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Research Article

The relationship between quality of nursing work life and burnout syndrome among nurses at a mental health hospital in Bali Province, Indonesia

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ABSTRACT

Introduction: Psychiatric hospital nurses face a high risk of burnout because of heavy workloads and intense emotional demands, which can compromise the quality of nursing care and patient safety. Quality of Nursing Work Life (QNWL) — reflecting the work environment, organizational support, and work–life balance — is a factor thought to influence burnout, yet evidence specific to psychiatric hospital settings in Indonesia remains limited. This study aimed to analyze the relationship between QNWL and burnout syndrome among nurses at a mental hospital in Bali Province.

Method: A descriptive correlational study with a cross-sectional design was conducted among 140 inpatient-ward nurses, selected by simple random sampling from a population of 214, at Manah Shanti Mahottama Mental Hospital, Bali Province, in 2026. Data were collected using the Quality of Nursing Work Life Survey and the Copenhagen Burnout Inventory (CBI), and analyzed with Spearman's Rank correlation test ($\alpha = 0.05$).

Results: Most nurses reported a moderate level of QNWL (64.3%) and a moderate level of burnout syndrome (67.9%). Spearman's Rank test showed a significant, strong, negative correlation between QNWL and burnout syndrome ($p = 0.000$; $r = -0.865$): better QNWL was associated with lower burnout.

Conclusions: QNWL is strongly and inversely associated with burnout syndrome among psychiatric hospital nurses. A supportive work environment, balanced workload, and organizational support are recommended as key strategies to reduce nurses' risk of burnout.

Keywords: *Burnout, Patient Safety, Psychological, Working Conditions, Work-Life Balance, Workload*

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Background

Nurses play a central role in health care delivery, and those working in psychiatric hospitals face particular demands for patience, empathy, therapeutic communication skill, and vigilance for patient safety. The demanding and often unpredictable environment of psychiatric care makes mental health nurses especially vulnerable to burnout [1,2].

Burnout among psychiatric nurses is increasingly reported worldwide. Prevalence figures include 55% in Spain [3], 56% in Saudi Arabia [4], and 65.7% in Botswana [5]. In Indonesia, comparable rates have been reported at Menur Mental Hospital, Surabaya (54%) [6], Atma Husada Mental Hospital, Samarinda (56%) [7], and a mental hospital in Southeast Sulawesi (62.7%) [8]. Burnout among psychiatric nurses has serious consequences, including reduced quality of nursing care, higher risk of adverse events, lower patient satisfaction, and impaired nurse physical and mental health [9].

Burnout is influenced by an interacting set of individual, occupational, organizational, and work-environment factors [7,10]. Among these, Quality of Nursing Work Life (QNWL) — encompassing job satisfaction, work–life balance, workplace social support, organizational culture, and supportive working conditions — has been identified as an especially important predictor [11]. Poor QNWL, marked by excessive workload, limited leadership support, restricted autonomy, and insufficient recognition, is thought to directly increase emotional exhaustion and depersonalization, whereas good QNWL can strengthen job satisfaction, professional engagement, and psychological resilience, thereby lowering burnout risk [12]. Prior Indonesian studies have reported significant associations between QNWL and burnout or work stress among nurses in general hospital settings [13,14,15], but evidence from psychiatric hospitals — where emotional demands and occupational risk are especially high — remains scarce, particularly in Bali.

A preliminary interview with ten staff nurses at Manah Shanti Mahottama Mental Hospital in January 2026 found that 70% reported emotional exhaustion and depleted energy after shifts, especially in units caring for patients with severe psychiatric symptoms or aggressive behavior, and 60% reported an unsatisfactory work–life balance. These preliminary findings, together with the limited evidence specific to psychiatric hospital settings, motivated this study, which aimed to analyze the relationship between Quality of Nursing Work Life and burnout syndrome among nurses at Manah Shanti Mahottama Mental Hospital, Bali Province.

Method

Study design and setting

This quantitative study used a descriptive correlational design with a cross-sectional approach, in which QNWL and burnout syndrome were measured concurrently in a single self-administered questionnaire [16]. The study was conducted from 20 April to 30 May 2026 at Manah Shanti Mahottama Mental Hospital, Bali Province, a referral psychiatric hospital providing outpatient, inpatient, rehabilitation, and other supporting services.

Participant and sampling

The population comprised all 214 nurses working across 13 inpatient wards of the hospital. Using the Slovin formula with a 5% margin of error, a sample of 140 nurses was selected by simple random sampling. Inclusion criteria were willingness to participate and a minimum of one year of work experience; nurses on leave, sick leave, or study assignment were excluded.

Instruments

QNWL was measured with the Quality of Nursing Work Life Survey developed by Brooks and Anderson, as cited in Fibriansari [17], a 41-item, four-point Likert-scale instrument covering four dimensions: work life–home life (7 items), work design (9 items), work context (20 items), and work world (5 items). Total scores (range 41–164) were categorized as good (124–164), moderate (83–123), or poor (41–82); the instrument has demonstrated validity (r = 0.817–0.955) and reliability (R = 0.952) in prior use [17].

Burnout syndrome was measured with the Indonesian-adapted Copenhagen Burnout Inventory (CBI) [18], using the Indonesian adaptation by Maharani and Santika [19], a 20-

item instrument spanning personal burnout (items 1–7), work-related burnout (items 8–14), and client-related burnout (items 15–20), referring to experiences over the preceding month. Total scores (range 20–100) were categorized as low (20–46), moderate (47–73), or high (74–100) burnout.

Data collection

Following administrative approval and ethical clearance from the hospital's health research ethics committee, an enumerator distributed a digital questionnaire (Google Form) through nursing WhatsApp groups to nurses selected by simple random sampling. Respondents who met the inclusion criteria received an explanation of the study's purpose and provided informed consent before completing the questionnaire independently; anonymity was maintained by recording initials only. Data collection was completed on 30 May 2026..

Data analysis

Data were analyzed univariately to describe respondent characteristics, QNWL, and burnout syndrome, and bivariately using Spearman's Rank correlation test to examine the relationship between QNWL and burnout syndrome, with statistical significance set at $p < 0.05$. Correlation strength was interpreted following Sugiyono [20]: 0.70–1.00 high, 0.40–0.70 moderate, 0.20–0.40 low, and < 0.20 negligible association, with the sign of the coefficient indicating the direction of the relationship.

Ethical considerations

The researcher explained the purpose, filling instructions, and assured data confidentiality, anonymity, and the right to refuse participation without consequence. Research ethics were applied by ensuring that all participants provided consent after a clear explanation (informed consent), and that all data collected were used solely for academic purposes. Ethical approval was granted by the Institutional Health Research Ethics Committee

Results and Discussion

Table 1 presents the characteristics of the 140 nurse respondents. Most were aged 26–35 years (44.3%), female (63.6%), held a Ners (professional nursing) qualification (82.1%), and had more than 10 years of work experience (49.3%).

Table 1. Characteristics of Respondents (N = 140)

Characteristic	Category	n	%
Age	26–35 years	62	44.3
	36–45 years	53	37.9
	46–55 years	23	16.4
	> 55 years	2	1.4
Sex	Male	51	36.4
	Female	89	63.6
Education	Diploma III in Nursing	13	9.3
	Diploma IV in Nursing	5	3.6
	Ners (professional)	115	82.1
	Master of Nursing	4	2.9
	Specialist Ners	3	2.1
Length of work	1–5 years	19	13.6
	6–10 years	52	37.1
	> 10 years	69	49.3
Quality of Nursing Work Life	Good	48	34.3
	Moderate	90	64.3
	Poor	2	1.4
Burnout Syndrome	Low	43	30.7
	Moderate	95	67.9
	High	2	1.4

Most nurses reported a moderate level of QNWL (64.3%), followed by good (34.3%) and poor (1.4%) (Table 2). For burnout syndrome, most nurses fell into the moderate category (67.9%), followed by low (30.7%) and high (1.4%).

These findings are consistent with previous Indonesian studies reporting predominantly moderate QNWL among nurses [13,14,15] and with reports of moderate-to-high burnout prevalence among psychiatric nurses internationally [3,4,5] and in Indonesia [6,7,8]. A moderate QNWL level suggests that, despite adequate teamwork and peer support, nurses continue to experience heavy workloads, demanding shift schedules, limited rest time, and insufficient organizational recognition [21] — conditions particularly salient in a psychiatric setting where nurses must manage patients with complex behavioral and emotional needs [22].

Spearman's Rank correlation showed a statistically significant relationship between QNWL and burnout syndrome ($p = 0.000$), with a correlation coefficient of -0.865, indicating a strong, negative association: the better a nurse's QNWL, the lower the burnout syndrome experienced, and vice versa.

This result is consistent with previous findings linking QNWL to burnout or work stress among nurses [13,14,15]. QNWL reflects the overall, longer-term working conditions that determine nurses' capacity to sustain themselves, function optimally, and consistently deliver quality care [11]. When job demands exceed available resources — organizational support, autonomy, recognition, and work–life balance — burnout becomes a likely consequence [11]. Conversely, good QNWL appears to act as a protective factor, supporting nurses' mental health, professional engagement, and the quality of care delivered to patients with mental illness, who particularly require authentic emotional and therapeutic presence from their nurses [15,23,24].

These findings suggest that improving QNWL through structural measures — more balanced workload distribution, stronger managerial support, meaningful recognition of nurses' contributions, and policies that support work–life balance — may be a more comprehensive strategy for burnout prevention among psychiatric hospital nurses than individual-level interventions such as counseling alone.

Conclusion

Most nurses at Manah Shanti Mahottama Mental Hospital reported a moderate level of Quality of Nursing Work Life (64.3%) and a moderate level of burnout syndrome (67.9%). A significant, strong, negative correlation was found between QNWL and burnout syndrome ($p = 0.000$; $r = -0.865$): better QNWL was associated with lower burnout. Hospital management is encouraged to periodically evaluate nurse workload and staffing distribution, implement regular burnout screening, and provide psychological support services, particularly for nurses showing signs of high burnout. Nurses are encouraged to recognize early signs of burnout and adopt adaptive coping strategies, while nursing education institutions are encouraged to strengthen curricula on work-life quality, stress management, and burnout prevention. Future research using longitudinal or mixed-methods designs, and incorporating additional variables such as workload, organizational support, leadership, and resilience, is recommended.

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