



Workload and Work Stress on Nurses' Transfer Intention: Mediating Role of Burnout

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ABSTRACT

This study examines the effects of workload and work stress on nurses' turnover intention, with burnout as a mediating variable, at Indriati Hospital, Boyolali. A quantitative causal design was applied using data collected through structured questionnaires from 65 contract nurses. Inferential statistical analysis was employed to evaluate both direct and indirect relationships among the variables. The results indicate that workload has a significant direct effect on turnover intention, implying that higher workload levels increase nurses' intentions to leave their jobs. In contrast, work stress does not directly influence turnover intention but has a significant positive effect on burnout. Burnout, in turn, significantly affects turnover intention and mediates the relationship between work stress and turnover intention, confirming its role as a key psychological mechanism in nurse retention. Conversely, workload does not significantly influence burnout and therefore does not mediate its relationship with turnover intention, suggesting that workload operates through a direct pathway. These findings highlight the importance of organizational strategies focused on stress management, burnout prevention, and effective workload allocation to reduce turnover intention among nurses. Future research is recommended to involve broader samples and additional organizational factors to strengthen the generalizability of the findings in healthcare contexts.

INTRODUCTION

The high turnover rate of nurses at Indriati Boyolali Hospital (reaching 22.9% in 2024) is triggered by an imbalance in the nurse-to-bed ratio of 1:2.6, which is far below the standard set by Minister of Health Regulation No. 340/2010 (2:3). This situation creates a high workload that stimulates turnover intention through indicators of lack of manager support, minimal peer support, and limited unit support facilities. Theoretically, Wulanda (2024) states that high workloads increase psychological pressure to leave, which is empirically supported by Nal et al. (2022) and Nora et al. (2025). However, there are inconsistent results; Puspitasari et al. (2024) found that workload does not have a significant direct effect, and even Wulandari et al. (2024) showed an insignificant negative effect, indicating the role of other variables.

In addition to workload, work stress is a crucial factor that drives the desire to leave Indriati Boyolali Hospital. This is triggered by indicators of role conflict, role ambiguity, and target pressure that exceed nurses' adaptive abilities. Al Haura (2025) emphasizes that prolonged stress reduces the intention to stay, in line with the findings of Samola et al. (2025) and Salama et al. (2022), which prove the significant positive effect of stress on turnover intention. However, inconsistency arises in the research by Dewi et al. (2023), which shows that work stress does not have a significant direct effect on the desire to leave, but must go through a certain mechanism of mental fatigue before becoming an intention to resign.

Massive workload pressure and work stress have a direct implication on the emergence of burnout, namely physical and emotional exhaustion that causes nurses to lose their enthusiasm. Based on Özkan's theory (2022), burnout is the main psychological mechanism that bridges work pressure with the decision to leave, supported by research by Tampi et al. (2025) which found a significant positive effect of burnout on turnover intention. However, inconsistencies in research remain; Pei et al. (2024) showed that the effect of burnout can weaken depending on individual self-efficacy factors. This confirms that burnout is not merely a side effect, but a critical point that accelerates nurses' intentions to seek other jobs to avoid deeper exhaustion.

Comprehensively, excessive workload and high work stress at Indriati Boyolali Hospital caused nurses to experience burnout, which significantly strengthened their desire to leave. Theoretically, this condition is explained as an individual's failure to adapt to extreme organizational demands. This is reinforced by the empirical findings of Nal et al. (2022) and Survival (2025), which prove that burnout effectively mediates the influence of workload and work stress on turnover intention. The novelty of this research lies in testing this mediation model in the specific context of healthcare workers at Indriati Boyolali Hospital, with the aim of providing managerial solutions to reduce resignation rates through mental health management and workload redistribution.





LITERATURE REVIEW

Workload (X1)

Workload is a crucial aspect of human resource management that includes the volume, duration (quantitative), and complexity of tasks (qualitative) that individuals must complete within a certain period of time (Nemati-Vakilabad et al., 2024; Miller & Hemberg, 2022). Imbalanced management can trigger negative impacts; excessive workload causes stress and burnout, while too light a workload triggers boredom and decreased motivation (Bacon et al., 2023). Conversely, a workload that is tailored to an individual's mental and emotional capacity can increase satisfaction and productivity, so organizations need to conduct periodic evaluations to ensure a fair distribution of tasks for sustainable performance and reduced turnover rates (Idris, 2025; Salliyuana, 2024; Miller & Hemberg, 2022).

To measure the level of workload, Padmanabhanunni & Pretorius (2024), established five main indicators covering aspects of support and individual perception. These indicators include Manager Support (managerial support), Peer Support (team/co-worker support), and Unit Support (availability of facilities and work materials). In addition to external support, the measurement also involves Perception Workload, which reflects employees' personal views on work pressure and urgency, as well as Intent to Stay, which shows the extent to which workload affects employees' desire to remain with the company.

Job Stress (X2)

Work stress is a physical and psychological condition that arises due to pressure in the work environment, such as excessive workload, interpersonal conflicts, and unrealistic demands (Diwyarthi & Prawira, 2024; Octiyana & Diwyarthi, 2023). Psychologically, stress occurs when individuals feel that job demands exceed their resources or capabilities, triggering anxiety and a decline in commitment (Akbar & Ahmad, 2020; Hashemi et al., 2023). If left unmanaged, prolonged stress can have far-reaching effects, ranging from decreased productivity to serious health problems such as burnout, depression, and anxiety disorders (Damayanti et al., 2022; Friska & Hamidah, 2022).

Within the organizational context, factors such as role ambiguity and lack of management support are the main triggers that exacerbate employee stress (Novia et al., 2023). Responsive organizations need to implement work-life balance policies and stress management training to maintain a harmonious work environment (Galanti et al., 2021; Dwitanti et al., 2023). Effective stress management has been proven to improve employee well-being and productivity while reducing company turnover rates (Octiyana & Diwyarthi, 2023).

Work stress can be measured using the Role Stressor indicators established by Hermansyah et al., (2024) and (Widyaningrum & Nora, 2020), which include: Role Conflict (conflicting job expectations), Role Ambiguity (unclear responsibilities), and Role Overload (too many or too complex tasks compared to the time available according to Vallasamy et al., (2023) In addition to internal role factors, stress is also triggered by Customer Demand, which requires a high level of empathy (Silva et al., 2022) and Ethical Demand, which relates to principles of right and wrong behavior in professional, legal, and religious aspects (Flores & Gabriel, 2020).

Burnout (Z).

Burnout is a condition of physical, emotional, and mental exhaustion caused by excessive and prolonged work stress, characterized by extreme fatigue, decreased motivation, and apathy (Vasquez et al., 2021; Marković et al., 2024). This condition arises when job demands—such as high workloads and time pressure—are not balanced with the support of the work environment or the recognition that individuals expect (Baek & Cha, 2025; Eskander et al., 2020). The impact is not only detrimental to the physical and mental health of employees, such as sleep disorders and anxiety, but also detrimental to the organization through decreased productivity and high turnover rates (Klatt et al., 2020; Sorrell, 2022). Therefore, proactive interventions through mindfulness programs, stress management, and wellness policies are crucial for creating a healthy work culture (Janeway, 2020; Roy et al., 2020).

Burnout measurement is based on three main indicators established by (Padmanabhanunni & Pretorius, 2024). First, Emotional Exhaustion, which reflects the feeling of depleted emotional resources, causing individuals to feel drained of energy and frustrated. Second, Depersonalization, which is characterized by the emergence of negative, cynical, and impersonal attitudes toward service recipients or coworkers. Third, Reduced Personal Accomplishment, which describes a decline in the perception of competence and self-efficacy, where individuals feel that they are no longer able to make meaningful contributions or achieve success in their work.

Desire to Relocate (Y)

Turnover intention is an employee's conscious desire or intention to leave their job, which is influenced by internal factors such as job dissatisfaction and poor relationships with superiors, as well as external factors such as more attractive job offers (Bai et al., 2023; Nassani et al., 2021). Work pressure that triggers stress and burnout has been proven to have a significant positive influence in increasing this intention to leave due to the emergence of apathy and decreased commitment (Salama et al., 2022). Conversely, managerial support, a positive work environment, and recognition of employee contributions are key to mitigating the negative effects of burnout and increasing loyalty and productivity (Anisah et al., 2025; Jamal et al., 2023).



Operationally, the desire to move can be measured using indicators established by (Widyaningrum & Nora, 2020) and reinforced by the perspective of behavioral intention (intention to move). These indicators include Perceived Alternative Employment Opportunities (perception of the availability of alternative employment opportunities in the labor market), Job Hopping (the attitude or behavior of changing jobs without strong rational motives), and Turnover Intention itself, which includes the conscious intention to voluntarily withdraw from the organization. This measurement also reflects actual activities such as actively seeking job openings elsewhere, interest in jobs at competitor companies, and planning to resign due to incompatibility with work culture or compensation (Purwanto et al., 2025; Syamrul et al., 2024).

Based on the description of the relationship between the variables above, if it is described in the form of a conceptual model.

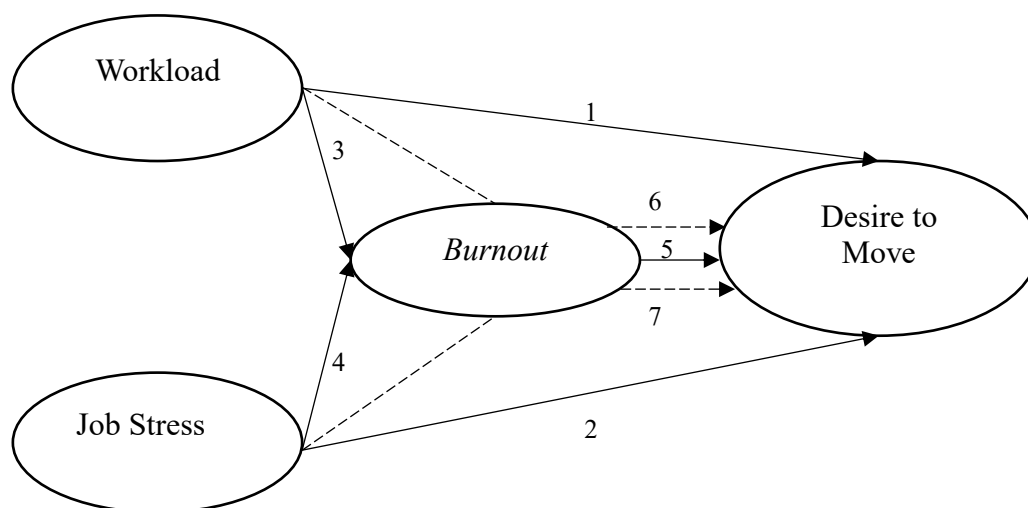


Figure 1. Research Framework

H1: Workload affects the desire to leave among nurses at Indriati Hospital in Boyolali.

H2: Work stress affects the desire to leave among nurses at Indriati Hospital in Boyolali.

H3: Workload affects burnout among nurses at Indriati Hospital in Boyolali

H4: Work stress affects burnout among nurses at Indriati Hospital in Boyolali

H5: Burnout affects the desire to leave among nurses at Indriati Hospital in Boyolali

H6: Workload affects the desire to leave, mediated by burnout, among nurses at Indriati Hospital in Boyolali

H7: Work stress affects the desire to leave, mediated by burnout, among nurses at Indriati Hospital in Boyolali

METHOD

This study uses a causal associative design with a quantitative approach to explain the relationship between the influence and contribution of variables measured using a numerical scale (Sugiyono, 2020). The method applied is a survey method, in which questionnaires are used as the main tool for collecting data to test hypotheses regarding the influence of workload and work stress on the desire to move, mediated by burnout. The use of this survey method aims to obtain data on the beliefs, behaviors, and psychological characteristics of the sample of nurses in order to produce valid research generalizations (Sugiyono, 2020).

The subject of this study is nurses at Indriati Boyolali Hospital, who serve as strategic data sources related to the variables in question (Kusnadi et al., 2025). The objects of this scientific study are workload, work stress, burnout, and desire to leave (Rahmansyah et al., 2025). This research was conducted at a specific location, namely Indriati Boyolali Hospital, located at Jl. Raya Boyolali – Solo KM 02 Mojosongo, Boyolali.

Population and Sample

According to (Rahmansyah et al., 2025) a population is a generalization area consisting of objects/subjects that have certain quantities and characteristics determined by researchers to be studied and then conclusions drawn. The population in this study was all contract nurses working at Indriati Boyolali Hospital, totaling 65 nurses.

A sample is a part of the number and characteristics of the population (Rahmansyah et al., 2025). The population in this study was based on contract nurses at Indriati Boyolali Hospital, totaling 65 nurses. The sampling method used was non-probability sampling. The sampling technique was total sampling or saturated sampling, which means that the



sample in this study was taken from the entire population. According (Rahmansyah et al., 2025), saturated sampling or total sampling is a sampling technique in which all members of the population are included in the sample. In this study, the population and sample taken were all contract nurses working at Indriati Boyolali Hospital, with a population of 65 people who would be used as a saturated sample in this study. Thus, in this study, the number of samples used in the study was 65 respondents.

Data Analysis Method

Data analysis in this study was divided into two main stages, namely descriptive analysis and inferential analysis. Descriptive analysis was used to provide an empirical description of the data through frequency distribution, measures of central tendency (mean), and standard deviation to assess data variability (Kusnadi et al., 2025; Rahmansyah et al., 2025). Data were collected using a Likert scale questionnaire to measure the respondents' level of agreement, which was then categorized into specific score ranges (Very Low to Very High) to determine the ranking of each research variable (Rahmansyah et al., 2025).

$$\bar{X} = \frac{\sum X_i}{n}$$

Description:

$\bar{X}$ = mean

$\sum X_i$ = jumlah tiap data

n = jumlah data

Next, inferential analysis was conducted using the Partial Least Square (PLS-SEM) method to test the causal relationships between variables (Azura & Fitria, 2025). This analysis included the design of a Measurement Model (Outer Model) to test the validity and reliability of the relationship between latent variables and their indicators, as well as a Structural Model (Inner Model) to examine the relationship between latent variables such as workload (\$X_1\$), work stress (\$X_2\$), burnout (\$Z\$), and desire to leave (\$Y\$). The advantage of PLS-SEM is its ability to manage small sample sizes and non-normally distributed data through the construction of path diagrams that represent the conceptual framework of the study (Azura & Fitria, 2025).

RESULT

The demographic characteristics of the research participants were gender, age, type of service, and occupation. These characteristics were identified from questionnaires collected from 65 respondents. The results of the descriptive statistical analysis for these demographic variables are described below:

Respondent criteria

The characteristics of the first respondents are shown based on the gender of contract nurses at Indriati Hospital Boyolali as follows:

Table 1. Respondent Gender

No	Gender	Amount	Percentage
1	male	12	18%
2	Famale	53	82%
Total		65	100%

Source: Processed primary data, 2026

Based on the table above, it shows that contract nurses at Indriati Boyolali Hospital are mostly female, namely 53 nurses, while the rest are male, totaling 12 nurses.

Table 2. Respondents' Age

No.	Age Group	Frequency	Percentage
1	< 25 years	20	31%
2	25–35 years	42	65%
3	36–45 years	3	5%
4	> 45 years	0	0%
Total		65	100%

Source: Processed primary data, 2026

Based on the table above, it is shown that contract nurses at Indriati Boyolali Hospital are mostly aged 25–35



years old, totaling 42 nurses, while the rest are aged < 25 years old, totaling 20 nurses, 36–45 years old, totaling 3 nurses, and there are no contract nurses aged > 45 years old.

Table 3. Respondent Characteristics Based on Work Unit

No.	Work Unit	Frequency	Percentage
1	Hemodialysis Unit (HD)	5	8%
2	Central Surgical Installation (IBS)	9	14%
3	Intensive Care Unit (ICU)	4	6%
4	Emergency Department (ED)	9	14%
5	MOD	1	2%
6	Perinatology Unit	5	8%
7	Outpatient Clinic	8	12%
8	Inpatient Ward	24	37%
Total		65	100%

Source: Processed primary data, 2026

Based on the table above, it is shown that contract nurses at Indriati Boyolali Hospital are mostly assigned to the Inpatient Unit, totaling 24 nurses, with the remainder assigned to the Hemodialysis/HD Unit, totaling 5 nurses, the Central Surgical Unit/IBS, totaling 9 nurses, the ICU, totaling 4 nurses, the Emergency Room, totaling 9 nurses, and the MOD, totaling 1 nurse. Perinatology with 5 nurses, and the Outpatient Clinic with 8 nurses.

Table 4. Respondent Characteristics Based on Education

No.	Education Level	Frequency	Percentage
1	Diploma (D3) in Nursing	32	49%
2	Diploma (D4) in Nursing	5	8%
3	Bachelor's Degree (S1) in Nursing	28	43%
Total		65	100%

Source: Processed primary data, 2026

Table 5.9 shows that most contract nurses at Indriati Boyolali Hospital have a D3 Nursing degree (32 nurses), while the rest have a D4 Nursing degree (5 nurses) and a S1 Nursing degree (28 nurses).

Table 5. Respondent Characteristics Based on Length of Employment

No.	Length of Employment	Frequency	Percentage
1	< 1 year	21	32%
2	1–5 years	43	66%
3	6–10 years	1	2%
4	> 10 years	0	0%
Total		65	100%

Source: Processed primary data, 2026

Based on the table above, it shows that contract nurses at Indriati Boyolali Hospital have been working for 1-5 years (43 nurses), < 1 year (21 nurses), 6-10 years (1 nurse), and none have been working for > 10 years.

Description Of Research Variables

Descriptive data analysis was used to provide an overview of respondents' responses for each research object. In this study, it was used to determine the overview of respondents' responses to each research variable. The results of the questionnaire distribution are shown as follows:

Table 6. Description of Workload Variable (X1)

Indicator	Item	STS	TS	CS	S	SS	N	Min	Max	Mean
Managerial Support	X1.1.1	0	0	13	48	4	65	3	5	3.86
	X1.1.2	0	0	13	49	3	65	3	5	3.85
	X1.1.3	0	1	11	51	2	65	2	5	3.83
	Average									3.85
Peer Support	X1.2.1	0	1	10	42	12	65	2	5	4.00
	X1.2.2	0	3	9	49	4	65	2	5	3.83
	X1.2.3	0	2	10	46	7	65	2	5	3.89
	Average									3.91
Unit Support	X1.3.1	3	8	16	36	2	65	1	5	3.40
	X1.3.2	0	4	21	37	3	65	2	5	3.60
	X1.3.3	1	3	21	36	4	65	1	5	3.60



	Average									3.53
Perceived Workload	X1.4.1	5	6	19	28	7	65	1	5	3.40
	X1.4.2	5	12	18	25	5	65	1	5	3.20
	X1.4.3	8	9	16	28	4	65	1	5	3.17
	Average									3.26
Intention to Stay	X1.5.1	0	8	18	29	10	65	2	5	3.63
	X1.5.2	2	12	14	30	7	65	1	5	3.43
	X1.5.3	1	8	21	27	8	65	1	5	3.51
	Average									3.52
Overall Mean of Workload Variable										3.61

Source: Processed primary data, 2026

The descriptive results of the Workload variable show that workload is measured through five indicators overall, with an average workload value of 3.61, which falls into the high or good category. These results indicate that manager support, peer support, unit support, workload perception, and intention to remain in the job are classified as high.

Table 7. Descriptive Variable of Work Stress (X2)

Indicator	Item	STS	TS	CS	S	SS	N	Min	Max	Mean
Role Conflict	X2.1.1	5	18	22	15	5	65	1	5	2.95
	X2.1.2	3	21	18	19	4	65	1	5	3.00
	X2.1.3	2	31	16	15	1	65	1	5	2.72
	X2.1.4	6	25	17	15	2	65	1	5	2.72
	X2.1.5	2	20	21	19	3	65	1	5	3.02
	Average									2.88
Role Ambiguity	X2.2.1	0	3	28	29	5	65	2	5	3.55
	X2.2.2	0	0	35	24	6	65	3	5	3.55
	X2.2.3	0	0	27	32	6	65	3	5	3.68
	X2.2.4	0	10	20	33	2	65	2	5	3.42
	X2.2.5	0	9	23	25	8	65	2	5	3.49
	Average									3.54
Work Overload	X2.3.1	3	28	24	10	0	65	1	4	2.63
	X2.3.2	4	16	19	23	3	65	1	5	3.08
	X2.3.3	17	19	20	9	0	65	1	4	2.32
	X2.3.4	9	19	26	11	0	65	1	4	2.60
	X2.3.5	9	20	14	20	2	65	1	5	2.78
	Average									2.68
Customer Demands	X2.4.1	4	31	18	10	2	65	1	5	2.62
	X2.4.2	4	27	26	7	1	65	1	5	2.60
	X2.4.3	3	29	25	7	1	65	1	5	2.60
	X2.4.4	6	30	17	10	2	65	1	5	2.57
	Average									2.60
Ethical Demands	X2.5.1	3	26	29	7	0	65	1	4	2.62
	X2.5.2	4	35	17	9	0	65	1	4	2.48
	X2.5.3	5	38	16	6	0	65	1	4	2.35
	X2.5.4	7	29	22	7	0	65	1	4	2.45
	Average									2.47
Overall Mean of Work Stress Variable										2.86

Source: Processed primary data, 2026

Overall, the descriptive analysis shows that the Work Stress variable among nurses at Indriati Boyolali Hospital is in the moderate category with an average score of 2.86. This figure reflects that, in general, role conflict, role ambiguity, excessive workload, customer demands, and ethics are perceived at a moderate level by nurses. Although it is in the moderate category, this condition still requires managerial attention so that it does not develop into heavier pressure that can interfere with the quality of health services at the hospital.

When examined in depth by indicator, there are quite contrasting variations where role ambiguity recorded the highest value of 3.54 (high category), indicating that unclear responsibilities are still a major issue felt by nurses. Meanwhile, the role conflict (2.88) and work overload (2.63) indicators are in the moderate category. On the other hand, the indicators of customer demands (2.60) and ethical demands (2.47) fall into the low or poor category, indicating that external pressures and professional ethical principles are currently perceived as lower than pressures originating from the internal role structure of the organization.

Table 8. Descriptive Variable Burnout (Z)

Indicator	Item	STS	TS	CS	S	SS	N	Min	Max	Mean
Emotional Exhaustion	Z1.1.1	4	24	20	13	4	65	1	5	2.83
	Z1.1.2	5	22	19	9	10	65	1	5	2.95
	Z1.1.3	5	18	22	10	10	65	1	5	3.03
	Z1.1.4	9	34	16	6	0	65	1	4	2.29
	Z1.1.5	9	25	19	12	0	65	1	4	2.52
	Z1.1.6	19	32	9	5	0	65	1	4	2.00
	Average									2.61
Depersonalization	Z1.2.1	7	14	18	22	4	65	1	5	3.03
	Z1.2.2	11	28	21	5	0	65	1	4	2.31
	Z1.2.3	18	28	13	6	0	65	1	4	2.11
	Z1.2.4	8	29	21	6	1	65	1	5	2.43
	Z1.2.5	8	31	21	5	0	65	1	4	2.35
	Z1.2.6	10	38	15	2	0	65	1	4	2.14
	Z1.2.7	5	22	21	13	4	65	1	5	2.83
	Average									2.46
Reduced Personal Accomplishment	Z1.3.1	10	34	15	5	1	65	1	5	2.28
	Z1.3.2	9	39	16	1	0	65	1	4	2.14
	Z1.3.3	12	31	17	3	2	65	1	5	2.26
	Z1.3.4	13	32	17	2	1	65	1	5	2.17
	Z1.3.5	13	34	14	4	0	65	1	4	2.14
	Z1.3.6	19	33	12	1	0	65	1	4	1.92
	Average									2.15
Overall Mean of Burnout Variable										2.41

Source: Processed primary data, 2026

The results of the descriptive analysis of the Burnout variable show that, overall, the level of fatigue experienced by nurses at Indriati Boyolali Hospital was at an average value of 2.41, which is classified as low or poor. These results indicate that the manifestations of burnout, which include emotional exhaustion, depersonalization, and reduced personal accomplishment, had not reached alarming levels at the time of the study. This shows that despite work pressure, the mental condition of nurses was generally still at a relatively controlled level of fatigue.

In detail, the emotional exhaustion indicator recorded the lowest score of 2.00, followed by the personal accomplishment indicator, which decreased to 2.15, and depersonalization at 2.46, with all three consistently falling into the low or poor category. These findings provide a positive picture that contract nurses at Indriati Boyolali Hospital have not shown strong signs of cynicism towards patients or a loss of competence in carrying out their professional duties. The low scores in these three dimensions are important capital for hospital management to maintain the emotional stability of health workers so that it does not increase to a higher level.

Table 9. Descriptive Variable Desire to Move (Y)

Indicator	Item	STS	TS	CS	S	SS	N	Min	Max	Mean
Perceived Alternative Job Opportunities	Y1.1.1	6	16	23	17	3	65	1	5	2.92
	Y1.1.2	20	25	18	2	0	65	1	4	2.03
	Y1.1.3	16	23	20	5	1	65	1	5	2.26
	Y1.1.4	5	28	26	6	0	65	1	4	2.51
	Average									2.43
Job Expectations	Y1.2.1	12	21	21	10	1	65	1	5	2.49
	Y1.2.2	18	29	16	2	0	65	1	4	2.03
	Y1.2.3	13	32	16	4	0	65	1	4	2.17
	Y1.2.4	5	12	18	22	8	65	1	5	3.25
	Average									2.48
Intention to Quit	Y1.3.1	14	26	19	6	0	65	1	4	2.26
	Y1.3.2	6	19	24	14	2	65	1	5	2.80
	Y1.3.3	11	28	21	4	1	65	1	5	2.32
	Y1.3.4	16	26	19	3	1	65	1	5	2.18
	Average									2.39
Overall Mean of Turnover Intention Variable										2.44

Source: Processed primary data, 2026

The descriptive results of the Burnout variable show that the Desire to Move is measured through 3 indicators



overall, with an average value of 2.39, which is in the low or poor category. These results indicate that the suggested alternative job opportunities, job expectations, and desire to quit are in the low or poor category.

Validity Test

Research instrument testing was conducted using a measurement model (outer model) to determine the specifications of the relationship between latent variables and their manifest variables. This testing included convergent validity, discriminant validity, and composite reliability.

Validity testing for reflective indicators uses the correlation between item scores and construct scores. Measurement with reflective indicators shows that there is a change in an indicator in a construct if other indicators in the same construct change (or are removed from the model). Reflective indicators are suitable for measuring perceptions, so this study uses reflective indicators.

The discriminant validity of measurement models with reflective indicators is assessed based on cross-loading measurements with constructs. If the correlation between the construct and the measurement item is greater than that of other construct measures, this indicates that the latent construct better predicts measures in their block than measures in other blocks.

The following is an overview of the outer loading values in the outer model generated after running the SmartPLS program for all indicators in the following figure:

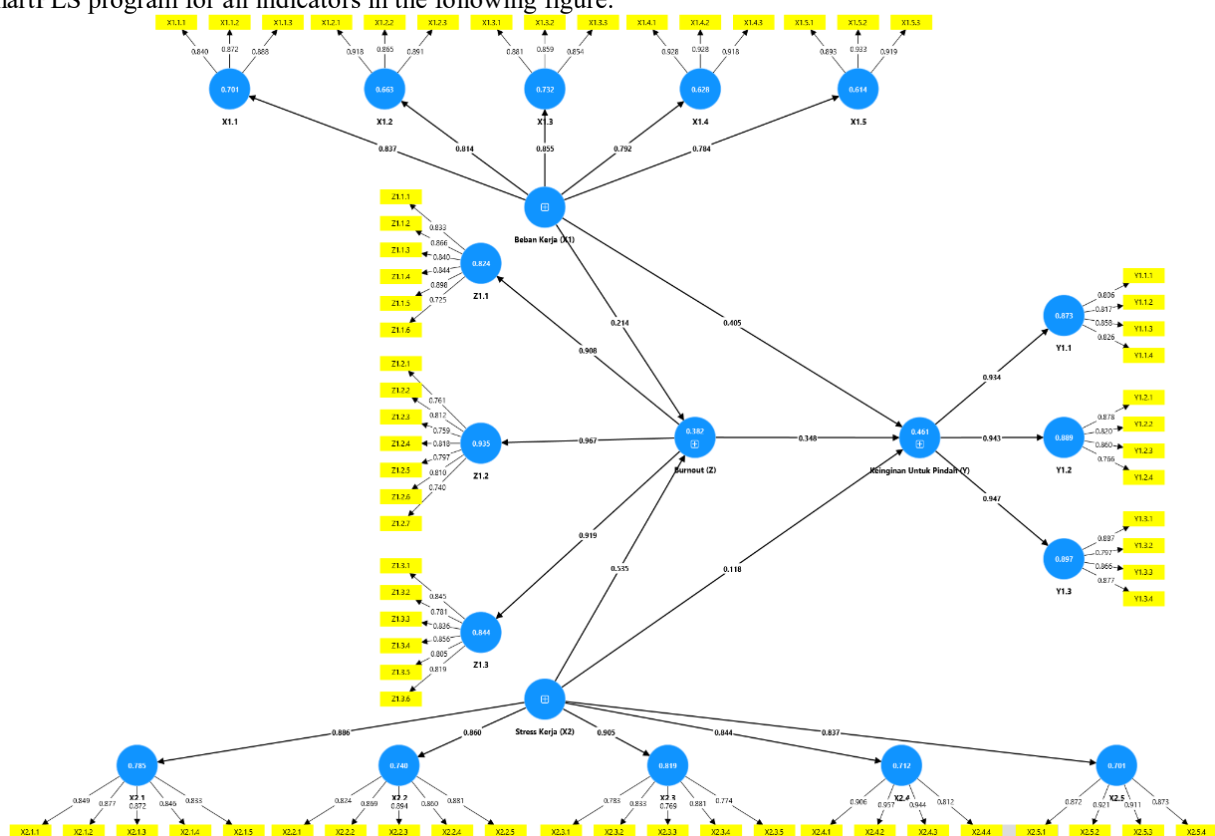


Figure 2. Outer Model
Source: Processed primary data, 2025

In the figure above, it can be seen that the cross-loading values for each indicator (bold print) are higher when compared to the correlation of the indicators with other latent variables, so that the latent variables have adequate discriminant validity.

Another way to measure discriminant validity is to look at the average variance extracted (AVE) value. The recommended value is above 0.5. The following are the cross-loading results in the study shown in the table below.

Table 10. AVE (Average Variance Extracted) Value

Variable	AVE
Workload (X1)	0.530
Work Stress (X2)	0.561
Burnout (Z)	0.574
Turnover Intention (Y)	0.623

Source: Processed primary data, 2025



The table above shows AVE values above 0.5 for all constructs: Workload (X1) = 0.530, Work Stress (X2) = 0.561, Desire to Leave (Y) = 0.623, and Burnout (Z) = 0.574. This means that all constructs have good discriminant validity.

Table 11. Composite Reliability and Cronbach Alpha

Variable	Composite Reliability
Workload (X1)	0.944
Work Stress (X2)	0.967
Burnout (Z)	0.962
Turnover Intention (Y)	0.952
Variable	Cronbach's Alpha
Workload (X1)	0.937
Work Stress (X2)	0.964
Burnout (Z)	0.959
Turnover Intention (Y)	0.944

Source: Processed primary data, 2025

Shows satisfactory composite reliability results, namely Workload (X1) = 0.944, Work Stress (X2) = 0.967, Desire to Leave (Y) = 0.952, and Burnout (Z) = 0.962. Therefore, it can be concluded that each construct has high reliability. This can be seen from the composite reliability value of all constructs being greater than 0.90.

The reliability test results can also be reinforced with Cronbach's alpha, where the recommended SmartPLS value is above 0.6. The table above shows that the Cronbach's alpha value for all constructs is above 0.9.

Hypothesis Test Results

Based on the summary of the hypothesis results, it can be seen that of the 7 research hypotheses formulated, hypotheses H1, H4, H5, and H7 can be accepted because each effect shows a p-value smaller than 0.05 (p-values < 0.05). Meanwhile, hypotheses H2, H3, and H6 cannot be accepted because each effect shows a p-value greater than 0.05 (p-values > 0.05).

Table 12. Hypothesis Test Results

Hypothesis	Path	P-Value	Conclusion
H1	Workload → Turnover Intention	0.000	Accepted
H2	Work Stress → Turnover Intention	0.392	Rejected
H3	Workload → Burnout	0.068	Rejected
H4	Work Stress → Burnout	0.000	Accepted
H5	Burnout → Turnover Intention	0.011	Accepted
H6	Workload → Burnout → Turnover Intention	0.139	Rejected
H7	Work Stress → Burnout → Turnover Intention	0.032	Accepted

Source: Processed primary data, 2026

DISCUSSION

This discussion is designed to interpret the results of the hypothesis testing in more depth by relating them to the characteristics of the respondents, the actual conditions at the research location, and the pattern of questionnaire answers obtained.

The Effect of Workload on the Desire to Move

The results of the descriptive analysis show that the average value of the Workload variable for contract nurses at Indriati Boyolali Hospital is 3.61, which falls into the high category. This high workload is reflected in the accumulation of task demands, time pressure, and aspects of managerial and work unit support that nurses must face in health services. Conversely, the variable of Desire to Move shows an average value of 2.44, which is categorized as low. Although the general tendency to move is still low, the high workload remains a crucial risk factor that needs to be anticipated by hospital management.

Based on the results of hypothesis testing, it was found that workload had a positive and significant effect on the desire to leave. This was evidenced by a path coefficient value of 0.405, a t-statistics value of 3.892, and p-values of 0.000. This finding indicates that any increase in the workload perceived by nurses will be followed by an increase in their intention to leave the organization. Thus, the hypothesis stating that workload affects the desire to leave is officially accepted.

The results of this study are in line with the findings of Afifudin & Kussudyarsana (2025) and Dewi et al. (2023), which confirm that poorly managed workloads reduce comfort and job satisfaction, ultimately triggering turnover intention. These findings underscore the importance for hospital management to pay attention to the capacity of individual contract nurses so that their workload does not exceed their capabilities, in order to prevent the loss of talent



in the future, even though the current turnover rate is still relatively low.

The Effect of Work Stress on the Desire to Move

The results of the descriptive analysis show that the Work Stress variable for contract nurses at Indriati Boyolali Hospital has an average value of 2.86 (moderate category), which reflects a moderate level of stress on the indicators of conflict and role ambiguity. Meanwhile, the variable of Desire to Leave has an average value of 2.44 (low category). This indicates that although nurses experience a certain level of work pressure, this condition is not strong enough to trigger a massive desire to leave the hospital immediately.

Based on the results of hypothesis testing, it was found that work stress did not have a significant effect on the desire to move. This is evidenced by a path coefficient value of 0.118, a t-statistics value of 0.855, and p-values of 0.392. Since these values do not meet the significance criteria, the hypothesis stating that work stress affects the desire to move is officially rejected. This phenomenon is thought to occur because nurses have good coping mechanisms, social support, or economic considerations that deter them from leaving.

Although it does not have a direct effect, work stress remains a threat because it has been proven to have a significant effect on burnout, which in turn increases the desire to leave. These findings indicate a mediating role in which work stress requires a “trigger” in the form of mental fatigue (burnout) before it ultimately leads to the decision to quit. Therefore, the management of Indriati Boyolali Hospital is advised to implement continuous stress management through role clarity and psychological support to prevent the accumulation of stress from becoming burnout, which is detrimental to the organization.

The Effect of Workload on Burnout

The results of the descriptive analysis show that the Workload variable for contract nurses at Indriati Boyolali Hospital is in the high category (3.61), reflecting the high demands of daily tasks and responsibilities. On the other hand, the Burnout variable is in the low category (2.41), indicating that the nurses' levels of emotional exhaustion and depersonalization are still under control. Interestingly, the hypothesis testing results show that workload does not have a significant effect on burnout, with a path coefficient value of 0.214, t-statistics of 1.822, and p-values of 0.068 (above the threshold of 0.05). Thus, the hypothesis stating that workload affects burnout is officially rejected.

This insignificance is thought to be due to protective factors in the form of strong organizational support, both from managers and coworkers, as well as the availability of unit facilities, which help nurses adapt to the high demands of their work. These findings confirm that a heavy workload does not automatically trigger burnout as long as the work environment remains conducive and the support system is functioning optimally. Although different from some previous studies, these results provide important insights for the management of Indriati Boyolali Hospital that maintaining social and managerial support is key to preventing high workloads from developing into psychological fatigue in the future.

The Effect of Work Stress on Burnout

The results of the descriptive analysis show that the Work Stress variable for contract nurses at Indriati Hospital in Boyolali is in the moderate category (2.86), reflecting pressure in the areas of role conflict, task ambiguity, and service demands. Meanwhile, the Burnout variable is in the low category (2.41), indicating that the current level of emotional exhaustion and depersonalization among nurses is still under control. Although the overall level of exhaustion is still low, the data shows that there is a potential psychological risk that needs to be anticipated through proper stress management.

Based on the results of hypothesis testing, it was found that work stress has a positive and significant effect on burnout with a path coefficient value of 0.535, t-statistics of 5.184, and p-values of 0.000. These findings prove that every increase in work stress will be followed by an increase in burnout levels, so this research hypothesis is officially accepted. These results are in line with work stress theory and previous studies (Salama et al., 2022; Wulandari et al., 2024) which confirm that work stress is a dominant determinant of mental fatigue in healthcare workers. Therefore, stress management through task clarity and psychological support is crucial to prevent a lasting impact on nurses' well-being.

The Effect of Burnout on the Desire to Move

The results of the descriptive analysis show that the Burnout variable for contract nurses at Indriati Boyolali Hospital is in the low category (2.41), reflecting a controlled level of emotional exhaustion and depersonalization. In line with this, the desire to leave variable is also in the low category (2.44), indicating that nurses generally still have an attachment to the organization. Although both figures are currently low, these results show a stable condition but still require monitoring so that they do not increase as work pressure increases.

Based on the results of hypothesis testing, it was found that burnout had a positive and significant effect on the desire to move, with a path coefficient value of 0.348, t-statistics of 2.551, and p-values of 0.011. These findings prove that every increase in the level of mental fatigue will directly trigger nurses' intention to leave the hospital, so this



research hypothesis is officially accepted. These results are supported by the findings of Nal et al. (2022) and Özkan (2022), which confirm that emotional exhaustion is a major predictor of turnover intention. Therefore, the management of Indriati Boyolali Hospital needs to pay special attention to preventing burnout through a supportive work environment in order to reduce the potential for future resignations among healthcare workers.

The Effect of Work Stress on the Desire to Leave is Mediated by Burnout

The results of the descriptive analysis show a unique phenomenon at Indriati Boyolali Hospital, where contract nurses face a high workload (3.61) but have low levels of burnout (2.41) and low desire to leave (2.44). This condition indicates that despite the high demands of their daily work, the nurses currently still have good mental resilience and maintained commitment to the organization.

Based on the results of the mediation hypothesis testing, it was found that burnout did not mediate the effect of workload on the desire to leave. This was evidenced by a path coefficient value of 0.074, t-statistics of 1.481, and p-values of 0.139 (above 0.05). Thus, the mediation hypothesis was officially rejected. This finding explains that the perceived workload of nurses has a direct effect on the intention to leave without having to go through the mechanism of mental fatigue (burnout) first.

The main factor causing the insignificance of this mediating role is the solid organizational support from managers and coworkers, which acts as a buffer. This support prevents high workloads from transforming into chronic emotional exhaustion. These results provide important input for hospital management that workload management must be prioritized immediately because nurses tend to respond to excessive task demands by considering instant resignation, even though they do not yet feel saturated or burned out.

The Effect of Workload on the Desire to Leave is Mediated by Burnout

The results of the descriptive analysis show that the Work Stress variable for contract nurses at Indriati Boyolali Hospital is in the moderate category (2.86), while the Burnout (2.41) and Desire to Leave (2.44) variables are in the low category. Although the stress level is moderate, this condition has not triggered mental fatigue or a high intention to leave. However, the results of the mediation hypothesis test prove that burnout significantly mediates the effect of work stress on the desire to leave, with a path coefficient value of 0.186, t-statistics of 2.141, and p-values of 0.032, so the hypothesis is accepted.

These findings indicate that work stress does not directly cause nurses to resign, but rather through a psychological mechanism in the form of increased burnout. Stress stemming from ongoing role conflicts and ambiguities can deplete emotional resources, which ultimately triggers the intention to leave. These results are consistent with the research of Salama et al. (2022) and Amalia & Nugroho (2024). Therefore, the management of Indriati Boyolali Hospital needs to prioritize stress management and role clarity in order to break the chain of burnout and effectively reduce the potential for nurse resignations.

CONCLUSION

Research Conclusions

This study concludes that workload has a direct and significant effect on the desire to leave, with high task load being the main driver for contract nurses to consider resigning immediately. Interestingly, work stress and workload were not found to have a direct effect on the desire to leave or burnout in this context, which is thought to be due to internal organizational buffering factors. However, a strong causal relationship was found whereby work stress increases burnout, and burnout significantly drives nurses' intention to leave. In mediation testing, burnout did not play a role in the relationship between workload and intention to leave, but it was found to be a key mediator bridging the effect of work stress on the intention to leave; that is, stress does not directly cause nurses to want to leave unless that stress has developed into mental exhaustion (burnout).

Managerial and Academic Recommendations

Based on these findings, the management of Indriati Boyolali Hospital is advised to intervene directly in the redistribution of workloads by adjusting patient-to-staff ratios and working hours proportionally in order to reduce spontaneous resignations. In addition, the hospital needs to break the chain of burnout by managing work stress through increasing role clarity (eliminating ambiguity) and strengthening psychological support and more supportive supervision from superiors. For further research, it is recommended to expand the population coverage across hospitals and explore additional variables such as organizational commitment, leadership style, or psychological well-being to deepen the analysis of factors that can mitigate nurse turnover.



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