Overview of Burnout Among Nurses in Class 3 Inpatient Wards at Pekanbaru General Hospital

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Abstract
Burnout is a condition characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment experienced by nurses when caring for patients in hospitals. This condition negatively impacts nurses' performance in patient care and rehabilitation, and it can even increase the risk of medical errors that may endanger patient safety. This study aims to analyze the overview of burnout among nurses in the Class 3 inpatient wards at Pekanbaru General Hospital. The research design used is a descriptive study, involving 89 nurses working in the Class 3 inpatient wards, specifically in the Surgical and Medical inpatient units (Irna Surgikal and Irna Medikal), as respondents. The measurement tool used is the MBI-HS (Maslach Burnout Inventory-Human Services Survey). Data analysis was conducted using descriptive statistics to illustrate the burnout conditions experienced by nurses. Out of 89 respondents, 58 nurses (65.2%) experienced mild burnout, 22 experienced moderate burnout, and 9 experienced severe burnout. The most affected burnout dimension was personal accomplishment, with an average score of 22.08, categorized as low. This was followed by the emotional exhaustion dimension with an average score of 12.89 (low category), and the depersonalization dimension with an average score of 3.19 (low category). The severity of burnout among nurses is influenced by factors such as gender, age, education level, years of work experience, and position in the ward, with each factor contributing to the level of burnout in the nursing work environment.
Keywords: Burnout, MBI-HS, Nurse, Inpatient Care

INTRODUCTION

Healthcare workers are a vital element in the hospital healthcare system. They are human resources who dedicate themselves to the health sector, equipped with specialized knowledge and skills, and authorized by law to provide healthcare services. Healthcare workers include a variety of professions such as medical personnel (doctors), nurses, midwives, pharmacists, nutritionists, and other health professionals (Wardah & Tampubolon, 2021). In practice, all healthcare professionals play complementary roles in delivering optimal care to patients. Nurses are one of the health professions that hold a strategic role in achieving health development goals, both nationally and globally. According to Law Number 38 of 2014 on Nursing, a nurse is someone who has completed higher education in the field of nursing, either domestically or abroad, and is recognized by the government in accordance with applicable laws and regulations. Nurses are directly involved in providing care to patients in treatment rooms that handle a variety of conditions, ranging from acute to chronic cases, as well as patients with body function or metabolic disorders, and even those in critical conditions (Wirentanus, 2019).

In performing their duties, nurses in inpatient wards are not only responsible for providing nursing care but also for handling various complaints from patients and their families, maintaining harmonious working relationships with colleagues and superiors, and completing administrative tasks. Moreover, nurses are also expected to provide health

education to patients, coordinate with other healthcare professionals (such as for referrals), and participate in the training and orientation of new nurses. They are also expected to be involved in the development of policies and the operational evaluation of work units (Wardah & Tampubolon, 2021). This heavy workload can lead to physical and mental fatigue, ultimately resulting in burnout. Burnout is a state of emotional exhaustion, depersonalization, and reduced personal accomplishment caused by chronic workplace stress, especially in professions that involve serving others (Maslach & Jackson, 1981). In the context of nursing, burnout can occur when nurses face high work pressure, excessive emotional demands, and a prolonged imbalance between job demands and personal capacity. Burnout has become a significant issue in the healthcare field, as it directly affects the quality of care and patient safety (Wardah & Tampubolon, 2021).

The phenomenon of nurse burnout is becoming increasingly evident through field reports, one of which is the case of burnout experienced by nurses in the inpatient ward of RSAB Harapan Kita. Some nurses reported resigning from their jobs due to discomfort with the work environment, excessive workload, conflicts with colleagues or superiors, and pressure from hospital regulations. They admitted to experiencing physical, emotional, and mental exhaustion, which hindered their ability to care for patients optimally (Maryanti, 2021). This illustrates that burnout can be a major reason for the declining number of experienced nurses in healthcare facilities. The impact of burnout is not only felt by the individual nurse but also by the organization and the patients. Nurses experiencing burnout tend to lose focus, make more errors in care delivery, and provide less empathetic and suboptimal services. This condition inevitably increases the risk to patient safety. Additionally, burnout contributes to reduced work productivity, increased absenteeism, and a greater intention to resign. If left unaddressed, this could lead to problems in nursing workforce sustainability due to high turnover rates and the continuous need to reorient new nurses to the hospital service system (Wardah & Tampubolon, 2021; Maryanti, 2021).

Various studies have demonstrated a high prevalence of burnout among inpatient nurses. A study by Saparwati (2020) found that among the respondents, 22.2% experienced mild burnout, 50.8% moderate burnout, and 27.2% severe burnout. Meanwhile, Larengkeng (2019) reported that out of 61 nurses studied, 83.6% experienced severe burnout, and only 16.4% experienced low burnout. Another study by Indiawati (2022) also showed that of 104 respondents, 71.1% experienced moderate burnout and the rest experienced high burnout. These data indicate that burnout is a real issue that needs immediate attention. A preliminary study conducted by the researchers at Arifin Achmad Regional General Hospital (RSUD) in Pekanbaru further supports these findings. Based on the results of the Maslach Burnout Inventory-Human Services Survey (MBI-HSS) distributed to 20 nurses in the Class 3 inpatient ward, 13 nurses (65%) were in the high burnout category and 7 nurses (35%) were in the moderate burnout category. These results show that the majority of nurses experience high work pressure, which has the potential to affect the quality of care provided to patients.

In addition to questionnaires, in-depth interviews were also conducted with the head of the inpatient ward and five nurses at RSUD Arifin Achmad Pekanbaru. The ward head stated that several nurses had complained of fatigue due to a fast-paced work system, high workload, and heavy responsibilities. Meanwhile, interviews with the five nurses revealed complaints of emotional exhaustion, depersonalization, and reduced personal accomplishment. They expressed feelings of being drained of energy, losing patience, becoming bored, and struggling to build emotional connections with patients due to the physically and mentally exhausting work conditions. Considering the various empirical data and field phenomena, it is clear that burnout is a significant issue that requires special attention, particularly for nurses working in

inpatient wards. Therefore, this study aims to describe the phenomenon of burnout among nurses in the Class 3 inpatient wards at RSUD Arifin Achmad Pekanbaru. The results of this research are expected to serve as a foundation for developing effective intervention strategies to reduce burnout levels and improve nurses' well-being and performance.

RESEARCH METHODS

This study employed a quantitative descriptive research method. The sample was selected using purposive sampling, with a total of 89 nurses working in the Class 3 inpatient wards at Pekanbaru General Hospital. Data were collected using the Maslach Burnout Inventory-Human Services Survey (MBI-HS) questionnaire to measure burnout in terms of mental and emotional exhaustion. The questionnaire used had been tested for validity and reliability. Data analysis in this study was conducted using univariate analysis.

RESEARCH RESULTS AND DISCUSSION

The research findings will be presented based on the characteristics of the respondents and the variables studied. This study provides a univariate analysis in the form of frequency and percentage distributions of the demographic variables and characteristics under investigation.

Respondent Characteristics
Gender

Table 1. Frequency Distribution of Respondents Based on Gender

Characteristic	Frequency (n)	Percentage (%)
1. Female	81	91.0%
2. Male	8	9.0%
Total	89	100%

Table 2. Distribution of Respondents' Gender and Burnout Categories

Variable			Burnout Level			Total
			Mild Burnout	Moderate Burnout	Severe Burnout	
Gender	Male	n	6	2	0	8
		%	75.0%	25.0%	0.0%	100.0%
	Female	n	52	20	9	81
		%	64.2%	24.7%	11.1%	100.0%
Total		n	58	22	9	89
		%	65.2%	24.7%	10.1%	100.0%

Based on Table 1, out of a total of 89 respondents, the majority were female, accounting for 91.0%. According to Table 2, there were 89 respondents consisting of 8 males and 81 females. Among the male respondents, the majority (75%) were in the mild burnout category, and 25% experienced moderate burnout. Among female respondents, the majority (64.2%) were in the mild burnout category, 24.7% were in the moderate category, and 11.1% experienced severe burnout. Overall, the majority of respondents fell into the moderate burnout category (55.1%), followed by severe burnout (39.3%), and mild burnout (5.6%). These data indicate that severe burnout is more commonly experienced by female respondents compared to males..

Age

Table 3. Frequency Distribution of Respondents Based on Age

Characteristic	Frequency (n)	Percentage (%)

1. Early Adulthood (18–25 years)	14	15.7%
2. Late Adulthood (26–65 years)	75	84.3%
Total	89	100%

Table 4. Distribusi Data Usia Responden dan Kategori Burnout

Variable			Burnout Level			Total
			Mild Burnout	Moderate Burnout	Severe Burnout	
Age	Early Adulthood (18 - 25 years)	n	14	0	0	14
		%	100.0%	0.0%	0.0%	100.0%
	Late Adulthood (26 - 65 tahun)	n	44	22	9	75
		%	58.7%	29.3%	12.0%	100.0%
Total		n	58	22	9	89
		%	65.2%	24.7%	10.1%	100.0%

Based on Table 3, out of 89 respondents, the majority were in the late adulthood age group (26–65 years), totaling 75 individuals or 84.3%. Table 4 shows that in the early adulthood group (18–25 years), all respondents (100%) experienced mild burnout. Among respondents in the late adulthood group (26–65 years), the majority experienced mild burnout (44 individuals or 58.7%), followed by 22 individuals (29.3%) with moderate burnout, and 9 individuals (12%) with severe burnout. These data indicate that the 26–65 age group has a higher proportion of both moderate (29.3%) and severe burnout (12%) compared to the 18–25 age group. Therefore, individuals in late adulthood (26–65 years) are more likely to experience severe burnout than those in early adulthood (18–25 years).

Education Level

Table 5. Frequency Distribution of Respondents Based on Education Level

Characteristic	Frequency (n)	Persentase (%)
1. Master's Degree (S2)	0	0.0%
2. Bachelor's Degree (S1)	58	65.2%
3. Diploma III (D3)	31	34.8%
4. Diploma IV (D4)	0	0.0%
Total	89	100%

Based on Table 5, out of a total of 89 respondents, the majority had a final education level of a Bachelor's degree (S1), accounting for 65.2%.

Table 6. Distribution of Respondents' Educational Level and Burnout Category

Variable			Burnout Level			Total
			Mild Burnout	Moderate Burnout	Severe Burnout	
Education Level	S1	n	34	16	8	58
		%	58.6%	27.6%	13.8%	100.0%
	D3	n	24	6	1	31
		%	77.4%	19.4%	3.2%	100.0%
Total		n	58	22	9	89
		%	65.2%	24.7%	10.1%	100.0%

Data presented in Table 6 show that among respondents with a Bachelor's degree (S1), the majority were in the mild burnout category (58.6%), followed by moderate burnout (27.6%), and 13.8% experienced severe burnout. Meanwhile, among respondents with a Diploma III (D3) education level, the majority were also in the mild burnout category (77.4%), followed by moderate burnout (19.4%), and 3.2% in the severe burnout category. These

findings indicate that respondents with a Bachelor's degree (S1) tend to experience more severe levels of burnout compared to those with a Diploma III (D3) education level.

Length of Employment

Table 7. Frequency Distribution of Respondents Based on Length of Employment

Characteristic	Frequency (n)	Persentase (%)
1. 1 - 5 years	56	62.9%
2. 6 - 10 years	30	33.7%
3. 11 - 15 years	2	2.2%
4. 16 - 20 years	1	1.1%
Total	89	100%

Table 8. Distribusi Data Lama Bekerja Responden dan Kategori Burnout

Variable			Burnout Level			Total
			Mild Burnout	Moderate Burnout	Severe Burnout	
Length Employment	1 - 5 years	n	51	5	0	56
		%	91.1%	8.9%	0.0%	100.0%
	6 - 10 years	n	7	17	6	30
		%	23.3%	56.7%	20.0%	100.0%
	11 - 15 years	n	0	0	2	2
		%	0.0%	0.0%	100.0%	100.0%
	16 - 20 years	n	0	0	1	1
		%	0.0%	0.0%	100.0%	100.0%
Total		n	58	22	9	89
		%	65.2%	24.7%	10.1%	100.0%

Based on Table 7, out of a total of 89 respondents, the majority (62.9%) had between 1–5 years of work experience. As shown in Table 8, burnout levels among respondents with 1–5 years of experience were predominantly in the mild category (91.1%), followed by moderate burnout (8.9%). For those with 6–10 years of experience, most experienced moderate burnout (56.7%), followed by mild burnout (23.3%) and severe burnout (20%). In the 11–15 years category, 100% of respondents experienced severe burnout, and in the 16–20 years category, the single respondent (100%) also experienced severe burnout. These data suggest a trend indicating that the longer the duration of employment, the greater the likelihood of experiencing burnout.

Position in The Ward

Table 9. Distribusi Frekuensi Responden Berdasarkan Posisi di Ruangan

Characteristic	Frequency (n)	Persentase (%)
1. Head of The Ward	6	6.7%
2. Team Leader	6	6.7%
3. Staff Nurse/ Implementing Nurse	77	86.5
Total	89	100%

Table 10. Distribusi Data Posisi Responden di Ruangan dan Kategori Burnout

Variable			Burnout Level			Total
			Mild Burnout	Moderate Burnout	Severe Burnout	
Position in The Ward	Head of The Ward	n	2	2	2	6
		%	33.3%	33.3%	33.3%	100.0%
	Team Leader	n	2	3	1	6
		%	33.3%	50.0%	16.7%	100.0%
		n	54	17	6	77

Staff Nurse/ Implementing Nurse	%	70.1%	22.1%	7.8%	100.0%
Total	n	58	22	9	89
	%	65.2%	24.7%	10.1%	100.0%

Based on Table 9, out of a total of 89 respondents, the majority held the position of staff nurse (implementing nurse) with a percentage of 86.5%. According to Table 10, the distribution of respondents' positions and burnout categories shows that the majority were staff nurses (77 individuals), followed by six head nurses and six team leaders. In the head nurse (ward head) position, the distribution of burnout levels was equal across the categories of mild, moderate, and severe burnout—each comprising 33.3%. Among team leaders, 33.3% experienced mild burnout, 50% experienced moderate burnout, and 16.7% experienced severe burnout. For staff nurses, most respondents experienced mild burnout (70.1%), followed by moderate burnout (22.1%), and 7.8% experienced severe burnout. Overall, head nurses exhibited a higher level of severe burnout compared to other positions.

Burnout Overview

Table 11. Frequency Distribution of Respondents Based on Burnout Level

Characteristic	Frequency (n)	Persentase (%)
1. Very Severe Burnout	0	0.0%
2. Severe Burnout	9	10.1%
3. Moderate Burnout	22	24.7%
4. Mild Burnout	58	65.2%
5. No Burnout	0	0.0%
Total	89	100%

Table 12. Distribution of Dimensions Based on Burnout Level

Variable	Mean	Median	SD	Minimum	Maximum
Emotional Exhaustion	12.89	10.00	6.46	5	31
Depersonalization	3.19	4.00	3.19	1	14
Personal Accomplishment	22.08	19.00	7.27	7	36

Based on Table 2, out of a total of 89 respondents, the majority experienced mild burnout, with a percentage of 65.2%. Table 3 shows that the burnout dimensions among nurses in the inpatient ward were most prominent in the personal accomplishment dimension, with an average score of 22.08, categorized as low. This was followed by the emotional exhaustion dimension with an average score of 12.89, also categorized as low, and the depersonalization dimension with an average score of 3.19, which also fell into the low category.

Discussion
Respondent Characteristics
The results of this study indicate that the majority of nurses in the class 3 inpatient ward at Arifin Achmad Regional General Hospital Pekanbaru are female, totaling 81 individuals or 91.0%. The high proportion of women in the nursing profession is one of the contributing factors to the elevated levels of burnout experienced. Psychologically, women tend to be more emotionally expressive and have personality traits that differ from men, such as being more affectionate and gentle, which may make them more vulnerable to work-related stress and burnout (Mawarti, 2018). This finding is consistent with previous studies that also reported that most nurse respondents were female and experienced significant levels of burnout (Arif,

2022; Putri, 2019; Dewi, 2022). In terms of age, most respondents fall within the late adulthood range (26–65 years), with 75 individuals (84.3%). Late adulthood is often associated with a decline in physical capacity, making nurses in this age group more prone to fatigue. Additionally, expectations toward older nurses are generally higher, both from colleagues and patients, as they are perceived to be more experienced and professionally mature. These demands and pressures contribute to an increased risk of burnout (Liana, 2020). This study is in line with previous findings which stated that nurses in late adulthood tend to be more vulnerable to burnout compared to those in younger age groups (Ashiilah, 2023).

Regarding educational level, the majority of respondents hold a bachelor's degree (S1), with a total of 58 individuals (65.2%). Interestingly, the group with a bachelor's education level actually showed a higher level of severe burnout compared to those with a diploma (D3). This may be due to the higher professional expectations placed on bachelor's graduates, who are expected to be role models and take on more complex responsibilities in nursing services. As stated by Putri (2020) and Maslach et al. (2021), a higher educational level is often accompanied by greater job pressure, which can potentially increase the risk of burnout. Length of service also appears to influence the level of burnout. The data show that the longer a nurse has worked, the more likely they are to experience burnout. Although longer work experience improves skills, it also means prolonged exposure to job stress, emotional burdens, and strenuous working conditions. This supports the findings of Heriyanto (2022) and Larengkeng (2019), who stated that a long duration of service is a significant risk factor for burnout among healthcare workers.

A nurse's position or role within the unit also contributes to their level of burnout. Most respondents worked as staff nurses, totaling 77 individuals (86.5%), and generally experienced mild to moderate burnout. However, data show that nurses serving as head nurses had higher levels of severe burnout compared to other roles. This can be explained by the fact that head nurses are responsible not only for clinical duties but also for managerial responsibilities such as planning, organizing, directing, and supervising all nursing activities within their unit (Ayudytha, 2019). Furthermore, head nurses act as intermediaries between hospital management, nursing staff, and patients, which adds complexity and pressure to their role (Jayanti, 2021). Overall, the findings of this study illustrate that demographic and professional factors such as gender, age, education level, work experience, and job position contribute to variations in the levels of burnout experienced by nurses. The combination of high emotional, physical, and administrative responsibilities makes the nursing profession particularly vulnerable to chronic fatigue that may lead to burnout. Therefore, it is crucial for hospital management to understand these factors and implement appropriate preventive measures, such as nurse well-being programs, psychological supervision, and workload redistribution, in order to minimize the risk of burnout and maintain the quality of care provided.

Overview of Burnout Levels

Based on the results of this study, the univariate analysis showed that the majority of respondents experienced mild burnout, totaling 58 individuals (65.2%). This result is consistent with research conducted by Pujiarti (2023), which found that most respondents experienced mild burnout (56.7%), moderate burnout (43.3%), and no respondents experienced severe burnout (0%). Another study by Permatasari (2023) showed that nurses experienced mild burnout, with a total of 25 respondents or 100%. Similarly, a study by Lubis (2024) found that nurses experienced mild levels of burnout. The mild burnout experienced by nurses may be attributed to the fact that they love their job and carry out their duties with sincerity and calmness, despite interacting with different patients and various illnesses each day (Jonathan & Ashton, 2019). In addition, one of the factors that may influence the level of

burnout among nurses is the length of working hours. Longer working hours require more energy, and expending a large amount of energy can cause fatigue, which must be balanced with sufficient rest (Swasti et al., 2019). Respondents experienced mild burnout with a proportion of 65.2%, and the dimension analysis results showed that the highest dimension of burnout among inpatient ward nurses was in the personal accomplishment dimension, with an average score of 22.08 (low category), followed by the emotional exhaustion dimension with an average score of 12.89 (low category), and the depersonalization dimension with an average score of 3.19 (low category). The emotional exhaustion dimension was represented in statements number 1, 2, 3, 6, 8, 13, 14, 16, and 20. The analysis of the emotional exhaustion dimension showed a low categorization with an average score of 22.08. Statement number 16 had the highest score, indicating the heaviest category, which refers to the inability to work and care for patients directly while maintaining a relaxed atmosphere with them.

The depersonalization dimension was represented in statements number 5, 10, 11, 15, and 22. The analysis of the depersonalization dimension showed the lowest categorization, with an average score of 3.18. Statement number 11 had the highest score in this dimension, indicating a high level of burnout in terms of decreased emotional sensitivity or empathy, particularly toward patients. Meanwhile, the personal accomplishment dimension was represented in statements number 4, 7, 9, 12, 17, 18, 19, and 21. The analysis of this dimension showed a moderate category with an average score of 22.08, with statement number 7 having the highest score. This statement related to the nurse's decreasing ability to effectively solve problems faced by patients. The results of this study suggest that the personal accomplishment dimension showed the highest burnout level, with an average score of 22.08. This aligns with findings by Suryanti (2020), who stated that a decline in personal accomplishment in the high category was not only influenced by factors such as age, education, and work duration but also by a lack of recognition or rewards for high-performing nurses. As a result, nurses who excel in providing patient care may feel that their efforts are treated the same as those of average-performing colleagues. This perception may cause nurses to feel demotivated, unable to control their emotions, and incapable of creating a comfortable and relaxed working environment. These demotivated feelings can lead nurses to believe they cannot have a positive impact, understand colleagues, or manage patient issues effectively.

Another study by Rahayu (2023) at the TNI Hospital in Padang Sidempuan showed that personal accomplishment significantly affects nurse performance. The better a nurse's sense of accomplishment, the higher the quality of care provided. Based on the discussion above, burnout experienced by nurses at the General Hospital in Pekanbaru is also influenced by factors such as gender, age, education level, years of service, and job position. Each of these factors contributes to burnout in the nursing work environment and can negatively impact nurse performance, increase the risk of medical errors, and threaten patient safety. To address nurse burnout, interventions focused on recognition and psychological well-being are essential. Hospital management can provide recognition for outstanding nurses, either in the form of financial rewards or formal acknowledgments. In addition, mental wellness programs such as counseling, stress management training, and mindfulness can help nurses manage their emotions. Balanced work schedules and adequate rest periods can reduce fatigue. Supportive supervision from superiors can enhance work motivation. Providing relaxation spaces in the workplace can also help reduce stress. With this approach, it is hoped that nurses will work with enthusiasm, better understand their colleagues, and deliver optimal care to patients..

CONCLUSION

Based on the research findings, the majority of respondents were female, totaling 81 individuals (91.0%), while only 8 respondents (9.0%) were male. Severe burnout was more

commonly found among female nurses. In terms of age distribution, most respondents were in the late adulthood group (26–65 years), comprising 75 individuals (84.3%), and this age group showed a higher proportion of severe burnout (40.0%) compared to the younger age group (18–25 years), which had 35.7%. Most nurses held a bachelor's degree (S1), accounting for 58 individuals (65.2%), while 31 respondents (34.8%) held a diploma (D3). There were no respondents with D4 or master's degrees. Higher education levels tend to correlate with greater workloads and job expectations, which may contribute to an increased risk of burnout. The data also indicated that burnout tends to increase with longer years of service, suggesting that the longer a nurse has worked, the more likely they are to experience burnout. Based on job position in the inpatient ward, staff nurses (perawat pelaksana) most frequently experienced mild burnout (70.1%), while head nurses (kepala ruangan) tended to show a higher level of severe burnout compared to other positions. Overall, the majority of respondents experienced mild burnout, with a proportion of 65.2%. Among the three measured dimensions of burnout, the personal accomplishment dimension had the highest average score of 22.08 (categorized as low), followed by the emotional exhaustion dimension with an average of 12.89 (low category), and the depersonalization dimension with an average of 3.19 (low category). These findings indicate that although the overall level of burnout remains in the mild category, factors such as gender, age, education, work experience, and job position still influence the severity of burnout experienced.

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