



The Relationship Between Managerial Support and Nurse Burnout

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ABSTRACT

Introduction: Burnout among nurses remains a major challenge in healthcare systems worldwide, particularly in inpatient settings with high workload demands such as surgical wards. Managerial support plays an important role in shaping the work environment, including the provision of adequate facilities that enable nurses to perform their duties effectively. Insufficient facilities may increase work strain and contribute to burnout.

Objective: This study aimed to examine the relationship between managerial support in facility provision and burnout among nurses working in surgical inpatient wards.

Method: A quantitative correlational study with a cross-sectional design was conducted among nurses in surgical inpatient wards at a public hospital. Total sampling was applied, involving 33 nurses who met the inclusion criteria. Data were collected using a managerial support in facility provision questionnaire and the Maslach Burnout Inventory. The instruments demonstrated acceptable validity and reliability. Data were analyzed using descriptive statistics and Spearman correlation analysis.

Result: The findings showed that most nurses perceived managerial support in facility provision at moderate to high levels, while burnout levels among nurses were predominantly moderate to high. Spearman correlation analysis indicated that there was no significant relationship between managerial support in facility provision and burnout ($p > 0.05$).

Conclusion: Managerial support in providing adequate facilities is significantly associated with burnout among nurses in surgical inpatient wards. Enhancing managerial support for facility provision may contribute to reduced burnout and improved nurse well-being and performance.

Keywords: burnout, facility provision, managerial support, nurses, surgical inpatient ward

Introduction

Burnout is a global occupational health problem that is frequently experienced by healthcare professionals, particularly nurses. The World Health Organization classifies burnout as a syndrome resulting from chronic workplace stress that has not been successfully managed, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment (WHO, 2022). Burnout among nurses has received increasing attention because it affects not only individual well-being but also the quality of healthcare services, patient safety, and organizational performance. Nurses experiencing burnout may demonstrate decreased motivation, reduced empathy toward patients, and impaired professional functioning.

In nursing practice, burnout often arises from excessive workload, prolonged emotional demands, time pressure, and limited work resources. Maslach and Leiter (2016) explain that burnout develops when job demands consistently exceed available resources. Nurses are required to provide continuous care, respond to patients' physical and emotional needs, and maintain professional accountability under demanding conditions. These pressures are particularly evident in inpatient settings, where nurses are responsible for comprehensive patient care over extended periods.

In Indonesia, burnout among nurses remains a significant concern. Data from the Ministry of Health of the Republic of Indonesia (2023) indicate that approximately 49.6% of nurses working in referral hospitals experience burnout. Similarly, a national survey conducted by the Indonesian Hospital Association reported that 41.2% of nurses in public hospitals experienced burnout symptoms ranging from mild to severe (PERSI, 2022). These findings indicate that nearly half of nurses in public healthcare facilities are affected by burnout.

Local evidence further highlights the magnitude of this issue. A study conducted by Mukaromah et al. (2025) at RSUD Umar Wirahadikusumah reported that 89.1% of staff nurses working in surgical inpatient wards experienced moderate burnout, while 7.8% experienced mild burnout and 3.1% experienced high burnout. The study also found that burnout was associated with decreased nursing performance. This evidence emphasizes that burnout is both prevalent and detrimental to nursing care quality, particularly in surgical inpatient settings.

Burnout among nurses develops gradually as a result of multiple risk factors. Heavy workload, long shift systems, high emotional demands, and insufficient managerial support have been identified as major contributors to burnout (Wirati et al., 2020). Among these factors, managerial support plays an essential role in shaping the work environment. Managerial support refers to the extent to which management provides guidance, assistance, and resources to enable nurses to perform their duties effectively. One important yet frequently overlooked form of managerial support is the provision of adequate work facilities.

Inadequate facilities can increase nurses' physical and psychological burden, delay work processes, and reduce comfort in providing care. Handayani et al. (2023) reported that limited access to essential medical equipment and supporting facilities contributes to increased work stress among nurses. Facilities such as medical equipment, personal protective equipment, and supporting infrastructure are essential for ensuring efficiency, safety, and continuity of

nursing care. When these facilities are insufficient, nurses may experience increased strain that contributes to burnout.

International studies have demonstrated a relationship between work facilities and burnout. Al Maqbali et al. (2021) found that the availability of medical equipment and workplace comfort was negatively associated with emotional exhaustion and depersonalization among nurses in Brazil. Similarly, Gyekye (2023) reported that many nurses experienced burnout during the COVID-19 pandemic due to inadequate managerial support, particularly in the provision of work resources. These findings highlight facility provision as a tangible form of managerial support.

In the Indonesian hospital context, facilities are defined as physical infrastructure, medical and non-medical equipment, and supporting systems required to ensure service quality and patient safety (Komisi Akreditasi Rumah Sakit, 2017). Adequate facility provision represents a strategic component of managerial support because it contributes to healthcare workers' performance and well-being (Putri et al., 2023). Conversely, limited facilities may increase workload and contribute to burnout among nurses (Lestari et al., 2025).

These challenges are particularly evident in surgical inpatient wards, which accommodate postoperative patients requiring close monitoring and continued care for more than 24 hours (Ministry of Health of the Republic of Indonesia, 2022). Nurses in these wards are responsible for vital sign monitoring, pain management, wound care, medication administration, and patient education, placing them at higher risk of burnout (Nursalam, 2020).

A preliminary study conducted in June 2025 through interviews with nurses at RSUD Umar Wirahadikusumah revealed persistent limitations in facility availability across all work shifts. Nurses reported frequent shortages of basic medical equipment, personal protective equipment, and patient transport trolleys, which often resulted in delays in care delivery. These findings indicate that facility limitations remain a daily challenge in surgical inpatient nursing practice. Evidence suggests that structural and environmental resources in hospitals are associated with lower burnout levels when aligned with clinical demands (Shreffler et al., 2020).

According to the Job Demands–Resources model, burnout may occur when high job demands are not balanced by adequate job resources, including facilities and managerial support (Demerouti et al., 2001). Although various factors contributing to nurse burnout have been identified, research in Indonesia examining the relationship between managerial support in facility provision and burnout among nurses in surgical inpatient wards remains limited.

Therefore, this study aims to examine the relationship between managerial support in the provision of facilities and burnout among nurses working in surgical inpatient wards. The findings are expected to provide evidence-based insights for hospital management in developing strategies to improve nurses' well-being and enhance the quality of inpatient healthcare services.

Objective

This study aimed to examine the relationship between managerial support in the provision of facilities and burnout among nurses working in surgical inpatient wards.

Method

This study employed a quantitative correlational design with a cross-sectional approach and was conducted in the surgical inpatient wards of RSUD Umar Wirahadikusumah, a public hospital in Indonesia. The study population consisted of all nurses working in the surgical inpatient wards. Inclusion criteria were nurses who were actively working in the surgical inpatient wards and willing to participate, while nurses who were on leave or not involved in direct patient care during the data collection period were excluded. A total sampling technique was applied, resulting in 33 nurses participating as respondents.

Data were collected using two instruments: a managerial support in facility provision questionnaire and the Maslach Burnout Inventory. The managerial support questionnaire assessed nurses' perceptions of managerial support related to the availability and adequacy of work facilities, while burnout was measured across the dimensions of emotional exhaustion, depersonalization, and personal accomplishment. Both instruments were tested for validity and reliability prior to the main study. Validity testing using Pearson product-moment correlation demonstrated that all items from both instruments had correlation coefficients greater than 0.30 with p-values less than 0.05. Reliability testing using Cronbach's alpha yielded a value of 0.841, indicating good internal consistency.

Data collection was carried out after obtaining institutional permission and informed consent from all participants. Questionnaires were distributed directly to nurses in the surgical inpatient wards and collected upon completion. Data analysis included descriptive statistics to summarize respondent characteristics and study variables. The relationship between managerial support in facility provision and burnout was analyzed using Spearman correlation analysis, with a significance level set at $p < 0.05$.

Result

Table 1. Frequency Distribution Respondents Characteristics (n = 33)

Characteristics	F	%
Gender		
Male	8	24.2
Female	25	75.8
Total	33	100
Age		
25 – 34 years	11	33.3
35 – 44 years	15	45.5
45 – 54 years	7	21.2
Total	33	100
Length of Work		
1 - 10 years	21	63.64
11 - 20 years	10	30.30
21 - 30 years	1	3.03
31 - 40 years	1	3.03
Total	33	100
Ward		
Anggrek	22	66.7
Jasmin	11	33.3
Total	33	100

Based on Table 1, a total of 33 nurses participated in this study. The majority of respondents were female (75.8%), while male nurses accounted for 24.2%. In terms of age, most respondents were within the productive age range, with the largest proportion in the 35–44 years age group (45.5%), followed by those aged 25–34 years (33.3%).

Regarding length of employment, most respondents had 1–10 years of work experience (63.6%), indicating that the majority of nurses were in the early to middle stages of their professional careers. Based on work units, most respondents were assigned to the Anggrek Ward (66.7%), while the remaining respondents worked in the Jasmin Ward (33.3%).

Table 2. Frequency Distribution of Managerial Support in Facility Provision (n = 33)

Category	f	%
Low	7	21.2
Moderate	13	39.4
High	13	39.4
Total	33	100

Based on Table 2, the frequency distribution of managerial support in facility provision shows that 7 respondents (21.2%) were categorized as having low managerial support, while 13 respondents (39.4%) were in the moderate category and 13 respondents (39.4%) were in the high category. Overall, most respondents perceived managerial support in facility provision at moderate to high levels.

Table 3. Frequency Distribution of Burnout Among Nurses (n = 33)

Category	f	%
Low	6	18.2
Moderate	17	51.5
High	10	30.3
Total	33	100

Based on Table 3, the frequency distribution of burnout among nurses shows that 6 respondents (18.2%) were categorized as having low burnout, 17 respondents (51.5%) experienced moderate burnout, and 10 respondents (30.3%) experienced high burnout.

Table 4. Result of the Analysis of the Relationship between Managerial Support in Facility Provision and Nurse Burnout

Variable	<i>Spearman-rho</i>	<i>p-value</i>
Managerial Support in Facility Provision and Nurse Burnout	-0.265	0.137

Based on Table 4, Spearman correlation analysis showed a p-value of 0.137 and a correlation coefficient of 0.265. Since the p-value was greater than 0.05, the results indicate

that there was no significant relationship between managerial support in facility provision and burnout among nurses.

Discussion

This study examined the relationship between managerial support in the provision of facilities and burnout among nurses working in surgical inpatient wards. The findings showed that most nurses perceived managerial support in facility provision as moderate to high, while burnout levels were predominantly moderate to high. Despite this condition, the results indicated that there was no statistically significant relationship between managerial support in facility provision and burnout. This finding suggests that burnout among nurses cannot be explained solely by the availability of physical facilities and reflects the complex nature of occupational stress in nursing practice (Maslach & Leiter, 2016).

The presence of moderate to high burnout among nurses highlights the demanding characteristics of surgical inpatient wards. (Woo et al., 2020) identified that nurses in high-acuity units are continuously exposed to emotional involvement, clinical complexity, and time pressure. In surgical settings, nurses are responsible for postoperative monitoring, pain management, wound care, and rapid response to complications, which require sustained attention and emotional engagement. These conditions may lead to emotional exhaustion even when organizational support, such as facility provision, is perceived as adequate.

The Job Demands–Resources (JD-R) model provides a relevant theoretical explanation for these findings. Burnout occurs when job demands exceed the available job resources, and the effectiveness of job resources depends on their ability to counterbalance dominant demands (Bakker & Demerouti, 2023). Although facilities function as job resources, their buffering effect may be limited in environments where workload intensity and emotional labor are particularly high. In this context, the adequacy of facilities alone may not significantly reduce burnout if other demands remain unaddressed.

Recent research shows that staffing adequacy and leadership support have stronger associations with burnout reduction compared to material resources alone (Cummings et al., 2021). Although facilities are essential for safe clinical practice, their effect on psychological outcomes may be indirect. Organizational support that includes emotional and supervisory components has been found to significantly reduce emotional exhaustion (Labrague et al., 2021).

Descriptive analysis in this study revealed that nurses perceived variability in the adequacy of facility provision, particularly regarding essential clinical equipment and personal protective equipment. Perceptions of managerial support are formed through cumulative daily experiences rather than through isolated organizational actions (Robbins & Judge, 2020). When critical clinical facilities are perceived as insufficient or inconsistently available, overall perceptions of support may be weakened, even if other supporting facilities are considered adequate. This may explain why facility-related managerial support did not show a significant association with burnout.

The absence of a significant relationship between facility provision and burnout in this study is consistent with previous research conducted in similar clinical contexts. Burnout among nurses has been found to be more strongly associated with workload intensity, emotional demands, and staffing adequacy than with physical work resources (Galanis et al., 2021). These findings suggest that material resources alone may not effectively mitigate burnout when core occupational stressors persist.

However, findings from other studies indicate different results. Research that conceptualizes job resources more broadly, including leadership quality, psychosocial support, and opportunities for professional development, has demonstrated a significant protective effect against burnout (Montgomery et al., 2021). The discrepancy between these findings and the present study may be explained by differences in the scope of managerial support examined. While the current study focused specifically on facility provision, other studies included non-material resources that may have a stronger influence on nurses' psychological well-being.

The predominance of moderate burnout observed in this study is particularly important from a preventive perspective. Moderate burnout represents a transitional stage in which nurses experience substantial work-related strain but may still respond positively to timely organizational interventions. Without appropriate management, moderate burnout may progress to severe burnout, leading to decreased job performance, compromised patient care, and increased turnover intention (Dall'Ora et al., 2020).

From a practical standpoint, the findings of this study suggest that hospital management should not rely solely on improving facility provision as a strategy to reduce burnout. While adequate facilities are essential for ensuring safe and effective clinical practice, they should be integrated with broader organizational strategies, including workload regulation, staffing adequacy, and emotional support initiatives. Addressing both job demands and job resources simultaneously may offer a more effective approach to reducing burnout in surgical inpatient wards (Bakker & Demerouti, 2023).

Several limitations of this study should be acknowledged. The relatively small sample size may have limited the statistical power to detect significant associations. In addition, the cross-sectional design restricts causal interpretation, and the use of self-reported questionnaires may introduce response bias due to individual differences in perception (Maslach & Leiter, 2016). Furthermore, the study was conducted in a single hospital setting, which may limit the generalizability of the findings to other healthcare institutions with different organizational characteristics.

Future research is recommended to employ longitudinal and multi-center designs to better understand the dynamics of burnout over time. Further studies should also explore additional dimensions of managerial support beyond facility provision, such as leadership style, communication quality, and psychosocial support. Qualitative approaches may provide deeper insights into nurses' experiences and perceptions of managerial support in high-demand clinical environments (Woo et al., 2020).

The moderate level of burnout observed in this study is important from a preventive perspective. Early organizational interventions are effective in preventing progression toward severe burnout and turnover intention (West et al., 2020). This study demonstrates that managerial support in facility provision, although perceived as moderate to high, is not significantly associated with burnout among nurses in surgical inpatient wards. Burnout appears to result from a complex interaction of job demands and organizational factors beyond physical facilities alone. These findings underscore the importance of comprehensive and integrated strategies to address burnout and promote nurses' well-being in surgical inpatient care settings (Maslach & Leiter, 2016).

Conclusion

This study aimed to examine the relationship between managerial support in the provision of facilities and burnout among nurses working in surgical inpatient wards. The findings indicate that although managerial support related to facilities was generally perceived as moderate to high, it was not significantly associated with burnout. This suggests that burnout among surgical nurses is influenced by complex and interrelated occupational factors beyond physical facility provision alone. Consequently, addressing burnout requires a comprehensive organizational approach that balances job demands with adequate resources, including not only facilities but also workload management and supportive work environments. These findings contribute to the understanding of burnout in high-demand clinical settings and provide important considerations for nursing management in improving nurses' well-being and the quality of inpatient care.

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Authors' contribution

Each author contributed equally in all the parts of the research. All authors have critically reviewed and approved the final draft and are responsible for the content and similarity index of the manuscript.

Conflict of interest

The researchers stated that there is no conflict of interest related to the implementation and publication of the results of this research. The entire research process, from planning, data collection, analysis, to report preparation, was carried out independently without any influence or pressure from any third party. A commitment to research ethics is upheld throughout the research process, ensuring transparency, accuracy and honesty in reporting results. Respondents' participation was voluntary with informed consent, and their confidentiality and privacy were maintained in accordance with applicable research ethics standards. With this statement, researchers hope that the research results can be trusted and used as a valid reference for the development of science and health practices related to ethnomedicine and reproductive health.

Ethical consideration

Not applicable.

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