

The Influence of Workload, Job Stress, and Burnout on Turnover Intention among Partner Nurses at Bhayangkara Lemdiklat Polri Hospital

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ABSTRACT

The high level of turnover intention among nurses constitutes a critical challenge for hospitals, as it negatively affects service quality, patient safety, and increases recruitment and training costs. In Indonesia, turnover intention among nurses remains a significant concern, exceeding the normal threshold of 10% annually. At Bhayangkara Lemdiklat Polri Hospital, the resignation rate of partner nurses rose from 7.04% in 2023 to 11.27% in 2024. This study aimed to analyse the influence of workload, job stress, and burnout on turnover intention among partner nurses. A quantitative cross-sectional design was employed, involving 71 partner nurses selected by total sampling. Data were collected using a structured questionnaire that had been tested for validity and reliability. Analysis was conducted using chi-square tests and logistic regression. The results indicated that workload had no significant effect on turnover intention ($p = 0.336$; OR = 0.428; 95% CI: 0.076–2.413). In contrast, job stress showed a significant effect ($p = 0.004$; OR = 13.337; 95% CI: 2.333–76.248), indicating a substantially higher likelihood of turnover intention among nurses experiencing high stress. Burnout was also significant ($p = 0.002$; OR = 8.005; 95% CI: 2.106–30.430). Overall, the model explained 54.7% of the variance in turnover intention (Nagelkerke $R^2 = 0.547$). Job stress emerged as the most dominant factor. These findings highlight the importance of stress management, psychosocial support, and burnout prevention strategies in reducing nurse turnover intention.

Keywords: Turnover intention, workload, job stress, burnout

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INTRODUCTION

Human resources constitute the most strategic component in the delivery of hospital services, particularly nurses, who represent the largest group of healthcare professionals and interact directly with patients on a 24-hour basis. The sustainability of service quality is highly dependent on the stability and availability of nursing staff. Nevertheless, the phenomenon of turnover intention among nurses remains a serious issue in many hospitals.

Turnover intention is defined as an individual's tendency or intention to leave their employing organisation. A turnover rate exceeding 10% per annum is considered high and may result in various adverse consequences, including decreased service quality, compromised patient safety, increased workload among remaining staff, and elevated recruitment and training costs.

Data from Bhayangkara Lemdiklat Polri Hospital indicate an increasing trend in the resignation rate of partner nurses, rising from 7.04% in 2023 to 11.27% in 2024. This figure surpasses the normal threshold and suggests underlying issues within the nursing

work environment. Such conditions may lead to imbalances in nurse–patient ratios, increased workload, and a decline in the quality of nursing care. Several factors are suspected to contribute to turnover intention, including workload, job stress, and burnout. High service demands, irregular shift schedules, and emotional pressures associated with patient care may trigger both physical and psychological fatigue among nurses. Therefore, an empirical investigation is necessary to examine the extent to which these factors influence turnover intention among partner nurses at Bhayangkara Lemdiklat Polri Hospital.

High turnover intention within an organisation represents a significant challenge, as it negatively impacts operational activities and productivity. Organisations incur substantial costs when employees express an intention to leave, particularly when those employees possess high levels of dedication and competence. According to Nadhova and Kusnadi (2022), organisations must allocate resources for training new employees, leading to time and resource inefficiencies. Furthermore, turnover may reduce healthcare service quality and patient satisfaction, as well as diminish organisational productivity and efficiency. Yulia Devi Putri et al. (2021) also argue that turnover negatively affects employee morale, reducing motivation and performance. Additionally, departing nurses often take with them valuable clinical expertise that is difficult to replace, as observed among partner nurses at Bhayangkara Lemdiklat Polri Hospital.

Hospitals are complex healthcare institutions comprising diverse professions and competencies. Among these, nurses constitute the largest workforce segment, accounting for approximately 60% of global healthcare personnel and delivering around 90% of primary healthcare services (World Health Organization, 2020). Despite their crucial role, nurse turnover rates remain relatively high. Manurung (2020) reports that nurse turnover in Indonesia ranges from 13% to 35% in private hospitals, exceeding the normal threshold of 5–10%. Additional data from Nadhova and Kusnadi (2022) indicate a turnover rate of 15.9% in 2020, while Wahyuni and Widiastuti (2022) reported rates of 14% and 61% at Petrokimia Gresik Hospital in 2020 and 2021, respectively.

High turnover rates may destabilise organisations due to the loss of experienced and skilled nurses who possess strong clinical judgement. This, in turn, affects organisational effectiveness, productivity, and service quality. Replacing nurses incurs significant costs, including recruitment, training, and integration expenses (Pérez-Francisco et al., 2020; Kelly, Gee, and Butler, 2021). Data from Nursing Solutions Inc. (2022) in the United States estimate the average cost of replacing a nurse at approximately \$52,350, with potential annual losses reaching \$6.6 million per hospital, assuming a turnover rate of 22.5%. From a psychological perspective, turnover also negatively affects nurses' well-being and team cohesion, potentially increasing turnover intention among remaining staff. Moreover, staff shortages may lead to fatigue, increasing the risk of occupational accidents and compromising patient safety.

Workload refers to the volume of tasks that must be completed by an employee within a specified period. When workload exceeds an individual's capacity, it may create discomfort and trigger turnover intention. Empirical studies by Nadhova and Kusnadi (2022) and Purwanti (2023) indicate that workload positively influences turnover intention.

However, Rizky et al. (2021) found no significant relationship between workload and turnover intention, suggesting inconsistencies in the literature.

In addition to workload, job stress is a critical factor influencing turnover intention. Job stress may lead to dissatisfaction, reduced well-being, and an increased likelihood of seeking alternative employment (Nadhova and Kusnadi, 2022). It may also disrupt work–life balance, making it difficult for employees to manage personal and professional responsibilities (Purwanti, 2023). Furthermore, employees experiencing stress may feel undervalued and unsupported, prompting them to leave their organisation (Manurung, 2020). Consequently, organisations should implement stress reduction strategies, such as recreational programmes and wellness initiatives (Wahyuni and Widiastuti, 2022).

Burnout syndrome is a response to prolonged emotional and interpersonal stressors in the workplace. It reflects an imbalance between job demands and individual resources, leading to emotional exhaustion, depersonalisation, and reduced personal accomplishment. The World Health Organization classifies burnout as an occupational phenomenon resulting from chronic workplace stress (WHO, 2019). Burnout contributes significantly to turnover intention by reducing job satisfaction, disrupting work–life balance, and diminishing perceived organisational support.

Burnout may also manifest in symptoms such as anxiety, sleep disturbances, headaches, and reduced concentration, which can lead to absenteeism, withdrawal behaviours, and eventual turnover (Rudman et al., 2020). A meta-analysis by Woo et al. (2020) found that 11.23% of nurses globally experience high levels of burnout. Longitudinal studies indicate that 15% of newly qualified nurses intend to leave their jobs within the first year, and nearly half leave within three years (Rudman et al., 2020; Lee et al., 2021).

Globally, nurse turnover rates vary significantly across countries. Almalki et al. (2020) reported a turnover rate of 15.9% in Saudi Arabia, while Yismaw et al. (2020) found a substantially higher rate of 54.3% in Ethiopia. These variations highlight the global nature of the issue and the need for context-specific strategies to address turnover intention.

METHODS

This study employed a quantitative design using a cross-sectional approach to identify the relationship between the independent variable—head nurse managerial functions—and the dependent variable—quality of nursing care. This approach is consistent with prior studies demonstrating significant associations between managerial variables and the quality of nursing services in healthcare settings (Novera, 2022; Budiawan et al., 2015; Adhistry et al., 2022).

The sample comprised 71 staff nurses selected using total sampling, thereby ensuring that the entire population was represented in the analysis. This sampling technique aligns with established practices in similar studies involving nurses in healthcare service units (Novera, 2022; Prihandhani et al., 2015; Budiawan et al., 2015).

Data were collected using a structured questionnaire that had undergone validity and reliability testing. The instrument reflects the requirements for construct validity and measurement reliability in studies examining professional nursing behaviour, as well as

adherence to standard quantitative research instrument protocols (Novera, 2022; Prihandhani et al., 2015; Fadli et al., 2020; Faisal et al., 2021).

Data analysis was conducted using the chi-square test to assess the independence between categorical variables, followed by logistic regression to evaluate the independent effects of predictor variables on the outcome variable in a multivariate framework. This analytical approach is widely adopted in nursing research exploring the relationships between managerial or organisational factors and the quality of nursing care (Novera, 2022; Dwijayanto et al., 2018; Budiawan et al., 2015; Maranden et al., 2023). It is noteworthy that several studies report variations in effect sizes (e.g., odds ratios), thus necessitating cautious interpretation of findings in light of institutional contexts and relatively small sample sizes compared to larger-scale studies (Novera, 2022; Budiawan et al., 2015; Adhistry et al., 2022).

References related to cross-sectional research design and multivariate analysis consistently emphasise that validity (including content and construct validity) and reliability testing are essential prerequisites prior to statistical analysis. Validity is typically assessed using appropriate statistical methodologies, while reliability is evaluated using Cronbach's alpha, which should meet a minimum threshold (generally ≥ 0.6 – 0.7) (Nurdin & Amandaty, 2023; Prihandhani et al., 2015; Fauziah et al., 2021; Afriani et al., 2021; Mariati et al., 2017).

The sample of 71 nurses, obtained through total sampling, was subsequently analysed using logistic regression modelling incorporating independent variables related to managerial dimensions, including planning, organising, staffing, directing, and controlling. The objective was to evaluate their respective contributions to the quality of nursing care.

The results of the multivariate analysis are expected to identify the most dominant factors influencing care quality. Previous studies have reported that variables such as organisational culture, competence, and motivation are significantly associated with nurses' performance and behaviour, although the magnitude of these effects varies across study contexts (Prihandhani et al., 2015; Budiawan et al., 2015; Adhistry et al., 2022; Afriani et al., 2021; Prihatin et al., 2019). Therefore, the interpretation of findings in this study must consider the local institutional context, the variables included in the model, and the analytical methods employed (Novera, 2022; Budiawan et al., 2015; Adhistry et al., 2022; Afriani et al., 2021).

RESULTS AND DISCUSSION

Final Multivariate Modelling Results at Bhayangkara Lemdiklat Polri Hospital, 2025

Variable	Nagelkerke R Square	p-value	OR	95% CI Lower	95% CI Upper
Workload	0.547	0.336	0.428	0.076	2.413
Job Stress		0.004	13.337	2.333	76.248
Burnout		0.002	8.005	2.106	30.430

Source: Primary Data, 2025

The results of the multivariate logistic regression analysis indicate that workload does not have a statistically significant effect on turnover intention ($p = 0.336$; $p > 0.05$). The odds ratio (OR = 0.428; 95% CI: 0.076–2.413) suggests that nurses experiencing higher workload are 0.43 times as likely to report turnover intention compared to those with lower workload. However, as the confidence interval crosses unity and the p-value is not significant, workload cannot be considered a meaningful predictor in the final model.

Conversely, job stress demonstrates a statistically significant and substantial effect on turnover intention ($p = 0.004$; $p < 0.05$). The odds ratio (OR = 13.337; 95% CI: 2.333–76.248) indicates that nurses experiencing high levels of job stress are approximately 13 times more likely to exhibit turnover intention compared to those with lower stress levels, after controlling for other variables. This finding identifies job stress as the most dominant determinant within the model.

Similarly, burnout is found to significantly influence turnover intention ($p = 0.002$; $p < 0.05$). The odds ratio (OR = 8.005; 95% CI: 2.106–30.430) implies that nurses experiencing burnout are eight times more likely to develop turnover intention than those with lower burnout levels. This reinforces burnout as a critical risk factor.

The overall model demonstrates a Nagelkerke R Square of 0.547, indicating that workload, job stress, and burnout collectively explain 54.7% of the variance in turnover intention, while the remaining 45.3% is attributable to factors beyond the scope of this study. Among the predictors, job stress emerges as the most influential variable, as evidenced by the highest odds ratio.

Discussion

The Effect of Workload on Turnover Intention

The findings indicate that workload does not significantly affect turnover intention ($p = 0.336$; OR = 0.428). Theoretically, this supports the Job Demands–Resources (JD-R) Theory (Bakker & Demerouti, 2017), which posits that job demands do not necessarily lead to withdrawal behaviours when balanced by adequate job resources. In this context, workload functions as a contextual factor rather than a direct determinant.

A deeper analysis suggests that workload among partner nurses is normative and professionally embedded rather than pathological. Drawing on Appraisal Theory (Lazarus & Folkman, 2016), task prioritisation and emergency situations are more likely interpreted as *challenge stressors* rather than *hindrance stressors*. This explains why, despite 31% of nurses reporting difficulties in task prioritisation, turnover intention did not increase significantly.

From the perspective of the Conservation of Resources (COR) Theory (Hobfoll, 2018), nurses retain protective resources such as clinical experience, team support, and

supervisory guidance, thereby preventing a “resource loss spiral”. Consequently, workload becomes detrimental only when it triggers stress and burnout—mechanisms confirmed in this study.

It is therefore inferred that workload in this hospital is fluctuating yet buffered by a collegial work culture. Interventions focusing solely on workload reduction are unlikely to be effective without addressing underlying psychosocial dynamics.

The Effect of Job Stress on Turnover Intention

Job stress is identified as the strongest predictor of turnover intention ($p = 0.004$; $OR = 13.337$). The magnitude of this effect indicates that stress operates as a proximal determinant, directly translating work pressure into withdrawal intentions.

This finding aligns with the Transactional Model of Stress (Lazarus & Folkman, 2016), which emphasises that behavioural outcomes are shaped by coping failure rather than objective demands. Furthermore, the Person–Environment Fit Theory (Kristof-Brown, 2019) suggests that misalignment between emotional job demands and adaptive capacity leads to psychological strain.

Univariate data reinforce this mechanism, showing that primary stressors stem from emergency situations (16.9%) and conflicts with patients’ families (26.8%), both of which are inherently interpersonal and emotionally charged rather than administrative.

The Affective Events Theory (Weiss & Cropanzano, 2017) further explains that repeated negative emotional experiences foster dysfunctional work attitudes. In the case of partner nurses, this effect is exacerbated by contractual employment status, which reduces perceived job security.

Thus, job stress represents a critical conversion point: unless effectively managed, turnover intention will remain high regardless of improvements in workload or remuneration systems.

The Effect of Burnout on Turnover Intention

Burnout is also a significant predictor ($p = 0.002$; $OR = 8.005$) and constitutes a primary psychological pathway leading to turnover intention. According to Burnout Theory (Maslach & Leiter, 2016; 2021), emotional exhaustion is the most destructive dimension, which is consistent with the dominant symptoms observed in this study, such as fatigue at the end of shifts and loss of work enthusiasm.

Within the JD-R framework (Schaufeli & Taris, 2020), burnout represents energy depletion resulting from an imbalance between demands and resources. The progression observed among partner nurses follows a clear trajectory: emotional demands → exhaustion → disengagement → turnover intention.

The Self-Determination Theory (Deci & Ryan, 2017) further suggests that diminished autonomy and meaning undermine intrinsic motivation. Indicators such as feeling a lack of contribution reflect a threat to the need for competence, signalling early disengagement.

It is therefore posited that burnout among partner nurses is not merely physical fatigue but reflects a crisis of work meaning, necessitating interventions focused on professional recognition and psychological support.

Simultaneous Effects of Workload, Job Stress, and Burnout on Turnover Intention

The multivariate analysis demonstrates that workload, job stress, and burnout collectively exert a significant influence on turnover intention, with a model explanatory power of 54.7% (Nagelkerke $R^2 = 0.547$). Among these variables, job stress is the most dominant predictor, followed by burnout, while workload shows no direct significant effect.

These findings confirm that turnover intention is not driven by workload alone, but rather by a sequential psychological process in which:

- workload increases stress,
- unmanaged stress evolves into burnout,
- burnout ultimately drives turnover intention.

This pattern is consistent with the Job Demands–Resources Theory, where the effects of job demands on turnover are mediated by stress and burnout, and with empirical evidence identifying burnout as a key predictor of turnover (Leiter & Maslach, 2022).

Partner nurses are particularly vulnerable due to non-permanent employment status, limited career security, and heightened adaptive pressures (Liu et al., 2023).

Accordingly, reducing turnover intention requires a comprehensive intervention strategy, encompassing stress management, psychosocial support, and burnout prevention, rather than focusing solely on workload reduction.

CONCLUSION

Workload is not statistically associated with turnover intention among partner nurses, indicating that it does not serve as a direct determinant of withdrawal intentions. The perceived workload remains within an adaptive and professionally acceptable range, supported by adequate coping mechanisms and workplace support.

In contrast, job stress emerges as the most dominant factor, significantly increasing the likelihood of turnover intention. Nurses experiencing high stress levels are substantially more inclined to consider leaving their positions, highlighting stress as the primary psychological trigger influencing retention decisions.

Burnout also exerts a significant effect, with emotionally exhausted nurses demonstrating a greater tendency towards turnover intention. Burnout reflects prolonged psychological strain, leading to reduced motivation, organisational commitment, and engagement.

Simultaneously, workload, job stress, and burnout collectively explain more than half of the variance in turnover intention. Job stress functions as the central driver, while burnout acts as a reinforcing psychological mechanism.

Importantly, the vulnerability of partner nurses is intensified by structural factors, including temporary employment status and limited career security. This indicates that turnover intention is shaped not only by individual factors but also by organisational and employment conditions.

Therefore, effective retention strategies must adopt a holistic approach, integrating stress management, burnout prevention, and structural improvements in employment conditions.

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