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The Effect of Workload and Job Stress on Nurse Burnout in Kuningan Regency: An Integrated JD-R and Transactional Theory Perspective

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Abstract

Burnout among nurses has become a critical concern in healthcare settings due to increasing job demands and psychological pressures. This study aims to examine the effects of workload and job stress on nurse burnout in Kuningan Regency through an integrated Job Demands–Resources (JD-R) and Transactional Theory perspective. A quantitative associative approach was employed, involving 106 nurses as respondents. Data were collected using structured questionnaires and analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM). The findings indicate that both workload and job stress have significant positive effects on nurse burnout, with workload emerging as the more dominant predictor. Collectively, these variables explain a substantial proportion of burnout, highlighting the important role of both job demands and psychological stress in shaping nurses' well-being. The results suggest that burnout develops not from a single factor but from the interaction between excessive work demands and prolonged psychological strain. This study contributes theoretically by strengthening the integration of JD-R Theory and the Transactional Theory of Stress and Coping in explaining burnout among nurses. Empirically, it provides a more comprehensive understanding of burnout through the simultaneous examination of workload and job stress. Practically, the findings emphasize the need for healthcare institutions to implement integrated workload management and stress reduction strategies to improve nurse well-being and healthcare service quality.

Keywords Burnout; Job Stress; Nursing; Workload; Workplace Stress.

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1. INTRODUCTION

Burnout among healthcare workers, particularly nurses, has become a growing concern both globally and nationally due to the increasing complexity of healthcare services and rising job demands (Cesilia, 2024). As frontline healthcare providers, nurses play a critical role in delivering direct patient care and are required to maintain continuous physical, mental, and emotional readiness (Gabriel & Maniagasi, 2022). Consequently, they are highly vulnerable to workplace pressures that may negatively affect their well-being. Previous studies have shown that stressful work environments, high job demands, and psychosocial pressures significantly increase the risk of burnout among nurses (Paskarini, 2023).

Burnout is a multidimensional syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment resulting from prolonged exposure to work-related stress (Nabil & Dewi, 2021). This condition not only affects nurses' psychological health but also influences patient safety, quality of care, and organizational performance (Maslach, 2018). Furthermore, a recent meta-analysis reported that excessive workload and psychological stress are among the most significant predictors of burnout, particularly during periods of healthcare crises such as the COVID-19 pandemic(Liang et al., 2025).

The present study is grounded in two complementary theoretical perspectives. First, the Job Demands–Resources (JD-R) Theory explains that excessive job demands, such as heavy workloads, consume employees' physical and psychological resources, thereby increasing the likelihood of burnout (Liang et al., 2025). Second, the Transactional Theory of Stress and Coping argues that stress emerges when individuals perceive environmental demands as exceeding their coping capacity (Fatahilah, 2024). Within the nursing profession, these theories provide a relevant framework for understanding how workload and job stress interact in shaping burnout outcomes (Santoso, 2025).

Although burnout has been widely studied, previous research has predominantly examined its determinants separately (Saputeri, 2023). Several studies focused on the relationship between workload and burnout (Fatmawasi et al., 2025) (Nursani et al., 2025), while others investigated work stress in relation to nurse performance or psychological well-being without directly examining burnout outcomes (Devita et al., 2025). As a result, limited empirical evidence exists regarding the simultaneous influence of workload and job stress on burnout, particularly within the Indonesian healthcare context (Walangadi et al., 2026). Moreover, previous studies have rarely integrated JD-R Theory and the Transactional Theory of Stress and Coping as a unified framework for explaining burnout among nurses.

This gap highlights the need for a more comprehensive investigation that considers both objective job demands and subjective psychological responses simultaneously (Yusuf, 2026). Therefore, this study examines the effects of workload and job stress on nurse burnout in Kuningan Regency using an integrated JD-R and Transactional Theory perspective (Fahmi & Wahyuni, 2026). By combining these two theoretical frameworks, this study seeks to provide a more holistic understanding of burnout as a multidimensional phenomenon resulting from the interaction between excessive work demands and sustained psychological stress (Yusufi et al., 2025).

Accordingly, this study aims to: (1) analyze the effect of workload on nurse burnout; (2) examine the effect of job stress on nurse burnout; and (3) investigate the simultaneous influence of workload and job stress on burnout among nurses in Kuningan Regency.

The contribution of this study is twofold. Theoretically, it extends the application of Job Demands–

Resources Theory (Demerouti et al., 2001) and the Transactional Theory of Stress and Coping (Fatahilah, 2024) by integrating both perspectives to explain burnout among nurses. Empirically, it provides evidence regarding the combined effects of workload and job stress on burnout in a regional healthcare context. Practically, the findings are expected to support hospital management, health authorities, and professional organizations such as PPNI in developing integrated workload management and stress reduction strategies to improve nurse well-being and healthcare service quality (Nuamah, 2020).

2. METHODS

This study employed a quantitative research design with an associative approach to examine the effects of workload (X1) and job stress (X2) on nurse burnout (Y) in Kuningan Regency. A quantitative approach was selected because it enables objective and systematic measurement of research variables through numerical data analyzed using inferential statistical techniques (Sugiyono, 2019). The study aimed to identify both the partial and simultaneous effects of workload and job stress on burnout among nurses. The population consisted of nurses working in healthcare facilities across Kuningan Regency (Komariyah & Mashudi, 2025). A purposive sampling technique was employed to select respondents based on predetermined criteria, namely nurses who had worked for at least one year and were actively involved in direct patient care (Addo & Senoo-dogbey, 2025). A total of 106 nurses participated in this study. Data were collected using a structured questionnaire distributed directly to respondents. The measurement indicators for workload, job stress, and burnout were adapted from previous studies and relevant theoretical frameworks, including the Job Demands–Resources (JD-R) Theory (Demerouti et al., 2001) and the Transactional Theory of Stress and Coping (Fatahilah, 2024). Secondary data from scientific journals, books, and previous research were also used to strengthen the theoretical foundation and discussion (Ismoyowati, 2025).

Before hypothesis testing, the measurement model was evaluated through validity and reliability assessments. Convergent validity was examined using outer loading values and Average Variance Extracted (AVE), where AVE values above 0.50 indicated adequate construct validity (Sofyani & Survei, 2025). Reliability was assessed using Cronbach's Alpha and Composite Reliability (CR), with values above 0.70 considered acceptable. These procedures ensured that the measurement instruments were both valid and reliable for analyzing the proposed relationships. Data analysis was conducted using Partial Least Squares Structural Equation Modeling (PLS-SEM), which is appropriate for predictive and explanatory research models involving multiple latent variables (Hair, 2022). The analysis followed two main stages: (1) evaluation of the measurement model (outer model) through validity and reliability testing, and (2) evaluation of the structural model (inner model) through path coefficient analysis, coefficient of determination (R^2), effect size (f^2), and bootstrapping procedures to test the significance of

the proposed hypotheses. The significance of relationships among variables was determined using t-statistics and p-values.

The use of PLS-SEM was considered appropriate because it allows simultaneous testing of multiple relationships and provides robust estimates for explaining burnout among nurses. This methodological approach is expected to contribute to the development of the Job Demands–Resources (JD-R) Theory (Demerouti et al., 2001) and the Transactional Theory of Stress and Coping (Fatahilah, 2024), while also providing evidence-based recommendations for hospital management and health policymakers in designing workload management and stress reduction strategies to minimize burnout and improve healthcare service quality (Cesilia, 2024).

3. FINDINGS AND DISCUSSION

The results of this study begin by describing the characteristics of the respondents, which are important to provide context for interpreting the overall findings. One key aspect observed is gender distribution, considering that the nursing profession is generally dominated by women and this may influence experiences related to workload, job stress, and burnout. Based on data collected from 106 nurses, the results showed that respondents were predominantly female, totaling 65 individuals (61.3%), while male respondents amounted to 41 individuals (38.7%), as presented in Table 1.

Table 1. Respondent Characteristics by Gender

Gender	Frequency	Percentage (%)
Male	41	38.7
Female	65	61.3
Total	**106**	**100.0**

As shown in Table 1, female respondents constituted the majority of the sample (61.3%), while male respondents accounted for 38.7%. This distribution reflects the demographic composition commonly observed in the nursing profession and indicates that the study sample is representative of the workforce in the healthcare setting.

This condition reflects the general characteristics of the nursing profession, which is predominantly occupied by women, indicating that the data obtained can be considered representative of the actual workforce context. Furthermore, understanding respondent characteristics is not limited to gender alone, but also includes age, which is an important factor in analyzing work capacity, experience, and vulnerability to workload, job stress, and burnout. In terms of age, the distribution of respondents is presented in Table 2.

Table 2. Respondent Characteristics by Age

Age Group	Frequency	Percentage (%)
20–30 Years	59	55.7
30–40 Years	43	40.6
40 Years	1	0.9
Missing Data	3	2.8
Total	106	100.0

Table 2 shows that the majority of respondents were aged 20–30 years (55.7%), followed by 30–40 years (40.6%). This indicates that most participants were in their productive working age, a group that is generally exposed to high physical and psychological demands in nursing practice. Only one respondent was older than 40 years; therefore, findings related to older nurses should be interpreted cautiously due to the very small representation of this age category. In terms of length of employment, the data is presented in Table 3.

Table 3. Respondent Characteristics by Length of Employment

Length of Employment	Frequency	Percentage (%)
1 Year	9	8.5
4 Years	1	0.9
5 Years	2	1.9
More than 1 Year	94	88.7
Total	106	100.0

Table 3 shows that most respondents had more than one year of work experience (88.7%), while 8.5% had worked for one year. Only a small proportion reported four years (0.9%) and five years (1.9%) of employment. Overall, the respondent profile indicates that the sample was dominated by nurses with considerable professional experience, enabling them to provide reliable assessments of workload, job stress, and burnout based on their routine clinical practice. Furthermore, an overview of the general condition of the research variables, including workload, job stress, and burnout, is presented in Table 4.

Table 4. *Descriptive Statistics of Research Variables*

Variable	N	Minimum	Maximum	Mean	Std. Deviation
Workload (X1)	106	1.00	5.00	3.7585	0.82148
Job Stress (X2)	106	1.00	4.80	3.7226	0.93098
Burnout (Y)	106	1.60	4.80	3.7467	0.89778

Table 4 presents the descriptive statistics of the study variables. The results indicate that the mean scores of workload (M = 3.7585), job stress (M = 3.7226), and burnout (M = 3.7467) were all relatively high. Among these variables, workload recorded the highest mean score, suggesting that respondents

generally perceived substantial work demands. In addition, the relatively similar standard deviation values indicate a moderate variation in respondents' perceptions across all variables. These descriptive findings provide an initial overview of the study variables prior to the structural model analysis.

Empirically, the results of the structural model test show that workload has a positive and significant effect on burnout with a coefficient of 0.466 (t-statistic 5.211; p-value 0.000), while work stress has a positive and significant effect with a coefficient of 0.425 (t-statistic 4.458; p-value 0.000).

Table 5. Structural Model Results

Relationship	Path Coefficient (β)	t-value	p-value	Effect Size (f^2)	Interpretation
Workload → Burnout	0.466	5.211	0.000	0.322	Significant; Medium–Large Effect
Job Stress → Burnout	0.425	4.458	0.000	0.268	Significant; Medium Effect

Endogenous Variable	R^2	Adjusted R^2
Burnout	0.686	0.680

Table 5 presents the results of the structural model analysis. Both workload and job stress were found to have positive and significant effects on burnout ($p < 0.001$). Among the two predictors, workload demonstrated the stronger influence, as reflected by its higher standardized path coefficient ($\beta = 0.466$) and larger effect size ($f^2 = 0.322$), compared with job stress ($\beta = 0.425$; $f^2 = 0.268$). Furthermore, the coefficient of determination ($R^2 = 0.686$) indicates that workload and job stress jointly explain 68.6% of the variance in burnout, suggesting that the proposed model has substantial explanatory power. These findings confirm that both variables are important predictors of burnout, with workload emerging as the dominant factor.

Workload Findings on Burnout

The structural model results indicate that workload has a positive and significant effect on nurse burnout ($\beta = 0.466$, $p < 0.001$). Among the two independent variables examined, workload emerged as the strongest predictor of burnout, as reflected by its higher standardized path coefficient and larger effect size. These findings suggest that increasing work demands are associated with higher levels of burnout among nurses in Kuningan Regency.

Findings of Job Stress on Burnout

The results also demonstrate that job stress has a positive and significant effect on burnout ($\beta = 0.425$, $p < 0.001$). Although its influence is slightly lower than that of workload, job stress remains an important predictor of burnout among nurses. This finding indicates that increased psychological

pressure in the workplace is associated with higher levels of burnout.

Simultaneous Findings of Workload and Job Stress

The structural model demonstrates that workload and job stress jointly explain 68.6% of the variance in nurse burnout ($R^2 = 0.686$). This indicates that the proposed model has strong explanatory power, suggesting that both variables collectively play a substantial role in explaining burnout among nurses in Kuningan Regency. The remaining 31.4% of the variance may be attributed to other factors outside the model, such as organizational support, leadership, work environment, coping strategies, and individual characteristics.

Theoretical Synthesis and Implications of Findings

The theoretical synthesis of this study can be strongly explained through the integration of the Job Demands–Resources (JD-R) Theory (Demerouti et al., 2001) and the Transactional Theory of Stress and Coping (Lazarus & Folkman, 1984). From the perspective of JD-R Theory, workload and job stress are categorized as core job demands that continuously require physical, emotional, and cognitive energy from nurses. When these demands are excessively high and are not balanced by adequate job resources such as sufficient staffing, organizational support, and recovery time they gradually deplete individual energy reserves. This prolonged depletion process ultimately leads to emotional exhaustion, which is the central dimension of burnout. In this context, nurses in high-pressure healthcare environments are particularly vulnerable because their work demands are not only quantitative (number of patients and tasks) but also qualitative (emotional involvement and responsibility for patient safety), making their psychological burden significantly heavier.

Furthermore, the Transactional Theory of Stress and Coping strengthens this explanation by emphasizing that stress is not merely the result of external demands, but also the outcome of how individuals cognitively appraise and respond to those demands. When nurses perceive that job demands exceed their coping capacity whether due to limited time, insufficient recovery, or lack of emotional support stress becomes chronic and difficult to manage. Over time, this chronic stress evolves into emotional exhaustion and disengagement from work, which are key indicators of burnout. Therefore, burnout in this study is not a sudden condition, but rather a gradual psychological response resulting from continuous mismatch between environmental pressures and individual coping abilities.

Empirically, these theoretical explanations are reinforced by the findings of this study, which are consistent with previous research conducted by Fatmawasi et al., (2025) and (Resmi Sari, 2023), while also providing a broader contribution through a simultaneous analytical approach. Unlike previous studies that tend to examine workload or job stress separately, this study demonstrates that both

variables collectively explain 68.6% of the variance in burnout, indicating a strong and interconnected relationship. This finding highlights that burnout should not be understood in isolation, but rather as a multidimensional phenomenon shaped by overlapping job demands and psychological pressures within healthcare settings.

Overall, the findings of this study confirm that workload and job stress are the primary determinants of nurse burnout in Kuningan Regency. Workload acts as the most dominant driving factor that initiates psychological strain, while job stress functions as a reinforcing mechanism that accelerates emotional exhaustion. The interaction between these two factors forms a systemic pattern of burnout that cannot be addressed separately. Therefore, effective intervention strategies must be comprehensive, focusing not only on workload redistribution and staffing adequacy but also on psychological support systems and stress management programs within the healthcare work environment.

Discussion

The findings of this study demonstrate that burnout among nurses is best understood as the cumulative outcome of excessive job demands and prolonged psychological strain rather than the consequence of a single occupational factor (Seo, 2024). While workload emerged as the strongest predictor of burnout, job stress also contributed significantly, indicating that burnout develops through the interaction between objective work demands and nurses' subjective psychological responses (Greenglass et al., 2003). This integrated perspective suggests that burnout is a dynamic process in which sustained workload increases psychological stress, and prolonged stress subsequently accelerates emotional exhaustion.

From the perspective of the Job Demands–Resources (JD-R) Theory, excessive workload represents a job demand that continuously consumes nurses' physical, cognitive, and emotional resources (Bakker et al., 2026). In the present study, workload extends beyond the quantity of assigned tasks to include time pressure, responsibility for patient safety, service complexity, and continuous patient interaction. These demands require sustained concentration and emotional regulation throughout the workday (Handoko & Irawan, 2025). When organizational resources such as adequate staffing, supervisory support, recovery opportunities, and workplace autonomy are insufficient, the imbalance between demands and resources gradually reduces nurses' capacity to maintain psychological well-being, thereby increasing the likelihood of burnout (Pirrotta et al., 2026). This interpretation also supports the argument of Febriantina et al., (2025), who emphasized that unmanaged workload constitutes an important antecedent of occupational stress and emotional exhaustion among healthcare workers.

The significant effect of job stress further complements this explanation through the Transactional

Theory of Stress and Coping. Rather than viewing stress merely as a reaction to workload, the theory explains that stress emerges when employees perceive workplace demands as exceeding their available coping resources. In nursing practice, emotional interactions with patients and families, rapid clinical decision-making, and unpredictable healthcare situations require continuous psychological adaptation (Muhajirin, 2024). Consequently, burnout should be interpreted not simply as the result of demanding work environments but also as the consequence of prolonged cognitive and emotional appraisal processes through which nurses evaluate their ability to cope with occupational pressures.

Compared with previous studies, the present findings are generally consistent with those of Fatmawasi et al. (2025) and Resmi Sari (2023), both of whom reported that workload and job stress significantly contribute to burnout among nurses. However, the findings differ from Anggraeni et al. (2021), who found no significant association between workload and burnout in specialized isolation wards. Rather than indicating inconsistency in the theoretical relationship, these contrasting findings suggest that the influence of workload is highly dependent on organizational context. Differences in staffing adequacy, leadership support, workload distribution, clinical specialization, and hospital management systems may moderate the extent to which workload contributes to burnout. Therefore, burnout should be understood as a context-dependent phenomenon in which organizational resources can either amplify or buffer the negative consequences of job demands.

A major theoretical contribution of this study is the explicit integration of the Job Demands–Resources Theory and the Transactional Theory of Stress and Coping into a single explanatory framework for burnout among nurses. While previous studies have frequently applied these theories independently, the present study demonstrates that they complement one another in explaining the burnout formation process. The proposed integrated burnout formation model suggests that excessive workload functions as the primary job demand that initiates psychological pressure, whereas job stress represents the cognitive and emotional response through which these demands evolve into burnout. This integrated perspective provides a more comprehensive explanation of burnout by linking structural workplace conditions with individual psychological adaptation, thereby extending the theoretical understanding of burnout in the nursing context.

The findings also have important practical implications for healthcare organizations. Burnout prevention should not rely solely on stress management interventions directed at individual nurses but should simultaneously address organizational determinants of workload. Strategies such as improving staffing adequacy, balancing patient allocation, strengthening supervisory support, providing psychological assistance programs, and promoting recovery opportunities may collectively reduce burnout risk. Accordingly, effective burnout prevention requires an integrated organizational approach that combines workload management with interventions aimed at strengthening nurses' psychological

coping capacity.

4. CONCLUSION

This study concludes that workload and job stress are significant predictors of burnout among nurses in Kuningan Regency, with workload exerting the strongest influence. Rather than functioning independently, both factors interact to shape burnout, indicating that burnout should be understood as the cumulative outcome of excessive job demands and prolonged psychological stress. Theoretically, this study contributes to burnout research by proposing an integrated perspective that combines the Job Demands–Resources (JD-R) Theory and the Transactional Theory of Stress and Coping, providing a more comprehensive explanation of burnout formation in the nursing context. Practically, the findings emphasize that effective burnout prevention requires organizational strategies that simultaneously address workload management and psychological stress through adequate staffing, supportive leadership, and workplace well-being programs. These findings offer evidence that integrating organizational and psychological approaches can strengthen nurse well-being while supporting the sustainability and quality of healthcare services.

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