

# The Effect of Job Demands on Burnout with Work-Life Balance as A Mediation Variable in Nurses at Lubuk Basung Regional General Hospital

Nahya Nofika<sup>1</sup>, Chichi Andriani<sup>2</sup>

<sup>1</sup>Department of Management, Faculty of Economics and Business, Universitas Negeri Padang, Indonesia

Email: [nahyanofilka137@gmail.com](mailto:nahyanofilka137@gmail.com), [chichiandriani@fe.unp.ac.id](mailto:chichiandriani@fe.unp.ac.id)

**Abstract.** Hospitals are required to effectively manage their nursing workforce to maintain the quality and sustainability of healthcare services. One of the major challenges faced by nurses is Burnout resulting from high Job Demands. This study aims to analyze the effect of Job Demands on Burnout with Work-Life Balance as a mediating variable among inpatient nurses at Lubuk Basung Regional General Hospital. This research uses a quantitative approach with a descriptive causal design. Data were collected through questionnaires distributed to 109 inpatient nurses at Lubuk Basung Regional General Hospital using a total sampling (census) technique. The data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM) with SmartPLS 4. The results show that Job Demands has a positive and significant effect on Burnout. Job Demands also has a negative and significant effect on Work-Life Balance, and Work-Life Balance has a negative and significant effect on Burnout. Furthermore, Work-Life Balance is proven to partially mediate the effect of Job Demands on Burnout. These findings indicate that higher job demands experienced by nurses reduce their ability to maintain work-life balance, which in turn increases the risk of Burnout.

**Keywords:** Job Demands, Work-Life Balance, Burnout, Nurses, Human Resources Management

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## INTRODUCTION

Amid growing public demand for quality healthcare services, hospitals face increasing pressure to effectively manage their nursing workforce to ensure service sustainability (Maghfira et al., 2025; Zhu et al., 2024; Bailey et al., 2026; Widaryanto & Sari, 2024). Nurses occupy the most critical position among healthcare workers, as they provide direct patient care around the clock; consequently, the quality of nursing care is shaped not only by clinical competence but also by nurses' physical and psychological condition.

Globally, the World Health Organization (2020) reports that nurses constitute the largest healthcare workforce, numbering 27.9 million, yet they consistently experience the highest levels of psychosocial pressure due to multidimensional job demands and limited resources (Ailing et al., 2025; Kadir et al., 2025; Frey et al., 2025; Romsbotn et al., 2022). Unmanaged, continuous pressure can lead nurses into a condition known as Burnout physical, emotional, and mental exhaustion resulting from prolonged involvement in emotionally demanding work (Dinanda & Dewi, 2024).

The World Health Organization (2019) officially recognized Burnout in the 11th revision of the No. Classification of Diseases (ICD-11) as a phenomenon resulting from chronic, unsuccessfully managed workplace stress. Its global prevalence is alarming: Rotenstein et al. (2018), Woo et al. (2020), Naji et al. (2021) through a systematic review of 182 studies across 45 countries, reported a 67% Burnout prevalence among healthcare workers, while the ILO, found that 32.8% of surveyed workers experienced fatigue directly affecting productivity.

One of the most frequently identified drivers of nurse Burnout is Job Demands (Maglalang et al., 2021). Bakker & Demerouti (2017) define Job Demands as the physical, psychological, social, and organizational aspects of work that require sustained effort, progressively depleting an individual's energy resources. In the nursing context, Job Demands include excessive workload, long shift durations, emotional strain, and the cognitive demands of rapid clinical decision-making (Bakker & Demerouti, 2017; Goudarzian et al., 2025; Broetje et al., 2020; Heikkilä et al., 2022; Kar & Suar, 2014).

Beyond directly triggering Burnout, high Job Demands can also disrupt Work-Life Balance (WLB) an individual's ability to maintain equilibrium between work obligations and personal life (Kamboj & A, 2025). Abuhammad et al. (2025) found that 40.7% of nurses in Jordan reported that work demands negatively affected their family life, while Hussain et al. (2025), Mahendran et al. (2019), Zhou et al. (2025), Permarupan et al. (2020), demonstrated that access to WLB programs significantly reduced emotional exhaustion and depersonalization among nurses.

The relationship among Job Demands, Work-Life Balance, and Burnout can be explained through Conservation of Resources Theory (Hobfoll & Freedy, 2017; Demerouti, 2025; Selim & Kee, 2022), which posits that individuals inherently strive to acquire, retain, and protect their resources. When sustained job demands erode nurses' time, No., and emotional capacity, their ability to maintain balance between work and personal life gradually declines, eventually resulting in Burnout.

Roth et al. (2021) confirmed that WLB degradation caused by excessive work pressure is the most significant mediating pathway linking job demands and chronic fatigue, and Nguyen & La (2026), through a cross-cultural study across seven countries, demonstrated that WLB consistently mediates the relationship between Job Demands and worker well-being. This study was conducted at Lubuk Basung Regional General Hospital (RSUD Lubuk Basung), a Class C referral hospital owned by the Agam Regency Government in West Sumatra. The study focuses on 109 nurses working across eight inpatient wards, as presented in Table 1.

Table 1. Number of Nurses, Inpatient Ward Capacity, and Shift System at RSUD Lubuk Basung

| No. | Ward                    | Number of Nurses | Number of Beds |
|-----|-------------------------|------------------|----------------|
| 1   | ICU                     | 13               | 9              |
| 2   | Surgical Inpatient      | 13               | 26             |
| 3   | Pediatric Inpatient     | 11               | 8              |
| 4   | Class 1 & VIP Inpatient | 17               | 26             |
| 5   | Neurology               | 11               | 13             |
| 6   | Emergency Department    | 17               | 8              |
| 7   | Internal Department     | 17               | 30             |
| 8   | Pulmonology             | 10               | 10             |
|     | Total                   | 109              | 130            |

Source: Lubuk Basung Hospital Management Information System (2025)

Table 1 shows that 109 nurses are responsible for 130 active beds. The division of staff across three shifts means that far fewer nurses are on duty at any given time than the total workforce available, placing a substantial care burden on each nurse. This is compounded by night-shift durations that exceed regulatory limits, as shown in Table 2.

Table 2. Comparison of the Nurse Shift System at RSUD Lubuk Basung with Applicable Regulations

| Shift     | Time        | Duration | Maximum Limit (Labor Law No.13/2003) | Remarks                          |
|-----------|-------------|----------|--------------------------------------|----------------------------------|
| Morning   | 07:00-13:00 | 6 Hours  | 8 Hours                              | Compliant                        |
| Afternoon | 13:00-20:00 | 7 Hours  | 8 Hours                              | Compliant                        |
| Night     | 20:00-07:00 | 11 Hours | 8 Hours                              | Exceeds limit by 3 hours (37.5%) |

Source: RSUD Lubuk Basung Workforce Data (2025); Labor Law No. 13 of 2003

The 11-hour night shift exceeds the maximum daily working-hour limit stipulated in Article 79, Paragraph 2(a) of Labor Law No. 13 of 2003. According to guidelines from the Indonesian Ministry of Health and the National Nurses Association (PPNI), the ideal nurse-to-patient ratio for inpatient wards is 1:4, with 1:5 to 1:6 considered the maximum acceptable workload. In practice, nurses at RSUD Lubuk Basung handle approximately 3–6 patients per shift, indicating that some nurses operate at the upper limit of their capacity. This is corroborated by a NASA-TLX mental workload assessment showing that all inpatient wards fall into the high workload category, with scores ranging from 52.167 to 74.333 (Racy et al., 2021; Galatzan et al., 2025). Such conditions can erode nurses' ability to maintain Work-Life Balance before ultimately leading to Burnout.

These conditions are also reflected in service quality: patients at RSUD Lubuk Basung have reported a lack of staff friendliness and untimely service, indications of withdrawal caused by prolonged fatigue, a core symptom of Burnout (Glise et al., 2020). A study of 96 inpatient nurses found that workload and Burnout jointly explained 57.9% of the decline in patient service quality (Alzoubi et al., 2024; Rahman ET AL., 2024). Although the relationship between Job Demands and Burnout has been widely studied, research specifically positioning Work-Life Balance as a mediating variable in this relationship remains limited, particularly within the context of nursing staff at Class C hospitals in West Sumatra. Building on this gap, the present study aims to analyze the effect of Job Demands on Burnout, with Work-Life Balance as a mediating variable, among inpatient nurses at RSUD Lubuk Basung.

## LITERATURE REVIEW

### Conservation of Resources Theory

Conservation of Resources (COR) Theory, developed by Hobfoll et al. (2018), posits that individuals inherently strive to acquire, retain, and protect their resources, and experience stress when those resources are threatened, lost, or insufficient. Resources are classified into four categories: conditions, objects, personal characteristics, and energies the latter encompassing time, physical stamina, and emotional capacity (Hobfoll et al., 2018). COR Theory rests on two core principles: resource loss has a disproportionately greater impact than resource gain, and individuals who have already experienced resource loss become more vulnerable to further loss, forming a "loss spiral" (Hobfoll et al., 2018). In this study, the high Job Demands faced by nurses progressively deplete their energy resources, while Work-Life Balance functions as a recovery resource that helps individuals replenish depleted energy. When persistently high Job Demands prevent nurses from accessing these recovery resources, the energy-regeneration process stalls, and unmanaged fatigue accumulation drives individuals toward Burnout. COR Theory therefore provides a comprehensive theoretical foundation for explaining the mediating mechanism of Work-Life Balance in the relationship between Job Demands and Burnout.

### Burnout

Burnout is a state of depleted energy resources encompassing physical, emotional, and mental dimensions, resulting from prolonged exposure to work-related pressure that

accumulates gradually when poorly managed (Maghfira et al., 2025). Maslach & Leiter (2016) define Burnout as a state of exhaustion caused by excessive job demands that renders an individual unable to function effectively, and the World Health Organization (2019) has officially recognized it in the International Classification of Diseases (ICD-11, code QD85) as a work-related phenomenon. Maghfira et al. (2025) identify three core dimensions of Burnout: emotional exhaustion, the depletion of an individual's emotional energy reserves; depersonalization, marked by cynical and indifferent attitudes toward those being served; and reduced personal accomplishment, reflected in an individual's negative self-evaluation of competence and achievement.

### **Job Demands**

Job Demands refer to the physical, social, and organizational aspects of work that require sustained physical and mental effort, potentially imposing physiological or psychological costs on individuals. Bakker & Demerouti (2017), through the Job Demands-Resources (JD-R) model, define Job Demands as job characteristics that require continuous cognitive, emotional, or physical effort and are associated with certain psychological costs. In nursing practice, Bakker & Demerouti (2017) classify Job Demands into four indicators: workload, emotional demands, cognitive demands related to clinical decision-making, and working hours particularly night shifts that exceed normal limits.

### **Work-Life Balance**

Work-Life Balance (WLB) refers to an individual's ability to maintain a harmonious balance between work demands and life outside work, allowing both to be carried out effectively without placing excessive pressure on either side. Selvakumar et al., (2026) and Demerouti & Bakker (2023), note that when job demands consume too large a share of an individual's time and energy, the space available for personal life roles narrows, generating role conflict that exacerbates psychological pressure. Baisa & Nilasari (2022) identify three core indicators of WLB: time balance, involvement balance, and satisfaction balance between the work and personal-life domains.

### **Job Demands and Burnout**

The relationship between Job Demands and Burnout is supported by extensive empirical research. Maglalang et al. (2021) found that high Job Demands consistently predict Burnout among healthcare workers, particularly the emotional exhaustion dimension. The greater the demands imposed without adequate resources, the faster an individual's psychological energy is depleted, making Burnout increasingly unavoidable. At RSUD Lubuk Basung, the high patient volume and extended night-shift duration reflect the substantial Job Demands nurses face daily.

### **Hypothesis Development**

#### ***Job Demands has a Positive and Significant Effect on Burnout Among Inpatient Nurses at RSUD Lubuk Basung***

Job Demands represent work requirements that intensively consume time, energy, and attention. As these demands increase, individuals face greater limitations in meeting needs outside of work, disrupting the balance between work and personal life. Navajas-Romero et al. (2020) show that high Job Demands contribute to declining WLB among nurses, consistent with Roth et al. (2021), who found that nurses with high Job Demands tend to report lower work-life balance. Buruck et al. (2020) further found that work pressure, as a component of Job Demands, can reduce WLB through increased job fatigue. Based on this reasoning, the following hypothesis is proposed:

### ***Job Demands has a Negative and Significant Effect on Work-Life Balance Among Inpatient Nurses at RSUD Lubuk Basung***

Work-Life Balance is closely related to Burnout. Sahu et al. (2026) found that low WLB tends to accelerate the onset of Burnout, while well-maintained WLB functions as a personal resource that helps individuals manage work pressure more effectively. Nurses who can separate time and energy between work and personal life have a greater opportunity to recover, significantly reducing their risk of Burnout. Based on this reasoning, the following hypothesis is proposed:

### ***Work-Life Balance has a Negative and Significant Effect on Burnout Among Inpatient Nurses at RSUD Lubuk Basung***

Based on the JD-R model (Bakker & Demerouti, 2017), high Job Demands not only directly deplete nurses' psychological energy and drive Burnout, but also indirectly exacerbate Burnout by disrupting Work-Life Balance. When substantial job demands consume most of nurses' time and energy, their ability to maintain balance between work and personal life is impaired. This erosion of WLB removes nurses' opportunity to replenish their psychological resources, ultimately worsening their Burnout condition. Based on this reasoning, the following hypothesis is proposed

### ***Work-Life Balance Mediates the Effect of Job Demands on Burnout Among Inpatient Nurses at RSUD Lubuk Basung***

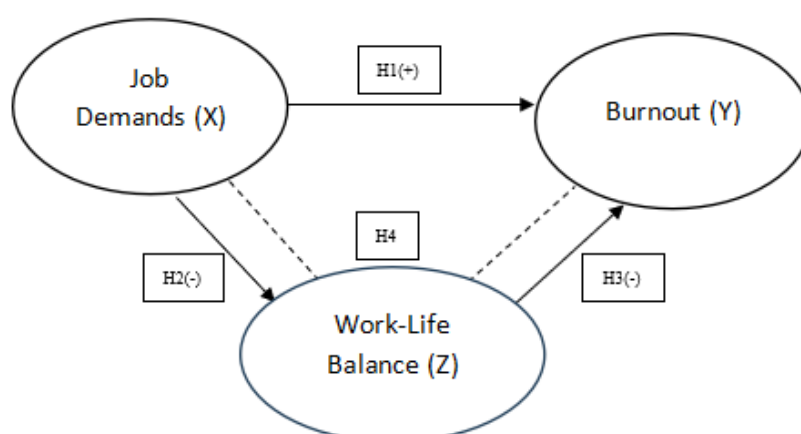


Figure 1. Conceptual Framework

## **METHODS**

This study employed a quantitative approach with a descriptive causal design to examine the effect of Job Demands on Burnout, with Work-Life Balance as a mediating variable, among inpatient nurses at RSUD Lubuk Basung. The descriptive causal design was selected because the study aimed not only to describe the condition of each variable, but also to test the directional cause-and-effect relationships among variables and to statistically verify the hypothesized mediation mechanism through structural modeling. The population of this study consisted of all active inpatient nurses at RSUD Lubuk Basung, which, according to 2025 Hospital Management Information System (SIMRS) data, totaled 109 individuals across eight service units. Given the relatively small population size (fewer than 200), this study employed a total sampling (census) technique, in which all members of the population served as respondents. This technique represents the highest form of probability sampling, as every population member had a 100% probability of selection, making the full sample of 109 nurses representative of the study population.



Data were collected through a structured questionnaire using a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree), distributed online via Google Form over a period of approximately one to two weeks. The measurement instrument was developed from established theoretical sources. Job Demands was measured using the framework of Bakker and Demerouti (2017), encompassing workload, emotional demands, cognitive demands, and working hours/shift duration. Work-Life Balance was measured using the framework of Fisher et al. (2009), encompassing time balance, involvement balance, and satisfaction balance. Burnout was measured using the framework of Maslach & Leiter (2016), which conceptualizes the syndrome through the dimensions of emotional exhaustion, depersonalization, and reduced personal accomplishment. Respondent identities were kept confidential to encourage honest and objective responses.

Data analysis was conducted using descriptive statistics and Partial Least Squares Structural Equation Modeling (PLS-SEM) with SmartPLS 4. PLS-SEM was selected for its ability to simultaneously test mediation models, its lack of normal-distribution requirements, its suitability for relatively small sample sizes, and its capacity to estimate latent constructs together with their indicators. The analysis was performed in two stages. The first stage involved evaluation of the measurement model (outer model) through outer loadings ( $\geq 0.70$ ) and Average Variance Extracted ( $AVE \geq 0.50$ ) for convergent validity, the Heterotrait-Monotrait Ratio ( $HTMT < 0.85$ ) for discriminant validity, and Cronbach's Alpha ( $\geq 0.70$ ) and Composite Reliability ( $CR \geq 0.70$ ) for construct reliability. The second stage involved evaluation of the structural model (inner model) through the coefficient of determination ( $R^2$ ), path coefficients, effect size ( $f^2$ ), and predictive relevance ( $Q^2$ ), followed by hypothesis testing using a bootstrapping procedure with 5,000 subsamples. Hypotheses were considered statistically significant when the t-statistic exceeded 1.96 and the p-value was below 0.05 at a 95% confidence level. The mediating role of Work-Life Balance was tested through indirect-effect analysis, with mediation classified as partial when both the direct and indirect effects were statistically significant.

## RESULTS AND DISCUSSION

This section presents the results obtained from 109 questionnaires completed by inpatient nurses at RSUD Lubuk Basung. The presentation begins with an overview of respondents, followed by instrument quality testing (validity and reliability), structural model testing, and finally hypothesis testing.

### Respondent Characteristics

Table 1. Respondent Characteristics

| No. | Characteristics   | Category    | Frequency (n) | Percentage (%) |
|-----|-------------------|-------------|---------------|----------------|
| 1   | Gender            | Male        | 4             | 3.7            |
|     |                   | Female      | 105           | 96.3           |
|     | Total             |             | 109           | 100.0          |
| 2   | Age               | <25 years   | 30            | 27.5           |
|     |                   | 25–35 years | 41            | 37.6           |
|     |                   | 36–45 years | 29            | 26.6           |
|     |                   | >45 years   | 9             | 8.3            |
|     | Total             |             | 109           | 100.0          |
| 3   | Marital Status    | Married     | 66            | 60.6           |
|     |                   | Single      | 43            | 39.4           |
|     | Total             |             | 109           | 100.0          |
| 4   | Length of Service | <1 year     | 23            | 21.1           |
|     |                   | 1–5 years   | 43            | 39.4           |
|     |                   | 5–10 years  | 20            | 18.3           |
|     |                   | >10 years   | 23            | 21.1           |

|   |                            |           |            |              |
|---|----------------------------|-----------|------------|--------------|
|   | <b>Total</b>               |           | <b>109</b> | <b>100.0</b> |
| 5 | <b>Most Frequent Shift</b> | Morning   | 22         | 20.2         |
|   |                            | Afternoon | 11         | 10.1         |
|   |                            | Night     | 12         | 11.0         |
|   |                            | Rotating  | 64         | 58.7         |
|   | <b>Total</b>               |           | <b>109</b> | <b>100.0</b> |

In simple terms: most respondents are female nurses (96.3%), aged 25–35 years, married, with 1–5 years of tenure, and working rotating shifts including 11-hour night shifts that exceed the regulatory labor limit. This profile reflects a relatively young yet shift-experienced nursing workforce, well-suited for examining the research questions on Job Demands, Work-Life Balance, and Burnout. The respondent profile indicates that the findings predominantly represent the experiences of female nurses who are in the early to middle stages of their careers and are frequently exposed to rotating shifts. The large proportion of married respondents also makes Work-Life Balance particularly relevant because nurses must simultaneously manage professional responsibilities and family roles. Furthermore, the predominance of rotating-shift work suggests that irregular work and recovery patterns may be an important contextual factor contributing to reduced Work-Life Balance and increased Burnout.

### Overview of the Research Variables

Before testing the relationships among variables, the first step is to examine the condition of each variable on its own how high job demands are, how balanced nurses' lives are, and how concerning their fatigue levels are.

Table 2. Overview of the Job Demands Variable (X)

| <b>Dimension</b>             | <b>Mean</b> | <b>TCR (%)</b> | <b>Category</b> |
|------------------------------|-------------|----------------|-----------------|
| Emotional Demands            | 3.9931      | 79.86          | Moderate        |
| Physical Demands             | 3.9656      | 79.31          | Moderate        |
| Cognitive Demands            | 4.0275      | 80.55          | High            |
| Working Hours/Shift Duration | 4.0069      | 80.14          | High            |
| Variable Mean                | 3.9983      | 79.97          | Moderate        |

The overall Job Demands score falls within the moderate category; however, cognitive demands and working hours/shift duration have already reached the high category. This finding indicates that the main pressure experienced by nurses is not limited to the quantity of work but also involves the mental intensity of clinical duties and the structure of the work schedule. Cognitive demands may be elevated because nurses are required to continuously monitor patients, recognize changes in clinical conditions, prioritize interventions, and make rapid decisions that directly affect patient safety. Meanwhile, the high score for working hours/shift duration is consistent with the implementation of rotating schedules and 11-hour night shifts. Therefore, cognitive workload and prolonged shifts represent the most urgent Job Demands dimensions requiring managerial attention.

Table 3. Overview of the Work-Life Balance Variable (Z)

| <b>Dimension</b>     | <b>Mean</b> | <b>TCR (%)</b> | <b>Category</b> |
|----------------------|-------------|----------------|-----------------|
| Time Balance         | 3.9495      | 78.99          | Moderate        |
| Involvement Balance  | 3.9014      | 78.03          | Moderate        |
| Satisfaction Balance | 3.9266      | 78.53          | Moderate        |
| Variable Mean        | 3.9258      | 78.52          | Moderate        |

The moderate level of Work-Life Balance indicates that nurses can maintain some balance between work and personal responsibilities, although this balance remains vulnerable to increasing job pressure. Involvement balance records the lowest value, suggesting that nurses may have limited physical and psychological energy to participate fully in family, social, and

personal activities after completing their duties. Thus, the principal Work-Life Balance problem may not only concern the availability of personal time but also nurses' ability to remain emotionally and mentally involved in life outside work.

Table 4. Overview of the Burnout Variable (Y)

| Dimension                       | Mean          | TCR (%)      | Category        |
|---------------------------------|---------------|--------------|-----------------|
| Emotional Exhaustion            | 3.9771        | 79.54        | Moderate        |
| Depersonalization               | 3.9083        | 78.17        | Moderate        |
| Reduced Personal Accomplishment | 3.9128        | 78.26        | Moderate        |
| <b>Variable Mean</b>            | <b>3.9327</b> | <b>78.65</b> | <b>Moderate</b> |

Source: Primary Data, processed (2026)

In simple terms: all three variables are at an overall "moderate" level, but two "hot spots" stand out: (1) cognitive demands and shift duration within Job Demands already reach the high category, meaning nurses face genuinely demanding cognitive pressure and long working hours, not merely a perceived burden; and (2) emotional exhaustion is the most prominent dimension of Burnout, indicating that nurses' fatigue is more psychological/emotional than purely physical. The moderate Burnout level suggests that exhaustion is already present among nurses, although it has not necessarily developed into severe Burnout across all dimensions. Emotional exhaustion emerges as the most prominent dimension, indicating that the earliest and most visible consequence of current working conditions is the depletion of emotional and psychological energy. This pattern is important because prolonged emotional exhaustion may subsequently develop into depersonalization and reduced personal accomplishment when job demands remain high and recovery opportunities remain inadequate; (3) Instrument Quality Test (Measurement Model/Outer Model). Before deeper analysis, the questionnaire instrument must first be confirmed as valid (truly measuring what it intends to measure) and reliable (consistent if measured repeatedly). Without passing this stage, subsequent results cannot be trusted.

### Convergent Validity

Each questionnaire item was tested for its outer loading value. An item is considered valid if its value is  $\geq 0.70$ .

Table 5. Outer Loading Stage 1 (Before Elimination)

| Variable    | Item | Outer Loading | Remarks |
|-------------|------|---------------|---------|
| Job Demands | X1   | 0.879         | Valid   |
|             | X2   | 0.820         | Valid   |
|             | X3   | 0.812         | Valid   |
|             | X4   | 0.820         | Valid   |
|             | X5   | 0.841         | Valid   |
|             | X6   | 0.482         | Invalid |
|             | X7   | 0.750         | Valid   |
|             | X8   | 0.706         | Valid   |
|             | X9   | 0.737         | Valid   |
|             | X10  | 0.806         | Valid   |
|             | X11  | 0.760         | Valid   |
|             | X12  | 0.731         | Valid   |
|             | X13  | 0.818         | Valid   |
|             | X14  | 0.749         | Valid   |
|             | X15  | 0.751         | Valid   |
|             | X16  | 0.839         | Valid   |
| Burnout     | Y1   | 0.791         | Valid   |
|             | Y2   | 0.781         | Valid   |



|                   |     |       |         |
|-------------------|-----|-------|---------|
|                   | Y3  | 0.755 | Valid   |
|                   | Y4  | 0.843 | Valid   |
|                   | Y5  | 0.829 | Valid   |
|                   | Y6  | 0.792 | Valid   |
|                   | Y7  | 0.757 | Valid   |
|                   | Y8  | 0.722 | Valid   |
|                   | Y9  | 0.270 | Invalid |
|                   | Y10 | 0.779 | Valid   |
|                   | Y11 | 0.793 | Valid   |
|                   | Y12 | 0.760 | Valid   |
| Work-Life Balance | Z1  | 0.765 | Valid   |
|                   | Z2  | 0.820 | Valid   |
|                   | Z3  | 0.780 | Valid   |
|                   | Z4  | 0.750 | Valid   |
|                   | Z5  | 0.562 | Invalid |
|                   | Z6  | 0.710 | Valid   |
|                   | Z7  | 0.801 | Valid   |
|                   | Z8  | 0.786 | Valid   |
|                   | Z9  | 0.682 | Invalid |
|                   | Z10 | 0.725 | Valid   |
|                   | Z11 | 0.800 | Valid   |
|                   | Z12 | 0.726 | Valid   |

In simple terms: of the 37 questionnaire items, 4 items (X6, Y9, Z5, Z9) turned out to be poor representations of their respective variables likely due to ambiguous wording or limited relevance to respondents. These four items were removed from the model, and the test was repeated. The four indicators with outer loading values below 0.70 did not adequately represent their respective latent constructs within the context of the respondents. Their removal was therefore necessary to improve measurement accuracy and prevent weak indicators from reducing the quality of the structural model. Nevertheless, these items should be reviewed in future research to determine whether their low loadings resulted from ambiguous wording, contextual incompatibility, or differences in respondents' interpretation.

Table 6. Outer Loading Stage 2 (Final, After Removing 4 Items)

| Variable          | Item                       | Outer Loading | Remaks    |
|-------------------|----------------------------|---------------|-----------|
| Job Demands       | X1, X2, X3, X4, X5, X7-X16 | 0.708 – 0.845 | All Valid |
| Burnout           | Y1-Y8, Y10-Y12             | 0.720 – 0.842 | All Valid |
| Work-Life Balance | Z1-Z4, Z6-Z8, Z10-Z12      | 0.723 – 0.823 | All Valid |

Full item-level detail:

| Job Demands | Value | Burnout | Value | Work-Life Balance | Value |
|-------------|-------|---------|-------|-------------------|-------|
| X1          | 0.881 | Y1      | 0.790 | Z1                | 0.772 |
| X2          | 0.818 | Y2      | 0.783 | Z2                | 0.823 |
| X3          | 0.815 | Y3      | 0.757 | Z3                | 0.781 |
| X4          | 0.821 | Y4      | 0.842 | Z4                | 0.747 |
| X5          | 0.845 | Y5      | 0.829 | Z6                | 0.723 |
| X7          | 0.752 | Y6      | 0.793 | Z7                | 0.805 |
| X8          | 0.708 | Y7      | 0.758 | Z8                | 0.789 |
| X9          | 0.738 | Y8      | 0.720 | Z10               | 0.732 |
| X10         | 0.810 | Y10     | 0.777 | Z11               | 0.804 |
| X11         | 0.759 | Y11     | 0.794 | Z12               | 0.735 |
| X12         | 0.726 | Y12     | 0.762 |                   |       |

|     |       |  |  |  |  |
|-----|-------|--|--|--|--|
| X13 | 0.822 |  |  |  |  |
| X14 | 0.742 |  |  |  |  |
| X15 | 0.750 |  |  |  |  |
| X16 | 0.842 |  |  |  |  |

Source: Primary Data, processed (2026)

All 35 remaining indicators (15 for Job Demands, 11 for Burnout, 9 for Work-Life Balance) are above 0.70 the measurement model is convergently valid. Following the elimination of the four weak indicators, all remaining items achieved outer loading values above the recommended threshold. This result demonstrates that the retained indicators consistently represent Job Demands, Work-Life Balance, and Burnout. Consequently, the relationships identified in the structural model can be interpreted with greater confidence because they are based on constructs measured by sufficiently strong indicators.

Table 7. Average Variance Extracted (AVE) how Well Each Variable Is "Represented" By Its Indicators

| Variable          | AVE   | Minimum Standard | Remarks |
|-------------------|-------|------------------|---------|
| Burnout           | 0.613 | 0.50             | Met     |
| Job Demands       | 0.624 | 0.50             | Met     |
| Work-Life Balance | 0.595 | 0.50             | Met     |

In simple terms: all three variables explain more than 50% of the variance in their own indicators the higher the value, the more "tightly" and reliably the construct is measured. The AVE values exceeding 0.50 indicate that each construct explains more than half of the variance in its indicators. This finding confirms that the indicators share sufficient variance in measuring the same underlying construct. Therefore, Job Demands, Work-Life Balance, and Burnout demonstrate adequate convergent validity and can be used in subsequent structural relationship testing.

### Discriminant Validity

Table 8. Heterotrait-Monotrait Ratio (HTMT)

|                   | Burnout | Job Demands | Work-Life Balance |
|-------------------|---------|-------------|-------------------|
| Burnout           | -       |             |                   |
| Job Demands       | 0.736   | -           |                   |
| Work-Life balance | 0.585   | 0.575       | -                 |

All HTMT values fall below the 0.85 threshold, confirming that Job Demands, Work-Life Balance, and Burnout are indeed three distinct concepts that do not overlap in measurement. The HTMT values below 0.85 demonstrate that Job Demands, Work-Life Balance, and Burnout are empirically distinguishable constructs. This distinction is important because it indicates that the significant relationships among the variables are not merely caused by measurement overlap. Instead, each construct captures a different aspect of nurses' work experiences and psychological conditions.

### Reliability Test

Table 9. Cronbach's Alpha and Composite Reliability

| Variable          | Cronbach's Alpha | Composite Reliability | Remarks         |
|-------------------|------------------|-----------------------|-----------------|
| Burnout           | 0.937            | 0.946                 | Highly Reliable |
| Job Demands       | 0.957            | 0.961                 | Highly Reliable |
| Work-Life Balance | 0.924            | 0.936                 | Highly Reliable |

If this questionnaire were distributed again to the same nurses under similar conditions, the results would be consistent not random or coincidental. The entire instrument therefore passes the quality test and is suitable for hypothesis testing. The Cronbach's Alpha and Composite Reliability values indicate strong internal consistency across all constructs. This means that the retained indicators measure their respective variables consistently and provide a reliable basis for hypothesis testing. The high reliability of the instrument reduces the likelihood that the structural results are caused by random measurement error; (4) Structural Model Test (Inner Model).

Table 10. Coefficient of Determination ( $R^2$ )

| Explained Variable | R-square | Meaning                                                                                                                                              |
|--------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Burnout            | 0.538    | 53.8% of nurses' Burnout level is explained by Job Demands + Work-Life Balance; the remaining 46.2% is influenced by other factors outside the model |
| Work-Life Balance  | 0.302    | 30.2% of nurses' Work-Life Balance level is explained by Job Demands; the remaining 69.8% is influenced by other factors                             |

The model explains 53.8% of the variation in Burnout, indicating that Job Demands and Work-Life Balance are important predictors of nurses' Burnout. However, the remaining 46.2% suggests that Burnout may also be influenced by factors not included in this study, such as organizational support, staffing adequacy, leadership, job autonomy, sleep quality, and individual coping capacity. Meanwhile, the 30.2% variance explained in Work-Life Balance shows that Job Demands plays a meaningful role, although personal, family, and organizational factors outside the model remain important in determining nurses' ability to balance work and personal life.

Table 11. Effect Size ( $f^2$ )

| Path                            | $f^2$ | Category       |
|---------------------------------|-------|----------------|
| Job Demands → Burnout           | 0.499 | Large          |
| Job Demands → Work-Life Balance | 0.433 | Large          |
| Work-Life Balance → Burnout     | 0.085 | Small Moderate |

Job Demands is the "main player" in this model its influence is large on both Burnout and Work-Life Balance. Work-Life Balance does influence Burnout, but its weight is relatively smaller compared to Job Demands. The effect-size results identify Job Demands as the dominant factor in the model because it has a large effect on both Burnout and Work-Life Balance. By comparison, Work-Life Balance has a smaller but still meaningful protective effect on Burnout. These results suggest that interventions directly reducing excessive job demands may produce the strongest immediate reduction in Burnout, while Work-Life Balance programs should function as an additional protective and recovery mechanism.

Table 12. Predictive Relevance ( $Q^2$ )

| Variable          | $Q^2$ | Remarks                   |
|-------------------|-------|---------------------------|
| Burnout           | 0.485 | Good predictive relevance |
| Work-Life Balance | 0.275 | Good predictive relevance |

Both  $Q^2$  values are above zero, so this research model has good predictive ability, not merely statistical coincidence. The positive  $Q^2$  values confirm that the model has predictive relevance for both endogenous variables. The higher  $Q^2$  value for Burnout indicates that the model is more effective in predicting nurses' Burnout than in explaining the broader complexity of their Work-Life Balance. This finding reinforces the relevance of Job Demands and Work-Life Balance in understanding Burnout while also indicating the need to include additional predictors of Work-Life Balance in future studies.

## Hypothesis Testing

This section answers the main question: were the hypothesized relationships among variables statistically proven? A hypothesis is considered accepted if the t-statistic exceeds 1.96 and the p-value is below 0.05.

Table 13. Summary of Hypothesis Testing Results

| H  | Relationship                           | Coefficient ( $\beta$ ) | T-statistics | P-value | Direction | Decision                     |
|----|----------------------------------------|-------------------------|--------------|---------|-----------|------------------------------|
| H1 | Job Demands → Burnout                  | 0.575                   | 7.691        | 0.000   | Positive  | Accepted                     |
| H2 | Job Demands → Work-Life Balance        | -0.550                  | 8.973        | 0.000   | Negative  | Accepted                     |
| H3 | Work-Life Balance → Burnout            | -0.238                  | 3.235        | 0.001   | Negative  | Accepted                     |
| H4 | Job Demands → WLB → Burnout (indirect) | 0.131                   | 2.849        | 0.004   | Positive  | Accepted (Partial Mediation) |

Source: Primary Data, processed (2026)

Below is a detailed explanation of each hypothesis:

H1 — Job Demands → Burnout (accepted). The t-statistic of 7.691 far exceeds the 1.96 threshold, and the p-value of 0.000 is far below 0.05. This means: the higher the job demands nurses perceive, the higher their Burnout level — and this relationship is statistically very strong, not a coincidence.

H2 — Job Demands → Work-Life Balance (accepted). The t-statistic of 8.973 is even stronger than H1's. The negative sign (-0.550) indicates an inverse direction: the higher job demands, the lower nurses' ability to maintain work-life balance.

H3 — Work-Life Balance → Burnout (accepted). The t-statistic of 3.235, with a negative sign (-0.238). This means: the better nurses' work-life balance, the lower their Burnout level — although the effect is smaller than the previous two hypotheses.

H4 — Mediation: Job Demands → Work-Life Balance → Burnout (accepted, partial mediation). This is the study's most important finding. It means Job Demands does not only directly cause Burnout (the H1 pathway), but also causes Burnout "indirectly" through another pathway: high job demands → erode nurses' work-life balance → this eroded balance then triggers Burnout. Because the direct pathway (H1) remains significant even after this mediating pathway is included in the model, the mediation is classified as partial not the only route to Burnout, but a proven additional route as well.

## The Effect of Job Demands on Burnout

The results demonstrate that Job Demands has a positive and significant effect on Burnout among inpatient nurses at RSUD Lubuk Basung ( $\beta = 0.575$ ;  $t = 7.691$ ;  $p < 0.001$ ). The large effect size of this relationship ( $f^2 = 0.499$ ) indicates that Job Demands is the strongest determinant of Burnout in the proposed model. In practical terms, nurses who experience higher physical, emotional, cognitive, and working-time demands are more likely to experience emotional and psychological exhaustion.

This finding is consistent with the Job Demands–Resources model, which explains that sustained job demands require continuous physical and psychological effort and eventually create health-related costs when adequate resources are unavailable (Bakker & Demerouti, 2017). It is also consistent with Conservation of Resources Theory, which argues that stress develops when individuals continuously lose important resources, including energy, time,

emotional capacity, and physical stamina (Hobfoll, 2012; Hobfoll et al., 2018). When nurses repeatedly use these resources without sufficient opportunities for recovery, they may enter a resource-loss process that ultimately results in Burnout.

The descriptive findings provide additional insight into this relationship. Cognitive demands recorded the highest Job Demands score, followed by working hours or shift duration. High cognitive demands are understandable in nursing work because nurses must continuously observe patients, interpret clinical information, determine treatment priorities, respond to emergencies, and make rapid decisions with implications for patient safety. These responsibilities require sustained concentration and create a high risk of mental fatigue, particularly when several patients must be managed simultaneously.

The high score for shift duration is also consistent with the hospital's scheduling conditions, particularly the 11-hour night shift and the large proportion of nurses working rotating shifts. Extended and irregular shifts may reduce sleep quality, disrupt circadian rhythms, and limit opportunities for physical and psychological recovery. The combination of long working hours and intensive clinical decision-making may therefore explain why emotional exhaustion was the highest Burnout dimension.

These results support the findings of Maglalang et al. (2021), who showed that job and family demands contribute to Burnout among healthcare workers, and Gillet et al. (2020), who found that Job Demands increase nurses' Burnout through reduced sleep quality and inadequate relaxation. Accordingly, hospital management should not regard Burnout only as an individual inability to cope with pressure. It should also be understood as an organizational outcome associated with work design, staffing, shift duration, and the distribution of clinical responsibilities.

From a practical perspective, RSUD Lubuk Basung should evaluate the duration and rotation of night shifts, strengthen staffing during periods of high patient demand, and ensure that nurses receive adequate rest between shifts. Cognitive demands may also be reduced through clearer clinical protocols, structured handover procedures, appropriate delegation, decision-support systems, and regular clinical supervision. These measures may reduce avoidable mental overload without compromising the quality of patient care.

### **The Effect of Job Demands on Work-Life Balance**

Job Demands has a negative and significant effect on Work-Life Balance ( $\beta = -0.550$ ;  $t = 8.973$ ;  $p < 0.001$ ), with a large effect size of 0.433. This result indicates that increasing job demands substantially reduce nurses' ability to balance professional responsibilities with personal, family, and social roles. From the perspective of Conservation of Resources Theory, time and energy are limited resources that must be distributed across different life domains. When work consumes a disproportionate amount of these resources, nurses have less time, attention, and psychological capacity available for activities outside the workplace. Consequently, even when nurses are physically present with their families, they may remain mentally occupied by work-related concerns or too exhausted to participate meaningfully in personal activities.

This explanation is supported by the descriptive result showing that involvement balance has the lowest score among the Work-Life Balance dimensions. The finding suggests that nurses may not only experience difficulty allocating time between work and personal life but may also struggle to remain psychologically involved in non-work activities. The high cognitive demands and extended shift duration identified in this study may cause work pressure to continue beyond working hours through fatigue, concern about patients, and insufficient recovery.

The result is consistent with Navajas-Romero et al. (2020), who demonstrated that intensive job demands interfere with nurses' Work-Life Balance, and Roth et al. (2021), who found that nurses exposed to greater work demands reported poorer balance between their professional and personal lives. The present findings extend this evidence to nurses working in a



regional hospital context, where extended shifts and limited human resources may make boundaries between work and personal life increasingly difficult to maintain.

Hospital management should therefore improve Work-Life Balance not only by offering general well-being programs but also by addressing the organizational sources of work-life conflict. Shift schedules should be announced sufficiently in advance, consecutive night shifts should be limited, and adequate recovery periods should be provided between shifts. Management should also consider fairer rotation systems, flexible leave arrangements, and replacement mechanisms that allow nurses to attend to urgent family responsibilities without creating an excessive workload for other staff.

### **The Effect of Work-Life Balance on Burnout**

Work-Life Balance has a negative and significant effect on Burnout ( $\beta = -0.238$ ;  $t = 3.235$ ;  $p = 0.001$ ). This means that nurses who are better able to balance work responsibilities with their personal lives tend to experience lower levels of Burnout. Although its effect size is smaller than the direct effect of Job Demands, Work-Life Balance remains an important protective factor. Theoretically, Work-Life Balance functions as a recovery resource that enables individuals to restore the physical, emotional, and psychological resources consumed during work. Time with family, adequate rest, social interaction, leisure, and personal activities may help nurses detach psychologically from their occupational responsibilities. This recovery process can prevent temporary fatigue from developing into chronic emotional exhaustion.

The finding is consistent with Baisa & Nilasari (2022), who emphasized the protective role of Work-Life Balance in reducing the negative consequences of job pressure, and Maghfira et al. (2025), who reported a relationship between Work-Life Balance, Job Demands, and Burnout. It is also in line with Abuhammad et al. (2025), who showed that Work-Life Balance is closely associated with nurses' job satisfaction and Burnout. The relatively small effect size should not be interpreted as evidence that Work-Life Balance is unimportant. Rather, it indicates that improving Work-Life Balance alone may not completely eliminate Burnout when the underlying Job Demands remain excessive. Individual interventions such as time-management training, counseling, or stress-management programs may be beneficial, but their effectiveness will be limited when nurses continue to work prolonged shifts under intensive cognitive and emotional pressure. Therefore, Work-Life Balance programs should be accompanied by organizational interventions. RSUD Lubuk Basung may provide counseling services, peer-support groups, fatigue-management education, protected rest periods, and accessible leave policies. However, these initiatives should complement rather than replace improvements in staffing and scheduling.

### **The Mediating Role of Work-Life Balance**

The indirect effect of Job Demands on Burnout through Work-Life Balance is positive and significant ( $\beta = 0.131$ ;  $t = 2.849$ ;  $p = 0.004$ ). This result confirms that Work-Life Balance partially mediates the relationship between Job Demands and Burnout. Thus, Job Demands contributes to Burnout through two related pathways. The first pathway is direct: excessive Job Demands continuously consume nurses' physical and psychological resources, thereby increasing exhaustion. The second pathway is indirect: high Job Demands reduce the time and energy available for personal and family life, weaken Work-Life Balance, and consequently restrict opportunities for recovery. The deterioration of Work-Life Balance then contributes to a further increase in Burnout.

This partial mediation is theoretically consistent with Conservation of Resources Theory. When nurses lose resources at work and are unable to restore them through adequate rest and engagement in personal life, they become increasingly vulnerable to further resource loss. Work-Life Balance therefore acts as a recovery mechanism that can slow the progression from work pressure to Burnout, although it cannot fully compensate for excessive demands. The finding is

also consistent with previous studies showing that work-life conditions represent an important mechanism connecting occupational pressure with employee well-being (Roth et al., 2021; Baisa & Nilasari, 2022; Maghfira et al., 2025). However, because the direct relationship between Job Demands and Burnout remains significant, the results indicate that strengthening Work-Life Balance alone is insufficient. Hospital management must simultaneously reduce excessive demands and strengthen opportunities for recovery.

The practical implication is that Burnout prevention should involve a dual strategy. First, the hospital should reduce preventable Job Demands by improving staffing allocation, limiting excessive night-shift duration, distributing complex cases more equitably, and strengthening clinical decision support. Second, the hospital should protect nurses' recovery resources through predictable scheduling, adequate rest periods, flexible leave, counseling, peer support, and employee well-being programs. Addressing only one of these areas may produce limited and temporary improvements.

## CONCLUSION

This study demonstrates that Job Demands has a positive and significant effect on Burnout ( $\beta = 0.575$ ;  $t = 7.691$ ;  $p = 0.000$ ), indicating that the higher the job demands nurses face including excessive workload, emotional demands, cognitive demands, and night-shift durations exceeding regulatory limits the higher their level of Burnout; Job Demands also has a negative and significant effect on Work-Life Balance ( $\beta = -0.550$ ;  $t = 8.973$ ;  $p = 0.000$ ), showing that heavy job demands erode nurses' ability to maintain balance between work and personal life; meanwhile, Work-Life Balance has a negative and significant effect on Burnout ( $\beta = -0.238$ ;  $t = 3.235$ ;  $p = 0.001$ ), confirming that good work-life balance functions as a recovery resource that suppresses the risk of fatigue. Furthermore, Work-Life Balance is also shown to partially mediate the effect of Job Demands on Burnout ( $\beta = 0.131$ ;  $t = 2.849$ ;  $p = 0.004$ ), meaning that high job demands increase Burnout among nurses at RSUD Lubuk Basung through two simultaneous pathways directly, by depleting psychological energy, and indirectly, by reducing work-life balance, which in turn further worsens their condition of fatigue.

## SUGGESTION

Based on these findings, RSUD Lubuk Basung is advised to re-evaluate nurses' current 11-hour night-shift duration so that it aligns with the maximum 8-hour limit stipulated in Labor Law No. 13 of 2003, to ensure adequate nurse staffing levels in each ward according to service needs, and to develop structured and sustainable Work-Life Balance programs such as counseling services, peer support groups, and employee well-being initiatives; nurses, in turn, are encouraged to actively increase self-awareness of early signs of Burnout, proactively manage their Work-Life Balance by setting healthy boundaries between work responsibilities and personal life, and build social support networks both at work and within the family; while future researchers are recommended to incorporate additional variables that may influence Burnout, such as organizational support, job satisfaction, job autonomy, and leadership style, to consider mixed-methods approaches (quantitative and qualitative) for richer findings, and to expand the research scope to other regional hospitals in West Sumatra to enhance the generalizability of the results, given that this study was conducted at a single hospital using a cross-sectional design.

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