

Does Job Stress Mediate The Effect of Work Load and Work-Family Conflict on Nurses' Burnouts?

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ABSTRACT

Background: Burnout is a condition of prolonged physical, emotional and mental exhaustion. In order for nurses to have a low burnout rate, the hospital needs to pay attention to the factors that affect burnout. The purpose of this study is to analyze the effect of workload and work-family conflict on burnout mediated by nurses' job stress.

Research Methods: This research was conducted at BaliMéd Hospital Denpasar City-Bali Province-Indonesia. The total population is 114 nurses and the number of samples taken was 89 nurses, using probability sampling method, namely proportional random sampling. Data collection was carried out through interviews and questionnaires. The analysis technique used is descriptive analysis and partial least square (PLS).

Result: The results show that 1) workload has a positive and significant effect on burnout, 2) work-family conflict has a positive and significant effect on burnout, 3) workload has a positive and significant effect on job stress, 4) work-family conflict has a positive and significant effect on job stress, 5) job stress has a positive and significant effect on burnout, 6) job stress partially mediates the effect of workload on burnout, and 7) job stress partially mediates the effect of workload on burnout.

Keywords: workload, work-family conflict, job stress, burnout.

Date of Submission: 20-12-2020

Date of Acceptance: 03-01-2021

I. Introduction

In general, hospital services consist of inpatient and outpatient services. Inpatient services are services for patients who occupy treatment beds because they require observation, diagnosis, therapy, medical rehabilitation and other medical services. Inpatient services are the main medical services in the hospital and are a place for interaction between patients and parties in the hospital and last for relatively a long time. Nurses who are in charge of the inpatient department have the main task, namely carrying out treatment assessments, carrying out data analysis to formulate nursing diagnoses, planning and carrying out data analysis to formulate simple nursing diagnoses to individuals, carrying out documentation of nursing care, implementing a divided work system two or three times each day, carry out standby tasks on call at the hospital, maintain nursing and medical equipment so that it is always ready to use, conduct pre and post conferences and handover patients during shift changes, attend regular meetings held by the head of the room, and perform patient dropping. This inpatient service involves patients, doctors, and nurses in sensitive relationships regarding patient satisfaction, service quality, and the image of the hospital itself (Almasitoh, 2011).

Ambulatory services are one of the simpler forms of hospital services, which are provided to patients who are not in the form of inpatients. The duty of the outpatient nurse is to help the doctor prepare the equipment, check the patient's blood pressure, and give whatever medication is needed. These outpatient nurses work on the orders or instructions of a doctor. The meeting frequency of outpatient nurses is shorter than inpatient nurses. The out-patient nurse only meets the patient on the day of the examination. Common problems faced by outpatient nurses are complaints from patients regarding slow service, administrative performance, unfriendly nurses, and receiving complaints from patients regarding the treating doctors.

The job of a nurse has characteristics that create high work demands, such as a routine job that has a tight work schedule, responsibility for the safety and health of oneself and others, and is required to be able to work in a team. The complexity of these demands makes nurses prone to burnout (Lailani, 2012). Burnout is a syndrome of emotional, physical, and mental exhaustion, associated with low feelings of self-esteem, due to intense and prolonged suffering from stress (Baron & Greenberg, 2003: 129). Cherniss (1980) defines burnout as an act of psychological withdrawal as a response to excessive stress or job dissatisfaction.

According to Lee & Asforth (1996) there are several factors that influence burnout, namely ambiguity, multiple role conflicts, job stress, workload and lack of social support. The workload of nurses can be influenced by the number of patients who enter in one day as well as the patient's condition or the patient's level

of dependence (Sari, 2016). The workload of nurses is part of the development of the nursing workforce which is calculated based on the amount of time it takes to provide services to patients per day (Hendianti, 2013). Excessive workload of nurses can lead to decreased motivation of nurses, which is one of the causes of burnout.

Nurses in general are women who cannot be separated from the demands of their responsibility to take care and foster families, but on the other hand, women as nurses are also required to work in accordance with hospital policies by showing the best possible performance with their abilities (Yildirim & Aycan, 2008). Most of the nurses at BaliMéd hospital are married. The nurse is required to carry out two roles at once, namely the role of wife and / or mother when at home and the role of a nurse when at work. Nurses who are married and have children have a bigger role and responsibility than those who are not married. These demands can lead to work family conflict (Ivancevich, 2006).

Basically, the work-family conflict can happen to women and men. However, Apperson et al. (2002) argued that the intensity of the work-family conflict occurring in women was greater than that of men. Herman & Gyllstrom (1985) in Akbar and Kartika (2016) found that married people experience higher dual role conflict than unmarried people. The demands of roles at work and in the family are not easy to balance. A person gets love, attention, and all the fulfillment of his life. The family is also an important vehicle for the formation and development of individual character. Meanwhile, through work, someone can foster enthusiasm and determination in business and can make life and family welfare. This explains the occurrence of conflict or clash between job responsibilities and domestic life (Ruswanti and Jacobus, 2013).

Andriani (2004) states that the main task of a nurse is to help the patient recover, restore health conditions and even save the patient from death. This makes the nursing profession very vulnerable to job stress. The nurse's many and monotonous duties become a stressor for nurses, sometimes even nurses have to deal with the emotional attitude of the patient (Almasitoh, 2011).

Patients often complain about their illness and the family has various requests or complaints, this of course makes the nurse physically, emotionally and mentally exhausted. According to Sarafino (2002), stress is a condition when the environment requires individuals to feel a gap between environmental demands and resources that are biological, psychological, or social.

Prolonged stress can worsen the emotional, physical, and mental state of the nurse. Job stress that occurs continuously and with high intensity can cause burnout. Lorenz (1990) states that burnout and stress are different things. Burnout is heavier than stress and burnout is not a symptom of job stress, but the result of job stress itself that cannot be controlled. Health and social worker professions are the professions with the most burnout, which is around 43 percent. Among these health professions, nurses have higher levels of stress than doctors and pharmacists (Eviaty, 2005).

Each nurse has their own ability to carry the workload according to their work capacity. Pradana et al. (2017) which states that a high workload will lead to higher burnout felt by inpatient and outpatient nurses. This statement is supported by the research results of Kusumaningrum et al. (2016) which states that workload affects burnout, this proves that a high workload will increase burnout. Excessive workloads, such as time loads, physical loads and mental loads related to work that require dexterity in handling, caution, stamina and high concentration while providing services to patients, will cause nurses to experience burnout.

A nurse's workload that is too high will have a negative impact, for example, errors in the work of patients that can lead to death (Nurjanah et al., 2017). The high workload experienced by nurses can have an impact on decreasing the quality and productivity of work. Atmaja and Suana (2019) state that the high workload felt by employees can directly lead to prolonged stress so that employee burnout attitudes at work will occur directly.

Excessive workload greatly affects the productivity of health workers and the productivity of the nurses themselves (Munandar, 2008 in Haryanti et al., 2013). The nurse feels that the number of nurses available is not proportional to the amount of work that must be completed. this condition can trigger stress at work for nurses. This statement is supported by the results of research on emergency room nurses by Nurcahyawati (2017) which states that workload has a positive effect on job stress, which means that the higher the workload felt by nurses, the higher the job stress of the nurse.

Nurses are generally women who cannot be separated from their roles as mothers or wives in the family and work as nurses in hospitals. Women who are already working and their families are easily distracted so that it will have an impact on the activities and roles they are doing. Work-family conflict is a dual role conflict experienced by workers. This dual role is a form of responsibility from two different domains, namely that the same job and family requires the role of the worker. The higher the work-family conflict experienced by employees, the higher the burnout felt by employees. Burnout arises because employees feel unable to change behavior that is opposite between the demands of the role in work and the role in the family easily. This inability forces employees to be unable to control the situation at hand, so that employees experience burnout (Mayastuti, 2019). This statement is supported by Hardiani's research (2020) which states that the work-family conflict has a

positive and significant effect on burnout. This work-family conflict will make an employee confused and depressed so that later he will experience burnout.

Nurses who are married and experience multiple roles, where they have to play the role of a nurse as well as a housewife, it is difficult to divide time between roles in work and roles in the household or family. The amount of time needed and the pressure to carry out these two roles can trigger job stress (Agustina and Sudibya, 2018). The results of research by Astari and Sudibya (2018) and Nabila et al. (2019) also stated that the work-family conflict has a positive and significant effect on job stress, which means that when the work-family conflict increases, the job stress experienced by employees or nurses will increase. Work-family conflict can be a trigger for stress (Frone et al., 1992) and this stress can affect a person's psychological and physical condition leading to burnout.

Job stress is caused by the conditions faced in carrying out work as a nurse. This accumulatively affects the mind and psychological condition of the nurse (Soep, 2012). King (2010) in Susanti (2017) explains that one of the factors causing burnout is job stress that lasts a long time and continues so that the individual experiences emotional exhaustion and low motivation to work. This statement is supported by the results of research by Satriyo (2014) and Ibrahim (2017) which state that job stress has a positive and significant effect on burnout, which means that high job stress will result in high burnout experienced by employees or nurses.

Harnida (2015) states that, if nurses cannot carry out their duties properly, the impact is felt not only on nurses as workers, but also on the lives of other people who are affected by the work of the nurse, namely patients and the patient's family. The more nurses who experience burnout, it will have an impact on the quality of service provided.

II. Literature Review and Hypothesis Development

Excessive workload pressure can increase or lead to increased burnout. This statement is supported by the results of research by Purbaningrat and Surya (2015) which found that workload has an effect on employee burnout. In Wijaya and Wibawa's research (2020) found that workload has a positive and significant effect on burnout. Dewi & Riana (2019) and Arie & Dovy (2016) found that the workload felt by employees has a significant effect on burnout. Yang et al (2014) 's research on medical workers found that burnout occurs when the workload increases, excessive workload results in medical personnel being unable to bear the burden physically or mentally when the work must be completed within a certain period or work time is too long. Thus, the higher the workload, the higher the burnout experienced by nurses.

H1: Workload has a positive and significant effect on burnout.

Ariana & Riana (2016) state that in general, the work-family conflict is a form of internal-role conflict, namely pressure or imbalance of roles between roles in work and roles in the family which will affect burnout. Work-family conflict has a positive effect on burnout, which means that the higher the work-family conflict is experienced, the higher the burnout experienced by employees. Someone who has long working hours will find it difficult to balance the demands of work and family so that it will trigger pressure or stress in him that leads to burnout (Luthans, 2011: 119). This is supported by the research results of Rubab (2017), Muhdiyanto and Mranami (2018) and Smith et al. (2017) who found that the work-family conflict has a positive and significant effect on burnout. Laeque's (2014) research found that employees who experience role conflict between work and family feel burnout, so that the work-family conflict has a positive and significant effect on burnout. Thus, the higher the work-family conflict, the higher the burnout experienced by nurses.

H2: Work-family conflict has a positive and significant effect on burnout.

Riggio (2000: 250) suggests that workloads are tasks from work that are a source of stress, such as jobs that require work quickly, produce something and concentrate on job stress. Workloads that are not proportional to both physical abilities, skills, and available time will be a source of stress (Maharani and Budianto, 2019). This statement is supported by the results of research by Atmaja and Suana (2019) and who found that workload has a positive effect on role stress. Kokoroko & Sanda (2019) and Susiarty et al. (2019) found that the workload of nurses has a positive effect on job stress, when the workload of nurses increases, the level of stress related to their work will also increase. The results of research by Kurniawati et al. (2018) also found that workload has a positive effect on job stress. Thus, the higher the workload, the higher the job stress experienced.

H3: Workload has a positive and significant effect on job stress.

Work-family conflict tends to lead to job stress because when matters or roles in work interfere with matters or roles in the family, then the pressure often occurs on the individual due to the amount of time required to carry out his role in work or his role in the family, and this is a source of potential for stress (Judge et al., 1994). This statement is supported by the research results of Ariani et al. (2017), Mack & Rhineberger-Dunn (2018), and Fridayanti et al. (2019) which shows that the influence of the work-family conflict on job stress has

a positive and significant effect. Karabay et al. (2016) also stated that the work-family conflict has a positive and significant effect on job stress. The imbalance of roles in work and roles in the family results in employees having negative perceptions which will lead to job stress, suggesting that not everyone can maintain roles in work and roles so that they are balanced or do not conflict with each other. The balance of roles in work and roles in the family is difficult to maintain, especially for professions related to social services. When the roles of work and family cannot be balanced, it can lead to high job stress (Lambert et al., 2016). Thus, the higher the work-family conflict, the higher the job stress experienced by nurses.

H4: Work-family conflict has a positive and significant effect on job stress.

Job stress is a consequence of every action and environmental situation that causes excessive physical and psychological stress on a person. The COR (Conservation of Resources) Theory by Hobfoll (1989) shows that unusually high or chronic stress can affect individuals so that fatigue or burnout will occur due to the loss of resources on an ongoing basis. This statement is supported by research by Dewi and Riana (2019), Saputro et al. (2020), Zeinalpour et al. (2014), and Samaei et al. (2017) who found that job stress has a positive and significant effect on burnout.

People with job stress and burnout both experience problems, especially at work, but their responses are different. Under stressful conditions, workers tend to be more active and emotionally aggressive. Workers who experience burnout tend to be silent and look helpless, this happens because of a loss of motivation and enthusiasm which results in helplessness. Prolonged stress can have the potential to become burnout, while the burnout conditions experienced by workers are not necessarily caused by stress (Ibrahim et al., 2017). Thus, the higher the job stress, the higher the burnout experienced by nurses.

H5: Job stress has a positive and significant effect on burnout.

Excessive workload physically or mentally can potentially be a source of job stress (Sari, 2016). Cooper et al. (1996) in Purba (2007) states that burnout is positively related to workload, such as for teachers with the number of students in the class, for nurses with the intensity of using technology for intensive care, the number of patients, and the amount of work time each week. This conclusively shows that stress that is felt in the long term can lead to burnout. This statement is supported by research by Aaron (2015), Mansour et al. (2015), Sarah et al. (2015), as well as Atmaja and Suana (2019) which state that the high workload felt by employees can directly lead to prolonged stress so that employee burnout attitudes at work will occur directly. Thus, the higher the workload, the higher the burnout through high nurse job stress.

H6: Job stress significantly mediates the effect of workload on burnout.

Maslach et al. (2001) suggested that job stress has a direct effect on burnout. In the research of Maslach et al. (2001) stated that time pressure and excessive demands not only affect the welfare of employees, but can also affect their ability to balance work and family. The results of this study are supported by other studies, namely Aryee (1993), Netemeyer et al. (1996), Russel et al. (1987), Taris et al. (2001) which stated that work-family conflict and job stress had a direct effect on burnout.

Work-family conflict can be a trigger for stress (Frone et al., 1992) and this stress can affect a person's psychological and physical condition leading to burnout. Based on Rubab's (2017) research results, stress mediates the effect of the work-family conflict on burnout. The length of time spent working results in the employee having less time to spend with the family. This will lead to job stress due to roles in work and in conflicting families. This prolonged stress will lead to burnout. Thus, the higher the work-family conflict, the higher the burnout through high nurse job stress.

H7: Job stress significantly mediates the effect of work-family conflict on burnout

III. Methods

The location of the research was carried out at the BaliMéd Hospital Denpasar City, Bali Province-Indonesia located in Jalan Mahendradatta No.57 X, Padangsambian. This location was chosen because it found problems related to burnout. This can make it easier for researchers to find respondents' responses to be used in the study.

In this study, the population was 114 nurses, consisting of inpatient and outpatient nurses at BaliMéd Hospital Denpasar with female sex and who were married. The samples in this study were nurses at BaliMéd Hospital Denpasar. The number of samples used was 89 samples, which were obtained from the calculation using the Slovin formula as follows;

$$n = N / (1 + Ne^2)$$

n: minimum sample size

N: population

e: error rate (in this study 5% or 0.05)

$$n = \frac{114}{1+(114 \times (0,05)^2)}$$

n = 88.7159533 (89).

The data analysis technique used was PLS. Partial least square (PLS) is an analysis method that can be applied to all data scales, does not require many assumptions, does not have to be a large sample size, can be used to prove theories, and can be used to develop relationships that do not have a strong theoretical basis.

IV. Results and Discussion

Partial Least Square (PLS) test results

The research model was analyzed using the Partial Least Square (PLS) method with the SmartPLS 3.0 program tools. There are two basic model evaluations in this test, namely the outer model and the inner model.

1) Evaluate the outer model

Outer model is a measurement model to assess the validity and reliability of the model. To assess the outer model using SmartPLS, there are three criteria, namely convergent validity, discriminant validity, and average variance extracted (AVE).

a. Convergent validity test

The outer model is assessed by looking at the convergent validity, which is the amount of factor loading for each construct. This study uses a minimum factor loading limit of 0.7. The results of the convergent validity test can be seen in Table 1.

Table 1. Convergent Validity Test Results

Variable	Item	Outer Loading	Description
Workload	X _{1,1}	0.781	Valid
	X _{1,2}	0.734	Valid
	X _{1,3}	0.808	Valid
	X _{1,4}	0.755	Valid
	X _{1,5}	0.792	Valid
work-family conflict	X _{2,1}	0.787	Valid
	X _{2,2}	0.846	Valid
	X _{2,3}	0.830	Valid
	X _{2,4}	0.838	Valid
	X _{2,5}	0.852	Valid
	X _{2,6}	0.833	Valid
	X _{2,7}	0.822	Valid
	X _{2,8}	0.846	Valid
	X _{2,9}	0.823	Valid
Job Stress	Z ₁	0.822	Valid
	Z ₂	0.869	Valid
	Z ₃	0.901	Valid
	Z ₄	0.776	Valid
	Z ₅	0.803	Valid
	Z ₆	0.798	Valid
	Z ₇	0.793	Valid
	Z ₈	0.881	Valid
Burnout	Y ₁	0.788	Valid
	Y ₂	0.854	Valid
	Y ₃	0.768	Valid
	Y ₄	0.817	Valid
	Y ₅	0.840	Valid
	Y ₆	0.810	Valid
	Y ₇	0.779	Valid
	Y ₈	0.785	Valid
	Y ₉	0.859	Valid
	Y ₁₀	0.764	Valid
	Y ₁₁	0.826	Valid
	Y ₁₂	0.737	Valid
	Y ₁₃	0.815	Valid
	Y ₁₄	0.734	Valid
Y ₁₅	0.775	Valid	
Y ₁₆	0.823	Valid	
Y ₁₇	0.754	Valid	
Y ₁₈	0.761	Valid	
Y ₁₉	0.842	Valid	
Y ₂₀	0.759	Valid	
Y ₂₁	0.746	Valid	
Y ₂₂	0.751	Valid	

Primary Data, 2020

The results of the convergent validity test in Table 1 show that the value of the outer model has met the criteria for convergent validity, which is shown by all indicators having a factor loading > 0.70, so it can be concluded that the construct in this study has good convergent validity.

b. Discriminant validity test

Discriminant validity of the measurement model with reflective indicators is assessed based on the cross-loading measurement with the construct. If the construct correlation with the item of measure is greater than the measure of the other constructs, then this indicates that the latent constructs predict the size of their block better than the size of the other blocks. The results of the discriminant validity test are presented in Table 2.

Table 2. Result of Discriminant Validity Test

	Workload	work-family conflict	Job Stress	Burnout
X _{1.1}	0.781	0.620	0.663	0.649
X _{1.2}	0.734	0.586	0.570	0.572
X _{1.3}	0.808	0.643	0.621	0.663
X _{1.4}	0.755	0.554	0.564	0.619
X _{1.5}	0.792	0.663	0.680	0.653
X _{2.1}	0.614	0.787	0.764	0.774
X _{2.2}	0.646	0.846	0.777	0.738
X _{2.3}	0.710	0.830	0.784	0.763
X _{2.4}	0.705	0.838	0.767	0.751
X _{2.5}	0.596	0.852	0.784	0.709
X _{2.6}	0.671	0.833	0.781	0.710
X _{2.7}	0.672	0.822	0.741	0.748
X _{2.8}	0.630	0.846	0.827	0.817
X _{2.9}	0.695	0.823	0.770	0.761
Z ₁	0.660	0.777	0.822	0.815
Z ₂	0.707	0.813	0.869	0.802
Z ₃	0.704	0.820	0.901	0.847
Z ₄	0.702	0.731	0.776	0.715
Z ₅	0.621	0.720	0.803	0.739
Z ₆	0.615	0.768	0.798	0.712
Z ₇	0.633	0.775	0.793	0.764
Z ₈	0.695	0.816	0.881	0.811
Y ₁	0.612	0.738	0.783	0.788
Y ₂	0.705	0.791	0.836	0.854
Y ₃	0.639	0.737	0.754	0.768
Y ₄	0.635	0.783	0.797	0.817
Y ₅	0.608	0.789	0.831	0.840
Y ₆	0.563	0.784	0.807	0.810
Y ₇	0.654	0.747	0.755	0.779
Y ₈	0.591	0.780	0.775	0.785
Y ₉	0.686	0.820	0.841	0.859
Y ₁₀	0.636	0.663	0.664	0.764
Y ₁₁	0.667	0.734	0.744	0.826
Y ₁₂	0.650	0.676	0.664	0.737
Y ₁₃	0.675	0.683	0.740	0.815
Y ₁₄	0.652	0.673	0.643	0.734
Y ₁₅	0.695	0.695	0.710	0.775
Y ₁₆	0.710	0.696	0.743	0.823
Y ₁₇	0.716	0.662	0.657	0.754
Y ₁₈	0.656	0.606	0.685	0.761
Y ₁₉	0.676	0.706	0.747	0.842
Y ₂₀	0.640	0.661	0.679	0.759
Y ₂₁	0.550	0.667	0.656	0.746
Y ₂₂	0.617	0.639	0.692	0.751

Primary Data, 2020

The data in Table 2 shows that the value of cross loading shows good discriminant validity. This is indicated by the correlation value of the indicator to the construct (factor loading) is higher than the correlation value of the indicator with other constructs.

a. Reliability Evaluation

Reliability evaluation used composite reliability and Cronbach's Alpha test. Where the variable is said to be reliable if the value of composite reliability and Cronbach's Alpha is more than 0.70.

Table 3 shows the Cronbach's Alpha value and the composite reliability value.

Table 3. Composite Reliability Test Results

	Cronbach's Alpha	Composite Reliability
Workload	0.833	0.882
work-family conflict	0.971	0.974
Job Stress	0.944	0.953
Burnout	0.936	0.947

Primary Data, 2020

Table 3 shows that the Cronbach's Alpha value and composite reliability for each variable is more than 0.70. Thus, the constructs in this study are reliable.

2) Evaluate the inner model

Inner model evaluation aims to predict the causality relationship between latent variables. The inner model is evaluated by looking at the R-square value. R-square can show the strength and weakness of the effect of exogenous variables on endogenous variables and can show the strength and weakness of a research model. The R-square (R²) value of 0.67 is classified as strong, the R-square (R²) of 0.33 is moderate, and the R-square (R²) of 0.19 is classified as weak (Chim, 1995).

Table 4. R-square

Variable	R-square
Workload	
Work-Family Conflict	
Job Stress	0.886
Burnout	0.890

Data Primer, 2020

Based on Table 4, it can be seen that the R-square value of the job stress variable is 0.886 which means that 88.6 percent of the variability of the job stress construct is influenced by the workload variable and the work-family conflict, while the remaining 11.4 percent is influenced by other variables outside the model. The R-square value of the burnout variable is 0.890, which means that 89.0 percent of the burnout variable is influenced by workload, work-family conflict and job stress, while the remaining 11 percent is influenced by other variables outside the model. Based on Chin (1995) criteria, the model is strong.

The analysis model path diagram is shown in Figure 1. The model is a reflective model, namely the covariance measurement of the indicator

Hypothesis test

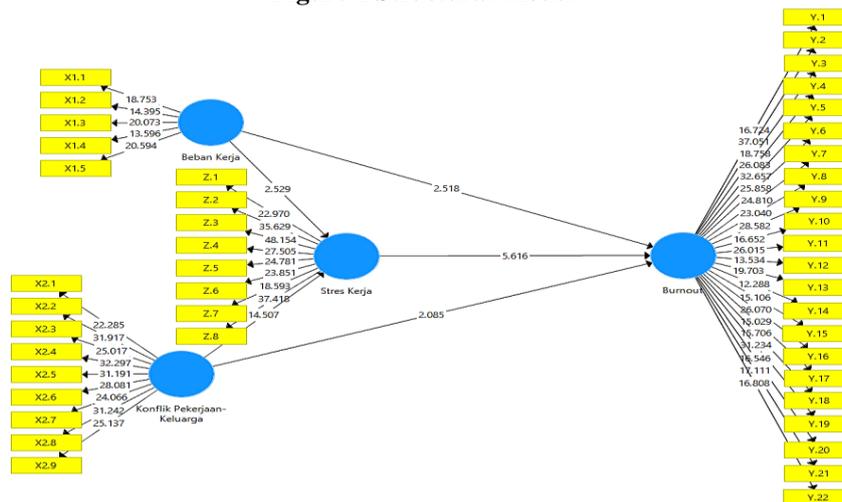
Hypothesis testing uses the values contained in the test results of the path coefficients. The path coefficient test results are shown in Table 5.

Table 5. Path Coefficient Test Results

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T ((O/STDEV))	Statistics	P Values
Workload -> Burnout	0.163	0.163	0.065	2.518		0.012
work-family conflict -> Burnout	0.202	0.201	0.097	2.085		0.037
Workload -> Job stress	0.161	0.164	0.064	2.529		0.011
work-family conflict -> Job Stress	0.808	0.806	0.056	14.507		0.000
Job Stress -> Burnout	0.614	0.616	0.109	5.616		0.000

Primary Data, 2020

Figure 1 Structural Model



Testing of the hypotheses in the PLS method is carried out with a bootstrapping process. This bootstrapping process serves to minimize the problem of abnormalities in the research data used. If the t-statistic value is at $-1.96 < x < 1.96$, the hypothesis is rejected, whereas if the t-statistic value is > 1.96 , the hypothesis is accepted. The significance value used is 5% or 0.05, so if the P value < 0.05 , the hypothesis is accepted.

Hypothesis 1 testing shows that the effect of workload on burnout is significant, namely with a t-statistic value of 2.518 (> 1.96). The path coefficient value is 0.163 which indicates that the effect of workload on burnout is positive. Hypothesis H1 in this study states that workload has a positive and significant effect on burnout is acceptable.

Hypothesis 2 testing shows that the effect of work-family conflict on burnout is significant, namely with a t-statistic value of 2.085 (> 1.96). The path coefficient value is 0.202 which indicates that the effect of the work-family conflict on burnout is positive. The hypothesis H2 in this study states that the work-family conflict has a positive and significant effect on burnout is acceptable.

Hypothesis 3 testing shows that the effect of workload on job stress is significant, namely with a t-statistic value of 2.529 (> 1.96). The path coefficient value is 0.161 which indicates that the effect of workload on job stress is positive. Hypothesis H3 in this study states that workload has a positive and significant effect on job stress is acceptable.

Hypothesis 4 testing shows that the effect of work-family conflict on job stress is significant, namely with a t-statistic value of 14.507 (> 1.96). The path coefficient value is 0.808 which indicates that the influence of the work-family conflict on job stress is positive. Hypothesis H4 in this study states that work-family conflict has a positive and significant effect on job stress is acceptable.

Hypothesis 5 testing shows that the effect of job stress on burnout is significant, namely with a t-statistic value of 5.616 (> 1.96). The path coefficient value is 0.614 which indicates that the effect of job stress on burnout is positive. Hypothesis H5 in this study states that job stress has a positive and significant effect on burnout is acceptable.

Analysis of direct effect, indirect effect and total effect

This analysis aims to determine the strength of effect between constructs, either directly, indirectly or the total effect. The results of the analysis will be presented in Table 6.

Based on the data presented in Table 6, it can be seen that the direct effect of workload on burnout is 0.163, the direct effect of the work-family conflict on burnout is 0.202, the direct effect of workload on job stress is 0.161, the direct effect of work-family conflict on job stress is 0.808, and the direct effect Job stress on burnout is 0.614, with each t-statistic value greater than 1.96 and a P value less than 0.05, which indicates that the effect is significant.

Table 6. Direct Effect, Indirect Effect, and Total Effect

Effect	Construct	Standardized Estimates	T Statistics (O/STDEV)	P Values
Direct Effect	Workload -> Burnout	0.163	2.518	0.012
	work-family conflict -> Burnout	0.202	2.085	0.037
	Workload -> Job stress	0.161	2.529	0.011
	work-family conflict -> Job Stress	0.808	14.507	0.000
	Job Stress -> Burnout	0.614	5.616	0.000
Indirect Effect	Workload -> Job stress -> Burnout	0.099	2.179	0.029

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	work-family conflict -> Job Stress -> Burnout	0.497	5.441	0.000
Total Effect	Workload -> Burnout	0.262	3.623	0.000
	work-family conflict -> Burnout	0.699	10.295	0.000

Primary Data, 2020

The indirect effect of job stress in mediating workload on burnout is 0.099 with a T statistic value greater than 1.96 and a P value less than 0.05, thus job stress can significantly mediate the effect of workload on burnout. The indirect effect of job stress in mediating work-family conflict on burnout is 0.497 with a T statistic value greater than 1.96 and a P value less than 0.05, thus job stress is significantly able to mediate the effect of work-family conflict on burnout.

The effect of total workload on burnout is 0.262, with a statistical T value of 3.263 and a P value of 0.000, this indicates a significant effect. The total effect of work-family conflict on burnout is 0.497 with a T statistic value of 10.295 and a P value of 0.000, this indicates a significant effect.

The Effect of workload on burnout

Workload has a positive and significant effect on burnout. Thus, the higher the workload experienced by nurses, the higher the burnout experienced by nurses at BaliMéd Hospital Denpasar. In this case, the level of workload tends to be caused by mental efforts to do the job as a nurse, resulting in burnout.

The results of this study are consistent with previous studies conducted by Purbaningrat and Surya (2015), Wijaya and Wibawa (2020), Dewi & Riana (2019), Arie & Dovy (2016), and Yang et al. (2014) who found that workload has a positive and significant effect on burnout.

The Effects of work-family conflict on burnout

Work-family conflict has a positive and significant effect on burnout. Thus, the higher the work-family conflict experienced by nurses, the higher the burnout experienced by nurses at BaliMéd Hospital Denpasar. In this case, the burnout rate was caused by the work-family conflict, because after work the nurse felt too tired to carry out her responsibilities in the family. The results of this study are consistent with previous studies conducted by Ariana and Riana (2016), Rubab (2017), Smith et al. (2017), Laeeque (2014), and Muhdiyanto and Mranami (2018) who found that the work-family conflict had a positive and significant effect on burnout.

The Effect of workload on job stress

Workload has a positive and significant effect on job stress. Thus, the higher the workload experienced by nurses, the higher the job stress experienced by nurses at BaliMéd Hospital Denpasar. In this case the level of job stress is caused by the workload because it takes a lot of mental effort to work as a nurse.

The results of this study are in accordance with previous studies conducted by Atmaja and Suana (2019), Kurniawati et al. (2018), Kokoroko & Sanda (2019), Susiarty et al. (2019), as well as Maharani and Budianto (2019) who found that workload has a positive and significant effect on job stress.

The effect of family work conflicts on job stress

Work-family conflict has a positive and significant effect on job stress. Thus, the higher the work-family conflict, the higher the job stress experienced by nurses at BaliMéd Hospital Denpasar. In this case, the level of job stress was caused by the work-family conflict because after work, nurses felt too tired to carry out their responsibilities in the family. The results of this study are consistent with previous studies conducted by Ariani et al. (2017), Karabay et al. (2016), Fridayanti et al. (2019), Mack & Rhineberger-Dunn (2018), and Lambert et al. (2016) which states that the work-family conflict has a positive and significant effect on job stress.

The Effect of job stress on burnout

Job stress has a positive and significant effect on burnout. Thus, the higher the job stress experienced by nurses, the higher the burnout experienced by nurses at BaliMéd Hospital Denpasar. In this study, the level of burnout was caused by job stress because the nurses felt tired after doing their job.

The results of this study are in accordance with previous studies conducted by Dewi and Riana (2019), Saputro et al. (2020), Ibrahim et al. (2017). Zeinalpour et al (2014), and Samaei et al. (2017) which states that job stress has a positive and significant effect on burnout.

The effect of workload on burnout is mediated by job stress

Job stress mediates the effect of workload on burnout. Partially. Thus, the higher the workload of the nurses, the higher the level of burnout felt by nurses at BaliMéd Hospital Denpasar. Besides directly, workload can increase the burnout felt by nurses through high job stress. These results are in accordance with previous research conducted by Atmaja and Suana (2019) and Dewi & Riana (2019) which state that job stress mediates the effect of workload on burnout.

The effect of work-family conflict on burnout is mediated by job stress

Job stress partially mediates the influence of the work-family conflict on burnout. Thus, the higher the work-family conflict, the higher the burnout rate felt by nurses at BaliMéd Hospital Denpasar. Besides directly, the work-family conflict was able to increase the burnout felt by nurses through high job stress. These results are

consistent with previous research conducted by Frone et al. (1992) and Rubab (2017), which state that job stress mediates the effect of the work-family conflict on burnout.

V. Conclusion

The results of this study have been able to enrich the theory of attribution related to burnout. Based on the research results, it was found that there was a positive and significant effect of workload on burnout, work-family conflict on burnout, workload on job stress, work-family conflict on job stress, and job stress on burnout, and job stress was able to significantly mediate the effect of workload and work-family conflict on burnout. This research has been able to add to empirical studies, strengthen the results of previous studies, and confirm the influence of workload and work-family conflict on burnout mediated by job stress. The results of this study have implications for human resource development strategies, especially for nurses at BaliMéd Hospital Denpasar to pay more attention to workload indicators, work-family conflict and job stress. BaliMéd Hospital must pay attention to the ability of each nurse in carrying their workload, pay attention to shift schedules for nurses, especially for nurses who are married and control job stress experienced by nurses, because prolonged stress can lead to burnout. Thus, this study is expected to reduce the level of burnout experienced by nurses at BaliMéd Hospital.

Based on the research that has been done, there are several limitations experienced. This study only focuses on the influence of the work-family conflict on burnout and job stress, without considering the effect of family-work conflicts that may occur. This research is a cross section, not longitudinal. Nurse burnout should be measured at different times and in different situations.

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Desak Putu Pratiwi Wahyuniasih, et. al. "Does Job Stress Mediate The Effect of Work Load and Work-Family Conflict on Nurses' Burnouts?" *IOSR Journal of Business and Management (IOSR-JBM)*, 23(01), 2021, pp. 01-12.