, it can be seen in a study by Safitri (2025) that there is a positive relationship between workload and burnout, with a heavy workload being a major risk for an individual suffering from burnout.

In healthcare-specific contexts, a meta-analysis by Hanifah et al. (2023) demonstrated that high workload significantly increases burnout risk among health workers (aOR = 2.37; $p = 0.003$), supporting the present regression findings that workload is a strong and consistent predictor of burnout among inpatient nurses. Similarly, Woranetipo and Chavanovanich (2021) found that workload positively predicts burnout, although its negative impact may be reduced by strong workplace social support and effective coping strategies, indicating that organizational resources can buffer but not eliminate workload-related burnout. From a psychological perspective, excessive workload continuously drains physical and emotional energy, leading to emotional exhaustion and depersonalization; this is consistent with Xie et al. (2022), who reported that high job demands increase burnout when organizational support is insufficient. In inpatient nursing, persistent time pressure, high patient acuity, and staffing constraints may therefore accelerate burnout when workload exceeds nurses' adaptive capacity.

On theory, workload is an energy-sucking activity for nurses that triggers emotional exhaustion and depersonalization of nurses. As employees become overburdened by their workload and exceeded by their capacity, they become more vulnerable to feelings of fatigue, lack of motivation, and poor work engagement, thereby facing burnout.

Implications for nursing management

On the basis of the collective results of this study, it appears that burnout among inpatient hospital nurses is affected by organizational and psychosocial issues, specifically work-related factors and social support. In light of the present study's results, it is recommended that a well-rounded approach be used by the hospital to address burnout in the nursing staff, including efforts to improve workflow efficiency and promote social support among employees. This can help the nursing staff better manage stressful working conditions.

These results support previous studies in urging that organizational interventions are more paramount in combating burnout symptoms than strategies centered on worker coping mechanisms (Adawiyah and Blikololong, 2018; Waradoy, Harlah, and Hawari, 2024). Improving workload management—such as ensuring adequate

staffing, fair task distribution, and balanced shift schedules—can reduce excessive job demands that often trigger emotional exhaustion. At the same time, strengthening social support through supportive leadership, peer collaboration, and open communication may enhance nurses' psychological resilience and job satisfaction. When workload is well managed and social support is strengthened, nurses are more likely to maintain better well-being and work engagement, which ultimately contributes to improved patient care quality and higher patient satisfaction in hospital services.

Limitations and Future Research

Despite the usefulness of this study, it has some limitations. Cross-sectional study cannot result in causative results. Therefore, future researchers should consider longitudinal studies to evaluate the effects of burnout over time. Moreover, researchers should consider other variables such as leadership styles, work-life balance, and/or organizational culture. Despite these limitations, the outcome of this study offers some evidence that social support and workload influence burnout for inpatient nurses.

CONCLUSION

This study proved that both social support and workload play major roles in influencing burnout among the inpatient nurses at Hospital X. The results of the studies that have been conducted so far show that perceived social support has a significant negative effect on burnout, confirming that it acts as a buffer to help nurses cope with work-related stress. Nurses receiving adequate emotional, instrumental, and supervisory support usually show low levels of emotional exhaustion and depersonalization.

Conversely, workload has a significant positive effect on burnout—an implication that excessive demands from work significantly heighten the risk of burnout among inpatient nurses. High workload, in light of time pressure, work intensity, and task demands that are beyond the limits of the nurses, results directly in physical and psychological exhaustion. Among the three analyzed variables, workload has been identified as the strongest predictor of burnout.

These findings emphasize that burnout among inpatient nurses is not an individual issue but is strongly influenced by organizational and psychosocial factors in a hospital setting. Therefore, hospital management is encouraged to enhance workplace social support systems, including supportive leadership, peer support, and effective communication, while giving balanced workload management strategies such as adequate staffing, fair shift scheduling, and realistic work targets.

Overall, this study provides empirical evidence that enhancing social support and managing workload effectively are essential strategies to reduce burnout, improve nurses' well-being, and maintain the quality and safety of healthcare services at Hospital X.

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