

Factors correlated with burnout syndrome among nursing staff

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Abstract

Burnout syndrome is a psychological condition characterized by prolonged emotional, mental, and physical exhaustion, often resulting in decreased motivation, reduced professional efficacy, and impaired work performance. Among healthcare professionals, particularly nurses, burnout can significantly compromise the quality and safety of patient care. This study aimed to find the relationship between age and educational background and the prevalence of burnout syndrome among nurses working in the inpatient ward in a hospital in Riau Province, Indonesia. A cross-sectional research design was employed, involving a total of 120 inpatient nurses selected through random sampling. Data collection was conducted using the Maslach Burnout Inventory-Human Services Survey for Medical Personnel (MBI-HSS-MP), which measures

three key dimensions of burnout: emotional exhaustion, depersonalization, and personal accomplishment. Statistical analysis was performed using the chi-square test to determine the association between demographic variables and burnout levels. The findings revealed a significant correlation between age and educational background with the occurrence of burnout syndrome. Specifically, nurses with higher educational attainment and those within certain age groups demonstrated increased vulnerability to emotional exhaustion and reduced personal accomplishment. These results underscore the importance of integrating individual demographic factors into the development of targeted strategies and institutional support systems to prevent and manage burnout. Enhancing such interventions is essential to safeguarding the well-being of nursing staff and ensuring the delivery of safe, effective, and sustainable patient care.

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Key words: age; burnout syndrome; education; hospital; nurses.

Contributions: RFL, conceptualization, data curation, formal analysis, methodology, validation, visualization, writing – original draft, review & editing; MS, methodology, visualization, writing – review & editing; RH, resources, supervision, and writing –review & editing; NPF, resources, supervision, and writing –review & editing; ANA, resources, supervision, and writing –review & editing.

Conflict of interest: the authors declare no potential conflict of interest.

Ethics approval and consent to participate: the research has received ethical approval from the Health Research Ethics Commission, Faculty of Nursing, Universitas Hang Tuah Pekanbaru, based on ethical certificate 461/KEPK/UHTP/VIII/2024. During the research, the researcher paid attention to the ethical principles of informed consent, respect for human rights, beneficence, and non-maleficence.

Consent for publication: written informed consent was obtained for anonymized information to be published in this article.

Availability of data and materials: all data generated or analyzed during this study are included in this published article.

Received: 8 December 2024.

Accepted: 23 July 2025.

Early view: 4 September 2025.

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Healthcare in Low-resource Settings 2025; 12(s2):13464

doi:10.4081/hls.2025.13464

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Introduction

The nursing profession involves high physical, emotional, and cognitive demands, including routine work, strict schedules, and responsibility for the health and safety of both patients and fellow staff members, often within team-based environments.¹ These stressors contribute to the vulnerability of nurses to burnout syndrome, a psychological condition characterized by emotional exhaustion, depersonalization, and a diminished sense of personal achievement.^{2,3} As central figures in healthcare systems, nurses are expected to maintain a high standard of patient care while sustaining their own physical, mental, and emotional well-being.^{4,5}

Burnout syndrome is a growing concern in the healthcare field. Nurses, due to the intensity and continuity of their work, are particularly susceptible and must often adapt to prolonged professional stress.^{6,7} A systematic review spanning 182 studies across 45 countries reported that the global prevalence of burnout among physicians reached 67.0%.⁸ In Indonesia, a 2017 study examining nurses at Cilandak Marine Hospital found that out of 138 respondents caring for patients under the National Health Coverage (BPJS), 59.4% experienced severe burnout, while 40.6% reported mild burnout.⁹ Meanwhile, a study in Sulawesi indicated that 15.7% of nurses in the region showed symptoms of burnout.¹⁰

Individuals experiencing burnout often report psychosomatic symptoms, such as fatigue and insomnia, emotional problems, including anxiety and depression, attitudinal changes, like apathy and suspicion, and behavioral issues, such as irritability and withdrawal.^{11,12} These symptoms underscore the critical impact of burnout on both personal health and professional functioning. The complexity of nurses' roles continues to make the profession particularly vulnerable.³

A study emphasized that burnout is now increasingly prevalent in professional environments, with contributing factors that include not only job demands but also environmental conditions such as teamwork dynamics and shift patterns.¹³ Preliminary interviews and observations with senior nurses in the inpatient unit of

one hospital in Riau Province revealed frequent signs of burnout, including a lack of motivation, emotional fatigue, and persistent tiredness even after rest. These issues were frequently attributed to monotonous routines, complaints from patients and their families, interpersonal conflicts, and inadequate incentives.

While environmental and occupational stressors have been widely studied, individual characteristics such as age and educational background have received less empirical attention in relation to burnout. Understanding the potential correlation between these factors and burnout is essential to developing targeted interventions for prevention and early management. Therefore, this study aims to find the relationship between age and educational background with burnout syndrome among nursing staff.

Materials and Methods

Design, sample, and variables

A cross-sectional observational study design was used. The data collected from December 9th, 2024, to January 10, 2025, in one of the Riau Province hospitals, specifically in the inpatient rooms, including Surgical, Medical, and Intensive Care Units. Respondents in this study were 120 nurses, selected using a total sampling. The variables included age, gender, marital status, education, length of service, and employment status, while the dependent variable was burnout syndrome.

Instrument

This study employed the Maslach Burnout Inventory-Human Services Survey for Medical Personnel (MBI-HSS-MP) because of its strong validity and reliability. This questionnaire shows high internal consistency with Cronbach's alpha values between 0.70 and 0.90. The MBI-HSS-MP has been translated into Indonesian and has been tested for validity and reliability. Based on the corrected item-total correlation results, 22 items were deemed valid because the calculated *r* value exceeded 0.444, and reliable since Cronbach's alpha was 0.969 (>0.60). The questionnaire consists of three dimensions, namely physical and emotional exhaustion, depersonalization, and decreased personal accomplishment. The emotional exhaustion dimension describes feelings of fatigue, depleted energy, and prolonged feelings of emptiness. The depersonalization dimension relates to a cynical and withdrawn attitude towards others at work. Meanwhile, the decreased personal accomplishment dimension describes feelings of helplessness and incompetence at work. The MBI-HSS-MP comprises 22 statement items, and each item contains seven answer options, namely 0 (never), 1 (a few times a year), 2 (once a month or less), 3 (several times a month), 4 (once a week), 5 (several times a week), 6 (every day). The questionnaire includes positive and negative statement items.

Data analysis

Data analysis conducted in this study includes univariate and bivariate analysis. Univariate analysis was used to examine nurse burnout, which can be presented in the form of frequency distribution tables and percentages of each variable, such as age, gender, marital status, level of education, length of work, and employment status. Bivariate analysis was conducted to test differences between variables using the chi-square test, with $\alpha=0.05$.

Ethical clearance

This research has obtained ethical approval from the Health Research Ethics Commission (KEPK) of Hang Tuah University,

Pekanbaru, under the reference number 461/KEPK/UHTP/VIII/2024.

Results

Among the 120 respondents, the majority were aged 31-40 years, totaling 52 respondents (43.3%), followed by 41-50 years with 39 respondents (31.7%) and 21-30 years with 30 respondents (25%). Regarding gender, the majority of the respondents were female, totaling 105 respondents (87.5%). For marital status, 105 respondents (87.5%) were married. The majority of respondents (64.2%) held a bachelor's degree in nursing. Most respondents had a work duration of over 10 years, totaling 68 respondents (56.7%). Regarding employment status, 49.2% were contract workers, followed by civil servants at 40.8%, and government contract employees at 10.0% (Table 1).

The analysis of burnout syndrome among nursing staff was conducted across three core dimensions: emotional exhaustion, depersonalization, and personal accomplishment, based on several demographic characteristics (Table 2).

In terms of age, the 31-40-year age group exhibited the highest frequency of low-level emotional exhaustion (35.0%), followed by the 41-50 group (28.3%) and the 21-30 group (20.8%). Notably, high levels of emotional exhaustion and depersonalization were minimal across all age categories, though a few respondents aged 21-30 reported high burnout in these dimensions. Across all age groups, however, there was a consistent and striking pattern of high burnout in the personal accomplishment dimension, with 25.0%, 43.3%, and 31.6% of respondents in the respective age groups reporting diminished personal efficacy.

In terms of gender, female nurses experienced a markedly higher prevalence of burnout across all dimensions. Specifically, 74.2% of female respondents reported low emotional exhaustion, compared to 10.0% of males; however, females also accounted for

Table 1. Frequency distribution of respondent characteristics (n=120).

Respondent characteristics	n	%
Age		
21-30 years old	30	25.0
31-40 years old	52	43.3
41-50 years old	38	31.7
Gender		
Male	15	12.5
Female	105	87.5
Marital status		
Married	105	87.5
Single	15	12.5
Education		
Diploma	43	35.8
Bachelor	77	64.2
Length of work		
1-5 years	36	30.0
6-10 years	16	13.3
> 10 years	68	56.7
Employment status		
Civil servant	49	40.8
Government contract employee	12	10.0
Contract worker	59	49.2

nearly all medium and high levels of burnout in emotional exhaustion and depersonalization. Additionally, 87.5% of females reported high burnout in the personal accomplishment domain, highlighting a significant trend of emotional strain and reduced self-perception of effectiveness among female staff.

Regarding marital status, married nurses showed higher levels of burnout compared to their unmarried counterparts. A total of 73.3% of married respondents experienced low emotional exhaustion, with 14.2% reporting moderate levels. Both groups, regardless of marital status, exhibited high levels of burnout in the personal accomplishment domain, further confirming the pervasive nature of this dimension. Educational background also appeared to influence burnout levels. Nurses with a bachelor's degree were more likely to report medium or high emotional exhaustion and

depersonalization compared to those with a diploma. While 50.8% of bachelor's degree holders showed low emotional exhaustion, 12.5% reported moderate levels, and 0.8% reported high levels. Furthermore, 64.2% of respondents with a bachelor's degree reported high burnout in personal accomplishment, compared to 35.8% of diploma holders. This suggests that higher education may be associated with elevated work expectations or stressors, contributing to increased burnout. The length of work experience revealed that nurses with more than 10 years of service had the highest levels of low emotional exhaustion (49.2%) and depersonalization (47.5%). However, moderate and high levels were more common among those with shorter tenures (1-5 years), possibly indicating greater vulnerability to burnout in the early years of practice. Regardless of tenure, a high percentage of all groups experienced

Table 2. Frequency distribution of burnout syndrome identification in the emotional exhaustion, depersonalization, and personal accomplishment dimensions, based on respondents' demographics.

Respondent characteristic	Category	Burnout dimension	Low n (%)	Medium n (%)	High n (%)
Age	21-30	Emotional exhaustion	25 (20.8)	4 (3.3)	1 (0.8)
		Depersonalization	25 (20.8)	3 (2.5)	2 (1.7)
		Personal accomplishment	0 (0)	0 (0)	30 (25.0)
	31-40	Emotional exhaustion	42 (35.0)	10 (8.3)	0 (0)
		Depersonalization	39 (32.5)	8 (6.7)	5 (4.2)
		Personal accomplishment	0 (0)	0 (0)	52 (43.3)
	41-50	Emotional exhaustion	34 (28.3)	4 (3.3)	0 (0)
		Depersonalization	32 (26.6)	6 (5.0)	0 (0)
		Personal accomplishment	0 (0)	0 (0)	38 (31.6)
Gender	Male	Emotional exhaustion	12 (10)	3 (2.5)	0 (0)
		Depersonalization	11 (9.2)	2 (1.7)	2 (1.7)
		Personal accomplishment	0 (0)	0 (0)	15 (12.5)
	Female	Emotional exhaustion	89 (74.2)	15 (12.5)	1 (0.8)
		Depersonalization	85 (70.8)	15 (12.5)	5 (4.2)
		Personal accomplishment	0 (0)	0 (0)	105 (87.5)
Marital status	Married	Emotional exhaustion	88 (73.3)	17 (14.2)	0 (0)
		Depersonalization	84 (70)	14 (11.7)	7 (5.8)
		Personal accomplishment	0 (0)	0 (0)	105 (87.5)
	Not married	Emotional exhaustion	13 (10.8)	1 (0.8)	1 (0.8)
		Depersonalization	12 (10)	3 (2.5)	0 (0)
		Personal accomplishment	0 (0)	0 (0)	15 (12.5)
Education	Diploma	Emotional exhaustion	40 (33.3)	3 (2.5)	0 (0)
		Depersonalization	38 (31.7)	5 (4.2)	0 (0)
		Personal accomplishment	0 (0)	0 (0)	43 (35.8)
	Bachelor	Emotional exhaustion	61 (50.8)	15 (12.5)	1 (0.8)
		Depersonalization	58 (48.3)	12 (10)	7 (5.8)
		Personal accomplishment	0 (0)	0 (0)	77 (64.2)
Length of work	1-5 years	Emotional exhaustion	28 (23.3)	7 (5.8)	1 (0.8)
		Depersonalization	25 (20.8)	7 (5.8)	4 (3.3)
		Personal accomplishment	0 (0)	0 (0)	36 (30)
	6-10 years	Emotional exhaustion	14 (11.7)	2 (1.7)	0 (0)
		Depersonalization	14 (11.7)	2 (1.7)	0 (0)
		Personal accomplishment	0 (0)	0 (0)	16 (13.3)
	>10 years	Emotional exhaustion	59 (49.2)	9 (7.5)	0 (0)
		Depersonalization	57 (47.5)	8 (6.7)	3 (2.5)
		Personal accomplishment	0 (0)	0 (0)	68 (56.7)
Employment status	Civil servant	Emotional exhaustion	45 (37.5)	4 (3.3)	0 (0)
		Depersonalization	40 (33.3)	8 (6.7)	1 (0.8)
		Personal accomplishment	0 (0)	0 (0)	49 (40.8)
	Government contract	Emotional exhaustion	7 (5.8)	4 (3.3)	1 (0.8)
		Depersonalization	10 (8.3)	1 (0.8)	1 (0.8)
		Personal accomplishment	0 (0)	0 (0)	12 (10)
	Contract workers	Emotional exhaustion	49 (40.8)	10 (8.3)	0 (0)
		Depersonalization	46 (38.3)	8 (6.7)	5 (4.2)
		Personal accomplishment	0 (0)	0 (0)	59 (49.2)

burnout in personal accomplishment, with the highest rate (56.7%) observed among those with more than ten years of service.

Employment status revealed differences in burnout exposure. Non-civil servant nurses reported the highest levels of low emotional exhaustion (40.8%) and depersonalization (38.3%), as well as notable percentages in the medium and high categories. By contrast, civil servants showed relatively lower burnout across emotional and depersonalization dimensions. Despite this, high burnout in personal accomplishment remained consistent across all employment types, with contract workers reporting the highest rate (49.2%). Table 3 presents the results of a bivariate analysis using the chi-square test to examine the relationship between various respondent characteristics and the incidence of burnout syndrome among nurses. The significance level was set at $p \leq 0.05$. The analysis revealed that age and educational background had a statistically significant relationship with burnout syndrome. Nurses aged 31-40 years had the highest percentage experiencing burnout (15.4%), followed by those aged 21-30 years (13.3%). Notably, none of the respondents aged 41-50 years experienced burnout. The p-value for age was 0.044, indicating a significant association.

Regarding education, burnout was experienced by 15.6% of respondents with a bachelor's degree, while none of the diploma holders reported experiencing burnout. This yielded a p-value of 0.004, suggesting a strong correlation between higher educational attainment and increased risk of burnout. On the other hand, the variables gender, marital status, length of work, and employment status did not show statistically significant associations with burnout syndrome. Burnout was slightly more prevalent among male nurses (13.3%) than females (9.5%), but the difference was not significant ($p=0.646$). Similarly, marital status showed no meaningful difference, with 13.3% of unmarried and 9.5% of married nurses experiencing burnout ($p=0.646$). Burnout appeared more frequently among nurses with shorter work experience (16.7%) for those with 1-5 years of experience, compared to 12.5% for 6-10

years, and 5.9% for more than 10 years. However, this trend was not statistically significant ($p=0.205$). Although employment status did not reach statistical significance ($p=0.0777$), the data showed that government contract employees had the highest burnout rate at 25%, followed by contract workers (11.9%), and civil servants (4.1%).

Discussion

Relationship between age and burnout syndrome

The results of this study indicate a significant relationship between age and the incidence of burnout syndrome. Nurses in the 31-40 years age group exhibited the highest prevalence of burnout compared to other age categories. This finding aligns with the perspective of Maslach and Leiter, who suggest that younger professionals often possess high idealism and motivation but lack the coping mechanisms and emotional resilience needed to manage occupational stress effectively.¹⁴

Nurses in their 30s typically represent the productive middle phase of life, often experiencing increased responsibilities both at work and at home. Professionally, they may be expected to take on leadership roles or manage complex patient cases, while personally, they may be balancing family demands such as raising young children or supporting aging parents.¹⁵ These converging pressures can contribute to a heightened risk of emotional exhaustion, depersonalization, and reduced personal accomplishment, core elements of burnout. This finding is consistent with previous research that has demonstrated a statistically significant relationship between age and burnout levels among nurses.¹⁶ Although burnout is not exclusive to a particular age group, younger and mid-career nurses may be more vulnerable due to limited experience in stress man-

Table 3. Analysis results of demographic data and burnout syndrome among nurses.

Respondent characteristics	Burnout syndrome ^{p-value*}		Not experiencing		Total		Value
	Experiencing n	%	n	%	n	%	
Age							0.044**
21-30 years old	4	13.3	26	86.7	30	100	
31-40 years old	8	15.4	44	86.4	52	100	
41-50 years old	0	0.0	38	100	38	100	
Gender							0.646
Male	2	13.3	13	86.7	15	100	
Female	10	9.5	95	90.5	105	100	
Marital status							0.646
Married	10	9.5	95	90.5	105	100	
Not Married	2	13.3	13	86.7	15	100	
Education							0.004**
Diploma	0	0.0	43	100	43	100	
Bachelor	12	15.6	65	84.4	77	100	
Length of work							0.205
1-5 years	6	16.7	30	83.3	36	100	
6-10 years	2	12.5	14	87.5	16	100	
> 10 years	4	5.9	64	94.1	68	100	
Employment status							0.077
Civil servant	2	4.1	47	95.9	49	100	
Government contract employee	3	25	9	75	12	100	
Contract worker	7	11.9	52	88.1	59	100	

* $p < 0.05$; ** $p < 0.05$.

agement, fewer coping strategies, and higher expectations placed upon them. The results from this study reinforce the need for age-sensitive interventions, including mentorship, professional development, and stress reduction programs, especially targeted at nurses in the 30-40 age group.

Relationship between educational background and burnout syndrome

This study also found a significant association between educational background and burnout syndrome. Nurses holding a bachelor's degree in nursing reported higher levels of burnout (15.6%) compared to those with a diploma, none of whom experienced burnout. This difference may stem from the greater responsibilities typically assigned to nurses with a bachelor's degree, including administrative duties, clinical decision-making, mentoring junior staff, and engaging in evidence-based practice.

Previous studies have highlighted that nurses with higher educational attainment tend to have stronger clinical competencies, deeper theoretical understanding, and more developed critical thinking skills, making them valuable assets to healthcare teams.^{17,18} However, these advanced capabilities often translate into higher professional expectations and workloads, which can contribute to emotional strain and occupational stress if not managed properly.^{19,20} The present findings support this notion, suggesting that higher educational attainment may increase perceived job pressure, especially in settings where organizational support systems are lacking or insufficient. When increased responsibility is not matched with adequate resources, recognition, and stress management strategies, even highly capable nurses can experience burnout. This highlights the importance of ensuring role clarity, workload balance, and support structures, particularly for nurses in advanced roles.

Conclusions

This study reveals that burnout syndrome among nursing staff is prevalent across all demographic categories, with the personal accomplishment dimension consistently showing high levels of burnout. This indicates a widespread sense of reduced professional efficacy and fulfillment among nurses, regardless of age, gender, marital status, education, work experience, or employment status. These results highlight the importance of considering individual factors such as age and educational background when assessing burnout risk. Targeted interventions should be developed to address emotional fatigue and to restore a sense of accomplishment, particularly among at-risk groups, in order to maintain the mental health and professional performance of nursing staff.

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