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Analysis of factors related to Burnout in Nurses in Inpatient Rooms Prof. Dr. H. Aloei Saboe Hospital

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Article Info	ABSTRACT
	Burnout is a common feeling of burnout that develops when individuals simultaneously experience too much stress and have too few sources of satisfaction as well as the result of energy use exceeding one's resources. This study is a type of quantitative research with a Cross Sectional approach, which consists of independent variables in the form of age, marital status, education level, working period, and workload and dependent variables of burnout. The population in this study amounted to 160 respondents with a sampling technique using Simple random sampling, a sample of 114 respondents was obtained. The instruments in this study used the Maslach Burnout Inventory (MBI) questionnaire and workload. The data analysis used is the Chi square test. The results showed that all variables studied had a significant relationship with the incidence of burnout in inpatient nurses, which was evidenced by a P-value of < 0.05 in each factor. In detail, where the age factor (P=0.035); the marital status factor (P=0.018); the education level factor (P=0.015); the work period factor (P=0.034); the workload factor (P=0.035), are the main triggers of physical and mental fatigue that collectively contribute to the burnout rate of nurses, Therefore, it can be concluded that individual characteristics and the magnitude of job demands together contribute to the level of nurse burnout in the inpatient room.

INTRODUCTION

Hospitals are one of the health service institutions by providing individual health services by providing outpatient, inpatient, and emergency services that are carried out in a complete manner Plenary health services are health services that include promotive, preventive, curative, and rehabilitative activities, so that the main role in the hospital is health workers, one of which is nurses (Law of the Republic of Indonesia No. 44 concerning Hospitals, 2009).

The role of nurses in health services is very important considering that the quality of nursing services greatly affects the totality of services provided. Such complex job demands due to the duties and moral burden carried by nurses can cause stress or mental distress (Princess, 2023).

Stress due to continuous work and with a high workload intensity can cause a person or nurse to become burnout. Burnout is a common feeling of burnout that develops when individuals simultaneously experience too much stress and have too few sources of satisfaction (Wibowo, 2024). Burnout is a collection of symptoms that arise due to the use of energy exceeding a person's resources, resulting in the appearance of physical, emotional and mental fatigue (Juniarsi et al., 2023).

Burnout can be defined as Long-term work stress resulting from the interaction between constant emotional stress associated with intense interpersonal involvement for a long time and personal characteristics.

According to the World Health Organization (WHO) in 2019 said that Burnout   Included as a phenomenon of work fatigue, it is not classified as a medical condition. Problem Burnout   abroad is Trend Issue which shows an increase in the health service section (Sujanah et al., 2021).

Based on Indonesia Media (IDN TIMES) 2020 prevalence figures Burnout   in health workers in Indonesia is very high, where 82% of health workers experience Burnout   Syndrome (Laughter) et al., 2023). According to research by the Faculty of Medicine, University of Indonesia, 83% of general practitioners, 84% of nurses, 83% of midwives, and 84% of pharmacists stated that health workers are still at high risk of experiencing Burnout   (Kawalod & Mandias, 2023).

From data from Gorontalo Province health workers in 2024, it is stated that the number of nurses working in Gorontalo provincial hospitals is 2,380 nurses, with the most nurse data at Prof. Dr. H. Aloei Saboe Hospital as many as 413 nurses consisting of nurses, non-nurse nurses, child health nurses, and medical surgical nurses (Gorontalo Provincial Health Office, 2024). One of the work units that has a fairly complex workload is nurses in inpatient rooms. Inpatient installation is a form of treatment or rehabilitation process for patients handled by health care professionals (Gordon, 2019).

Burnout can be measured from some such as emotional exhaustion, depersonalization, and decreased self-achievement. The results of this study concern about pleasant or unpleasant emotional feelings about how employees perceive their work (Razak et al., 2024). Phenomenon Burnout   Chronic work fatigue is becoming an increasingly prominent issue among nurses, considering its significant impact on the quality of services and the welfare of health workers. Burnout Nursing is a condition that describes a response to chronic work-related stress. Fatigue can be caused by several factors, including work shift rotation, individual factors (health/disease, gender, age, education, workload, working period) and physical environmental factors (noise, lighting, temperature and heat pressure, vibration and ventilation). Work fatigue in hospitals includes fatigue caused by physical factors such as temperature, lighting, microorganisms, chemicals, noise and circadian rhythm (especially on night shift nurses) (Mouliansyah, 2023).

The results of the previous research with the title "Factors That Affect Burnout   In Nurses at Arun Lhokseumawe Hospital" where the results of the study showed that the factors of age, gender, education level, and working period had an influence on the incidence Burnout   on nurses (Mouliansyah, 2023).

Based on the description of the factors above, this study will focus on five factors to be studied, namely age, marital status, education level, working period, and workload. These five factors are strengthened by the findings of relevant previous researchers.

Nationally, data from the Indonesian National Nurses Association (PPNI) in 2016 is quoted from Wardhani et al., (2020) indicates that about 50.9% of nurses experience high work stress, which can contribute to the occurrence of burnout. Several studies at the national level show that Burnout   Not only does it have a negative impact on the mental and physical health of nurses, but it also has direct implications for the decline in the quality of health services.

This phenomenon shows the need for serious attention from hospital management and related agencies to identify the causative factors Burnout   and implement effective prevention strategies. This effort is important to ensure the welfare of nurses and the optimal quality of health services for the community (Yestiana et al., 2019).

Based on initial observations made on November 6, 2024 in the inpatient room of Prof. Dr. H. Aloei Saboe Hospital. The results of interviews conducted by researchers on nurses with Burnout   It was found that 3 nurses experienced work fatigue caused by the number of patients from their total capacity, the nurse also said that she often felt tired caused by the age factor that had begun to age and her work as a nurse and housewife. Nurses with a short working period (<5 years) tend to experience adaptation stress due to a lack of experience and self-adjustment skills. One of the nurses revealed that she often felt exhausted as the number of patients increased, as the workload she was carrying exceeded her capacity. This condition makes it difficult to implement the nursing process optimally, starting from the assessment stage to the provision of nursing interventions.

Based on the background description above, the researcher is interested in conducting a research with the title "Analysis of Factors Related to Burnout   To the nurse in the inpatient room of Prof. Dr. H. Aloei Saboe Hospital"

RESEARCH METHODS

This research was carried out by Prof. Dr. H. Aloei Saboe Hospital from 02 to 14 July 2025. This study is a quantitative research with a Cross Sectional design. The sampling technique in this study used Simple random sampling with a population of 160 respondents and for the sample in this study as many as 114 respondents. The instrument in this study used a questionnaire.

RESULTS
Univariate Analysis

Table 1 Characteristics of Respondents

Categories	n	%
Age		
17-25 years old	22	19,3
26-35 years old	68	59,6
36-45 years old	19	16,7
46-55 years old	5	4,4
Marital Status		
Unmarried	42	36,8
Married	72	63,2
Education Level		
D3 Kep	45	39,5
D4 Kep	4	3,5
S1/Ners	65	57,0
S2 Kep	-	-
Tenure		
1) New working period is ≤ 5 years	62	54,4
2) The long working period is > 5 years		
Workload		
Lightweight	52	45,6
Medium		
Weight		
	16	14,0
	42	36,8
	56	49,1

Source : Primary Data, 2025

Based on the table, it can be seen that most of the age distribution respondents showed that the largest group was 68 people (early adulthood) aged 26–35 years (early adulthood), while the smallest group was 46–55 years old as many as 5 people (4.4%). In addition, 72 nurses (63.2%) were married, while 42 unmarried nurses (36.8%), In addition, most nurses were educated in the Nurse Profession as many as 65 people (57.0%), followed by D3 Nursing as many as 45 people (39.5%), D4 as many as 4 people (3.5%), and no one with S2 education (0%). In terms of length of work, it shows that nurses with a working period of ≤ 5 years are 62 people (54.4%), while 52 people (45.6%) have a > 5-year working period. Furthermore, the majority of nurses experienced a heavy workload of 56 people (49.1%), followed by a moderate workload of 42 people (36.8%), and a light workload of 16 people (14.0%).

Bivariate Analysis

Table 2 Relationship between Age and Incidence of Burnout in Nurses in the Inpatient Room of Prof. Dr. H. Aloei Saboe Hospital

Yes	Age	Burnout						Total	P value
		Low		Medium		Height			
		n	%	n	%	n	%		
1	17-25 Years	10	45,5	12	54,5	0	0	22	
2	26-35 Years	31	45,6	37	54,4	0	0	68	
3	35-45 Years	15	78,9	4	21,1	0	0	19	0,035
4	46-55 Years	4	80,0	1	20,0	0	0	5	

Source : Primary Data, 2025

Based on tests Chi square that tests the relationship between nurse age and incidence Burnout, found statistically significant results with a P value of 0.035. This value is smaller than 0.05 which is the standard threshold to indicate the existence of a meaningful relationship then H_1 accepted.

Table 3 The Relationship between Marriage Status and the Incidence of Burnout   in Nurses in the Inpatient Room of Prof. Dr. H. Aloei Saboe Hospital

Yes	Marital Status	Burnout						Total	P value
		Low		Medium		Height			
		n	%	n	%	n	%		
1	Unmarried	16	38,1	26	61,9	0	0	42	
2	Married	44	61,1	28	38,9	0	0	72	0,018
3	Separation/Divorce	0	0	0	0	0	0	0	

Source : Primary Data, 2025

Based on tests Chi square It was found that there was a statistically significant relationship between marital status and the incidence of Burnout to the nurse in the Inpatient Room of Prof. Dr. H. Aloei Saboe Hospital. This relationship is strengthened by the value of P-value of 0.018, which is smaller than the significance threshold of 0.05, so that there is a relationship between marital status and Burnout .

Table 4. The Relationship between Education Level and the Incidence of Burnout   in Nurses in the Inpatient Room of Prof. Dr. H. Aloei Saboe Hospital

Yes	Education Level	Burnout						Total	P value
		Low		Medium		Height			
		n	%	n	%	n	%		
1	D3 Kep	31	68,9	14	31,1	0	0	45	
2	D4 Kep	1	25,0	3	75,0	0	0	4	
3	Nurse Profession	28	43,1	37	56,9	0	0	65	0,015
4	S2 Kep	0	0	0	0	0	0	0	

Source: Primary Data, 2025

Based on tests Chi square It was found that there was a statistically significant relationship between education level and incidence Burnout to the nurse in the Inpatient Room of Prof. Dr. H. Aloei Saboe Hospital. This relationship is strengthened by the value of P-value smaller than the significant level, which is 0.015.

Table 5 The Relationship between Working Time and the Incidence of Burnout in Nurses in the Inpatient Room of Prof. Dr. H. Aloei Saboe Hospital

Yes	Tenure	Burnout						Total	P value
		Low		Medium		Height			
		n	%	n	%	n	%		
1	New Term ≤ 5 Years	27	43,5	35	56,5	0	0	62	
2	Long Service Period > 5 Years	33	63,5	19	36,5	0	0	52	0,034

Source: Primary Data, 2025

Based on the results of the statistical test showing the value of P-value by 0.034. Since this value is less than 0.05, it can be concluded that the null hypothesis (0) which states that there is no relationship between the working period and the incidence Burnout rejected. In other words, there is a significant relationship between the length of service and the incidence Burnout nurses at the hospital.

Table 6 The Relationship between Workload and Incidence of Burnout in Nurses in the Inpatient Room of Prof. Dr. H. Aloei Saboe Hospital

Yes	Workload	Burnout						Total	P value
		Low		Medium		Height			
		n	%	n	%	n	%		
1	Low	13	81,3	3	18,8	0	0	16	
2	Medium	22	52,4	20	47,6	0	0	42	0,035
3	Weight	25	44,6	31	55,4	0	0	56	

Source: Primary Data, 2025

Based on the results of the statistical test showing the value of P-value by 0.035. Because the P-value This is less than 0.05 (alpha = 0.05), so it can be concluded that there is a statistically significant relationship between workload and incidence Burnout to the nurse in the Inpatient Room of Prof. Dr. H. Aloei Saboe Hospital.

DISCUSSION
Age, marital status, education level, working period, workload of nurses in the inpatient room of Prof. Dr. H. Aloei Saboe Hospital

Based on the results of the univariate analysis test, the age distribution showed that the largest group was age 26–35 years (early adulthood) as many as 68 people (59.6%), while the smallest group is age 46–55 years as many as 5 people (4.4%). The dominance of early adulthood illustrates that most nurses are in productive age, where work demands are high and the need to adapt to the work environment is still intense. Younger age groups also tend to face greater work pressure because they do not have long experience in managing the stress and complexity of clinical tasks. Meanwhile, a relatively small number in older age groups may indicate a rotation to other units, early retirement, or a distribution of hospital human resources that places more young nurses in inpatient units.

These results are in line with the research conducted (Triwijayanti et al., 2021) where age is related to Burnout nurses. Conceptually, increasing a person's age shows that older nurses have a Burnout lower. The older a person is, the more mature he is in his attitude. Nurses who are young are not only inexperienced but they also have to adapt to the challenges of the world of work to learn and keep pace in a busy work environment where speed and skill are critical in handling patients as living beings.

Based on the results of the univariate analysis test Most nurses are status 72 people are married (63.2%), while the unmarried 42 people (36.8%). This proportion shows that nurses in inpatient rooms are dominated by workers who already have family responsibilities. This can affect the psychological burden as married nurses face the dual role of work and family. In context Burnout, marital status can be a protective factor due to family support, but it can also be an additional stressor due to the burden of domestic responsibilities.

These results are in line with research conducted by (Access, 2019) The results showed that most of the nurses in the inpatient room were in the Married status, namely 72 people (63.2%), while the 42 unmarried people (36.8%). This proportion shows that the majority of nurses have family responsibilities outside of work, so these conditions can affect stress levels and potential Burnout. Theoretically, marital status includes demographic factors that can affect the emotional state of nurses. Married nurses are more likely to face Double Demand (Multiple role conflict), namely responsibility for work as well as domestic roles as a spouse or parent. This dual role pressure can magnify the risk of emotional exhaustion (emotional exhaustion), especially in nurses who work in shift systems, high workloads, or have long working hours.

Based on the results of the univariate analysis test Partially Great educated nurses Nurse profession as many as 65 people (57.0%), followed by D3 Nursing as many as 45 people (39.5%), D4 as many as 4 people (3.5%), and no one has a S2 education (0%) The high proportion of nurses with nurse education shows that the inpatient unit of Prof. Dr. H. Aloei Saboe Hospital has nursing personnel who are in accordance with professional competency standards. However, higher education is also linked to greater expectations and responsibilities, which can increase the risk of stress when workloads and resources are not balanced. Meanwhile, there are still quite a lot of D3-educated nurses due to operational needs that demand competent and skilled technical personnel in basic clinical activities.

These results are in line with the research conducted Boots et al., (2025) A person's level of education is closely related to job understanding, coping strategies, and expectations for the job. Based on education level, it shows that the majority of the burnout syndrome experienced by nurse respondents with an S1/Nurse education level, namely as many as 30 people (61.2%) compared to nurse respondents with a D3 Nursing education level more dominantly have a burnout syndrome low as 23 people (57.5%). The results of this study are in line with the research conducted by Ashiilah (2023) quoted from (Sigh) et al., 2025) who researched the picture. Burnout psychiatric nurses stated that based on the characteristics of the level of education, it was found that most psychiatric nurses at the West Java Provincial Hospital who experienced Burnout have a level of education S1 Nurses with a higher level of education background tend to have greater vulnerability to Burnout compared to nurses who have a lower level of education. This is because highly educated nurses have ideal expectations or aspirations so that when faced with the reality that there is a gap between aspirations and reality, anxiety and disappointment arise that can cause burnout.

Based on the results of the univariate analysis test The distribution of working hours shows that nurses with 5-year ≤ service period of 62 people (54.4%), while 52 people (45.6%) > 5 years of service. These findings suggest that inpatient units are dominated by nurses with relatively new work experience. This describes the dynamics of the organization that are quite high, such as internal rotation, new recruitment, or promotion. Nurses with shorter working periods are generally still in the adaptation phase to work pressure, so they have the potential to be more vulnerable to emotional exhaustion. In contrast, nurses with longer working hours have more mature experience in managing work pressure.

These results are in line with Idealistic and Idealistic (2023) According to the researchers' assumptions from the results of the research at Tugu Koja Hospital Jakarta, most of the nurses with a working period of < 5 years and experienced Burnout lightweight, this is because nurses who work under 5 years actually have enough work experience and can adjust to the environment but nurses have a lot of routine work that must be completed both during the day and at night, besides that nurses face patients with all kinds of characters. Length of service relates to a person's level of experience in a job. This will affect a person's fatigue, the more experienced the person is in his job, his efficiency in work also increases. In addition, workers have known the best or comfortable working position for themselves, so that their productivity is also maintained.

Based on the results of the univariate analysis test, the majority of nurses experienced heavy workload of 56 people (49.1%), followed by Medium workload 42 people (36.8%), and Light workload of 16 people (14.0%). The heavy workload experienced by almost half of the respondents illustrates the high demands of nurses in the inpatient room, such as the high number of patients, Complex Care, administrative tasks, and the need for intensive monitoring. This high workload has the potential to affect the physical and mental health of nurses and is one of the main triggering factors Burnout. This condition is in line with Maslach's theory which emphasizes that excessive workload is the strongest predictor of the appearance of work burnout.

These results are in line with Journal et al., (2024) Based on the results of a study conducted at Embung Fatimah Hospital in Batam City, the workload of nurses in the inpatient room, ICU, NICU, PICU, CVCU, and emergency room showed that most nurses experienced moderate to heavy workloads, with moderate workload dominating (46.2%). This shows the importance of hospital management's attention to managing workload proportionately to prevent risks. Burnout, improving the quality of service, and maintaining the welfare of nursing personnel. This study is in line with previous research that showed a dominance of moderate workloads in nurses with a significant impact on the level of emotional fatigue (emotional exhaustion). Furthermore, the results of the study show that there is a clear relationship between workload and emotional fatigue (Burnout) in nurses. Although some nurses with light workloads experience high emotional fatigue, the proportion of emotional fatigue is increasing in nurses with medium and heavy workloads. This suggests that the higher the workload, the greater the risk Burnout experienced by the nurse.

Characteristics of Burnout Incidence in Nurses in the Inpatient Room of Prof. Dr. H. Aloei Saboe Hospital

Based on the results of incident research Burnout in 114 nurses in the inpatient room of Prof. Dr. H. Aloei Saboe Hospital showed that the majority of nurses were in the category Burnout low, which is as many as 60 people (52.6%), while the other 54 people (47.4%) are in the category Burnout and there are no nurses who suffer from Burnout high.

These findings give an idea that although most nurses show a high Burnout relatively low, proportions Burnout Meanwhile, which reached almost half of the total respondents, showed significant work pressure. This condition needs to be a concern because Burnout It does not only appear suddenly, but develops gradually as a result of long-term work stress exposure. Burnout medium category, if not managed properly, has the potential to increase to Burnout which can have an impact on decreased productivity, service quality, and risk causing psychological disorders in nurses. In the context of nursing services, Burnout is a condition that often occurs due to a high physical and emotional workload. This is in line with the theory Burnout which states that emotional exhaustion, depersonalization, and personal achievement arise in response to constant work pressure (Maslach in Fatimah & Yugistyowati, 2022).

In addition, the condition Burnout What nurses experience is also influenced by individual characteristics, such as age, working period, education level, marital status, and workload, as described in the analysis of related variables. The results of this study also indicate that although Burnout height not found, existence Burnout Meanwhile, 47.4% of respondents reflected emotional stress and physical fatigue that needed to be addressed through organizational support, workload adjustments, and stress management programs. Overall, these findings confirm that Burnout nurses in the inpatient room of Prof. Dr. H. Aloei Saboe Hospital are still a relevant problem. Although most nurses are in the category Burnout low, the presence of almost half of the respondents in the Burnout is demonstrating the need for preventive and corrective interventions. These efforts are important to maintain the mental health of nurses, maintain the quality of service, and prevent Burnout develop to a heavier level.

Relationship of Age to Incidence Burnout On Nurses In Inpatient Rooms

Based on the bivariate results, the study showed that the proportion of respondents who experienced Burnout more than respondents who experienced Burnout mild and belongs to the early adult age group (26-35 years). Based on the results of the Chi-square test, a value of $p = 0.035$ was obtained, so it can be said that there is a significant relationship between the age of the nurse and the Burnout experienced by nurses.

Based on the results of the study, it was obtained from 114 respondents with a Burnout in the early adult age category as many as 68 respondents of which 31 (45.6%) respondents were in the low category while 37 (54.4%) of the respondents experienced Burnout Medium level. These results show that as many as 37

respondents who experienced Burnout although still in the medium category. These findings indicate a potential relationship between demographic factors such as age.

The relationship between age and level Burnout in nurses can be significant because age is often related to work experience and stress management strategies. Younger nurses may be more prone to experiencing Burnout Because of high idealism and limited coping experience. In contrast, older or senior nurses tend to have higher resilience due to years of experience in dealing with job challenges and more mature coping strategies, which help them manage the demands of the nursing profession.

In young adulthood in the age range of 18-30, there is a phase of life commonly called a quarter life crisis. Where in this phase a person is experiencing anxiety, distrust in one's abilities, and confusion about determining the direction of life so that it is very vulnerable to experience Burnout if the reality in his life is not in accordance with what is expected (Wardana et al., 2024).

The results of this study are in line with the research conducted by Putu et al., (2025) the majority of nurse respondents with an age range of 25-39 years (early adulthood) are at the level of burnout syndrome higher ones are burnout syndrome Medium as many as 40 people (56.3%). Nurses in the early adult age category tend to be more susceptible to experiencing Burnout syndrome because there are several things that support such as high emotional demands in caring for patients, differences in expectations from reality, lack of work experience. Nurses in early adulthood have emotionally and psychologically immature and stable emotions, so they can cause uncontrolled emotions.

The results of this study are also in line with the literature reviewed quoted from Wardana et al., (2024) Age is also one of the factors related to the event burnout syndrome hospital nurses. Based on the articles that have been reviewed, two articles were found that there is a significant relationship between the age of nurses and the incidence of burnout syndrome. Hospital nurses who are in young adulthood (20-30 years) have a greater potential to experience Burnout. The assumed that early adulthood tends to be higher Burnout Because some studies show that young nurses are more likely to experience Burnout compared to older people. It is often associated with expectations that may not be realistic early in their careers, a lack of experience in managing work stress and high physical and emotional demands in productive age.

The Relationship of Marital Status to the Incidence of Burnout in Inpatient Room Nurses

Based on bivariate analysis using the Chi square It was found that there was a statistically significant relationship between marital status and the incidence of Burnout in nurses. This relationship is reinforced by a P-value of 0.018, which is smaller than the significance threshold of 0.05.

Based on the results of the research, the relationship between marital status and the incidence Burnout in the nurses showed that the proportion of respondents who had been married had more experience Burnout 44 nurses (61.1%) out of 72 nurses while unmarried nurses experienced Burnout Meanwhile, 26 nurses (61.9%) out of 42 nurses.

Based on respondent data, most of the respondents are married or have families. Nurses who have families have a support system or people who provide support in the family. This will later have an impact on the ability of nurses to manage problems in the workplace that can affect the Burnout nurses. According to Farber, quoted from Triwijayanti et al., (2021) explained that marital status also affects the occurrence of Burnout. Professionals who are single do not have a good support system in supporting and supporting their work, so they are more vulnerable to experiencing Burnout Unmarried people (especially men) seem to be more susceptible to Burnout compared to married people. Unmarried people seem to experience a Burnout higher than divorced people (Triwijayanti et al., 2021). These results are in line with the research of Najoan et al., (2024) which states that unmarried nurses experience more Burnout Medium to 17 respondents (32.1%). Unmarried nurses have a Burnout higher than married or divorced nurses. This is suspected because unmarried nurses tend to have a greater workload and lack of social support obtained from a spouse or family.

The results of other studies also show that unmarried nurses tend to experience the syndrome Burnout higher (40%), this result is in accordance with the theory described by Bahrer and Kohler (2012) quoted from Herawati & Djubaedah, (2021) which states that unmarried individuals are reported to be more susceptible to the syndrome Burnout compared to married individuals due to lack of support when experiencing problems or conflicts at work.

This is in line with research conducted by Liana, (2020) where there is a relationship between marital status and Burnout. Unmarried individuals (particularly men) are reported to be more susceptible to the syndrome Burnout compared to married individuals. However, further explanation is needed for marital status. Those who are married may be at risk of experiencing Burnout if the marriage is not harmonious or has a partner who cannot provide social encouragement. In line with the results of research from Putri and Mulyana (2019) quoted from Umaroh & Hapsari, (2022) that Burnout can occur due to perceived dual role conflicts such as too many demands experienced, workload at home or at work, and high expectations. Dual role conflict is a role conflict that occurs in employees, where on the one hand women have to do work in the office, while on the other hand women have to pay attention to the family as a whole, so it is difficult to distinguish between work that disturbs the family and the family interferes with work. Zamralita and Ruvina explained that feelings of guilt due to dual role conflicts

can result in Burnout which can have an impact on work performance (Umaroh & Hapsari, 2022). The   assumed that marital status is related to Burnout nurses. Married nurses have a support system that can provide support that improves the ability of nurses to solve problems in the workplace that can affect them Burnout.

The Relationship of Education Level to the Incidence of Burnout   in Inpatient Nurses

Based on the results of the research that has been conducted, a p value of 0.015 was obtained, which shows that there is a significant relationship between education level and incidence Burnout in nurses.

These results indicate that the higher a person's level of education, the more likely they are to experience Burnout is also increasing. The results of the study showed that nurses with D3 education experienced more Burnout low level (68.9%), while nurses with D4 education (75%) of 4 respondents and Nurse Professions (56.9%) of 65 respondents experienced more Burnout Medium level.

According to Maslach (1982) in Liana (2020), professionals with higher education backgrounds are more vulnerable to experiencing Burnout Because they have ideal expectations and aspirations for their work, so that when faced with the reality of work that does not match expectations, feelings of disappointment and emotional exhaustion arise. This is also supported by Siagian (2009) who states that the higher a person's level of education, the greater the desire to implement his knowledge and skills, which is followed by increased demands and work pressure, so that it has the potential to trigger stress and Burnout (Liana, 2020).

This is in line with research conducted by Indiawati, Sya'diyah, and Rachmawati (2022) at Darmo Hospital Surabaya, which states that nurses with S1/Nurse education tend to experience Burnout   severe (100%), while nurses with D3 education experience more Burnout   moderate (77.1%). According to Maslach (1982) in Indiawati et al. (2022), professionals with a high educational background are more prone to experiencing Burnout compared to those who are less educated. This happens because individuals with higher education have ideal expectations and aspirations for work, as well as greater demands of responsibility and work pressure. When the reality on the ground does not meet expectations, there is a sense of disappointment, stress, and boredom that leads to Burnout (Indianapolis, et al., 2022).

This research is in line with the research conducted by Yusnilawati, (2020) where the results of the study show that nurses with vocational education level (D3) experience more Burnout mild level while nurses with professional education level (Ners) experience more Burnout Medium level. According to Maslach, Burnout related to high levels of education. Nurses who have higher education tend to be vulnerable to Burnout, because it has an ideal hope or aspiration so that when faced with the reality that there is a gap between aspirations and reality, then anxiety and disappointment arise that can cause Burnout. The theory from Siagian quoted from Yusnilawati, (2020) states that the higher a person's level of education, the greater the desire to utilize the knowledge and skills he has and the greater the demands of the job so that it affects his work behavior (Yusnilawati, 2020).

This research is different from the research conducted by Liana (2020) at Bhayangkara Hospital Palembang which shows that there is a significant relationship between education level and incidence Burnout (ρ = 0.006). In his research, it was stated that nurses with vocational education (D3) experienced more Burnout moderate (61.9%), while nurses with professional education (S1/Ners) are mostly experienced Burnout low (92.3%). However, although nurses with higher education have a Burnout lower in the study, these two results both show that education level plays a role in influencing Burnout, both in the context of increasing or decreasing work boredom depending on the responsibilities and expectations of the work faced (Liana, 2020).

Nurses with higher education typically also have broader professional responsibilities, including in terms of clinical decision-making, supervision, and administrative responsibilities. These complex work demands have the potential to lead to emotional exhaustion, depersonalization, and decreased personal achievement, which are the three main dimensions of Burnout according to Maslach and Jackson (1981).

The Relationship of Working Time to the Incidence of Burnout   in Inpatient Nurses

Based on bivariate results, the study showed that the length of service had a significant relationship with the incidence of Burnout, as evidenced by a P-value of 0.034 (<0.05).

Nurses with a new tenure (≤5 years) experience more Burnout   moderate, which is 56.5%, compared to Burnout   low (43.5%). In contrast, the group of nurses with a long working period (>5 years) was dominated Burnout   low, which is 63.5%, and only 36.5% experience Burnout   moderate. These findings illustrate that nurses with new working periods tend to be more susceptible to experiencing Burnout Because they are still in the process of adaptation, have limited experience, and have not fully mastered the work patterns and pressures of nursing services. The lack of coping ability in the face of a high workload also makes it easier for them to feel depressed and exhausted. Meanwhile, nurses with longer working periods have more mature experience, stronger mental resilience, and more effective coping strategies so that the risk Burnout   lower.

The results of this study are in line with research conducted by Lutfi, et al., (2021) research shows that working time has a significant influence on the level of work fatigue (Burnout) in nurses with a value of p = 0.002 and a correlation coefficient r = 0.339. This indicates that there is a meaningful relationship even though the strength of the relationship is in the weak category. Nurses with a new working period (≤3 years) have a high

level of work fatigue (Burnout) higher than nurses with long working periods, characterized by most new nurses being in the category of quite tired and tired.

This condition occurs because new nurses are still in the adaptation phase to work demands, workload, service rhythms, and organizational environments, so that their coping mechanism has not been optimally formed. The lack of experience makes new nurses more susceptible to stress when dealing with complex procedures, service pressures, and intense interactions with patients and families. In contrast, nurses with longer working hours have better experience and emotional resilience so that they are better able to adjust and manage work pressure. Thus, the new working period has been shown to have a significant effect on Burnout, so mentoring, clinical guidance, and a supportive work environment are needed to help new nurses reduce the risk of work burnout (Lutfi, et al., 2021).

The Relationship of Workload to the Incidence of Burnout in Inpatient Nurses

Based on the bivariate results of the study, it was found that there was a significant relationship between workload and incidence Burnout to the nurse in the Inpatient Room of Prof. Dr. H. Aloei Saboe Hospital. This is indicated by a P-value of 0.035 (< 0.05), which indicates strong statistical evidence to reject the null hypothesis (which states there is no correlation).

The data showed that most of the nurses with low workloads (81.3%) of the 16 respondents did not experience Burnout, while nurses with medium and heavy workloads tend to experience more Burnout (47.6% and 55.4% respectively) of 98 respondents. From the condition of the workload, if left continuous, it tends to cause a level of Burnout which is even more severe and will have a negative impact on the quality of nursing care services, nurse health and performance.

The workload of health workers is part of the development of health workers in hospitals which is calculated based on the amount of time needed to provide services to patients per day and the number of health workers. The workload of health workers is influenced by the condition of the number of patients, the average number of service hours needed to provide direct services to patients, and the number of additional tasks that must be done by their working hours. From the observation results, most health workers work beyond the main tasks and functions that exist and lack of human resources so that many workers do work outside the main tasks and functions that have been written for a long time and persistently, causing most health workers to experience Burnout high (Pujiarti & Idealistiana, 2023).

These results are in line with the research conducted by the Program et al., (2023) which shows a very significant relationship (P value = 0.000) between Workload and burnout syndrome to nurses in the Adult Inpatient Room of Bhayangkara Hospital Level III Manado. The majority of nurses experienced heavy workload (85.7%), which directly led to the exhaustion of emotional and physical resources, so that almost all respondents experienced burnout syndrome Moderate level (98%). High workloads, which include work demands that exceed capacity and lack of balance between demands and resources in the work environment, are the dominant risk factors that need to be addressed to reduce the number of Burnout in nurses.

The results of this study are supported by Pujiarti & Idealistiana, (2023) who stated that an imbalance between job demands and resources can lead to workload overload, which is the main trigger Burnout. Statistically, it was found that there was a significant influence between nurses' workloads on Burnout with a value P value = 0.01 (P value < 0.05). Although the majority of nurses are in the medium workload category (56.7%) and Burnout light (56.7%), cross-tabulation analysis showed a very strong correlation at extreme levels, all nurse respondents with heavy workloads (100%) experienced Burnout moderate. These findings confirm that high workloads, especially excessive ones, lead to chronic physical and mental fatigue, which can disrupt productivity and lead to errors in nursing services.

These results are in line with theoretical concepts Burnout put forward by Maslach, where chronic workload (major stressors) is the most common cause of work fatigue syndrome. These findings are also supported by previous studies that have consistently shown that when the demands of a nurse's job (such as high patient ratios, case complexity, and administrative tasks) exceed the capacity and resources that nurses have, emotional exhaustion occurs (Emotional exhaustion) (Program et al., 2023).

CONCLUSION

Based on the results of the research conducted at Prof. Dr. H. Aloei Saboe Hospital with 114 nurse respondents, the study drew the following conclusions

Distribution of nurse characteristics (age, gender, marital status, education level, working period, and workload). The majority of nurses are in the early adult age category (26-35 years), dominated by married nurses, and have professional nursing education. The respondents' working period was mostly in the new service period category (≤5 years). The distribution of workload shows that some nurses feel a medium to high workload.

The distribution of burnout frequency in 114 nurses in the inpatient room of Prof. Dr. H. Aloei Saboe Hospital showed that most nurses were in the low burnout category, which was 52.6%, while the other 47.4% were in the moderate burnout category and no nurses experienced high burnout. These findings indicate that

although severe burnout was not found, the moderate level of burnout experienced by almost half of the respondents remains an important concern because it illustrates the existence of a fairly high work pressure that has the potential to affect the quality of services, mental health, and performance of nurses. Low burnout also cannot be ignored because it can increase if the workload and psychological demands are not managed properly, so the results of this distribution provide a basis that burnout is a significant problem that requires management attention to prevent an increase in the level of work burnout in nurses in the inpatient room.

Based on the results of the Chi-Square test, a P-value = 0.035 (<0.05) was obtained, indicating a significant relationship between age and the incidence of burnout. Young nurses (17–35 years old) experience more moderate burnout than older nurses. It is associated with a lack of experience, emotional instability, and high job demands in young adulthood. The younger the age of the nurse, the higher the risk of burnout, while older nurses tend to be more emotionally stable and experienced, so the lower the burnout rate .

Based on the Chi-Square test, a P-value = 0.018 (<0.05) was obtained, indicating a significant relationship between marital status and burnout. Unmarried nurses experience more moderate burnout (61.9%), while married nurses experience more low burnout (61.1%). Social support from a spouse or family is a protective factor against work stress. Unmarried nurses are more prone to burnout due to a lack of emotional and social support compared to married nurses.

Based on the results of the Chi-Square test, it shows that P-value = 0.015 (<0.05), which means that there is a significant relationship between education level and burnout. Nurses with D3 education experience more low burnout (68.9%), while D4 and the nurse profession experience more moderate burnout. Highly educated nurses have greater job responsibilities and expectations, making them more susceptible to stress and burnout. The higher the level of education, the higher the potential for burnout due to the increasing professional demands and expectations of the job.

Based on the results of the Chi-Square test, it showed that the P-value = 0.034 (<0.05), meaning that there was a significant relationship between the working period and burnout. Nurses with a working period of ≤ 5 years experience more moderate burnout (56.5%), while > 5-year working period experience more low burnout (63.5%). Longer working hours improve adaptability and work stress management. The longer the work period, the lower the burnout rate due to increased experience and ability to cope with work stress.

Based on the results of the study, P-value = 0.035 (<0.05), indicating a significant relationship between workload and burnout. Nurses with heavy workloads experienced more moderate burnout (55.4%) than those with low workloads (18.8%). High work demands beyond an individual's capacity can lead to emotional and physical exhaustion. The heavier the workload, the higher the risk of burnout in nurses due to increased pressure and demands of work.

ADVICE
Educational Installation
It is recommended that nursing education institutions strengthen materials and training related to stress management, workload management, and adaptive coping strategies in the learning curriculum. Training programs such as stress management training, self-care workshops, and simulations of high-pressure work situations can help aspiring nurses be better prepared to face challenges in the clinical world. In addition, the results of this research can be used as learning materials and academic references to increase students' insight into the factors that cause burnout in the nursing work environment.

For the Regional General Hospital (RSUD) Prof. Dr. H. Aloei Saboe
The results of this study are expected to be data that can be used to improve health services. It is recommended to the hospital management to conduct regular monitoring of the psychological condition of nurses, especially those who are young and have a short working period, to prevent burnout. Workload adjustments need to be made proportionally based on the number of patients and the level of complexity of care so as not to exceed the physical and mental capacity of nurses.

For further research
It is recommended to conduct further research with a different design (e.g. longitudinal) in order to illustrate long-term changes in burnout. Subsequent research may add other variables, such as social support, job satisfaction, or leadership style, to broaden understanding of the factors that cause burnout. It is also necessary to take a qualitative approach in order to dig deeper into the emotional experience of nurses in dealing with burnout in the work environment.

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