

FULL MEDIATION MECHANISM OF JOB BURNOUT IN THE RELATIONSHIP BETWEEN WORK OVERLOAD AND FEMALE NURSES' TURNOVER INTENTION

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ABSTRACT

Healthcare institutions globally face an acute retention crisis, with female nurses experiencing high work overload alongside domestic dual-role pressures. Drawing on Job Demands-Resources (JD-R) theory and Conservation of Resources (COR) theory, this study examines the psychological mechanisms linking excessive workload to turnover intention, with burnout acting as a mediator. An explanatory quantitative survey was conducted among 235 active female nurses (N = 235) across private hospitals in Central Lampung Regency, Indonesia. The hypotheses were tested using partial least squares structural equation modeling (PLS-SEM) in SmartPLS 4.0. The results indicate that excessive workload significantly increases job fatigue ($\beta = 0.501$; $t = 11.239$; $p = 0.000$), whereas job fatigue significantly increases the intention to quit ($\beta = 0.573$; $t = 8.867$; $p = 0.000$). In contrast, work overload has no significant direct effect on turnover intention ($\beta = 0.070$, $t = 1.122$, $p = 0.262$). Further mediation analysis confirms that professional burnout acts as a mediator, operating indirectly, indicating a full mediation mechanism ($\beta = 0.287$, $t = 7.032$, $p = 0.000$). These findings highlight that work overload may not immediately translate into turnover intention, but its persistent effects on nurses' psychological resources can increase burnout and subsequently strengthen the intention to leave. This study contributes to the literature by demonstrating the importance of burnout as a psychological mechanism linking excessive workload and turnover intention among nurses in private hospitals, providing a more specific explanation of how workload-related pressures may develop into retention problems

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INTRODUCTION

Globally, the healthcare sector is confronting an escalating retention crisis, particularly among nursing professionals who carry heavy clinical workloads and complex emotional responsibilities. A comprehensive meta-analysis by (Ren et al.,

2024) analyzing 213,314 nurses across 14 countries revealed a global average nurse turnover rate of 16%, with Asia recording the highest regional rate at 19%. The World Health Organization (World Health Organization, 2025) projects a global shortage of 5.9 million nurses, with 89% of this shortage occurring in low- and middle-income countries. In Indonesia, the national nurse turnover rate reached 20.8% (Susanti et al., 2020), significantly exceeding the ideal 5–10% threshold required for health service operational stability (Gillies, 1994). High nurse turnover disrupts care continuity, increases the risk of medical errors, and creates substantial financial costs through recruitment and retraining (Brunetto & Teo, 2013; Daouda et al., 2021; De Vries et al., 2023).

In regional healthcare settings, retention challenges are intensified in areas characterized by acute healthcare human resource scarcity, such as Central Lampung Regency in Lampung Province, Indonesia. Private hospitals in regional areas rely heavily on female nurses, who account for approximately 70% of Indonesia's total nursing workforce (Gunawan et al., 2021). Female nurses frequently bear a "double burden," balancing intensive professional shifts at the hospital with domestic and caregiving responsibilities at home. Empirical studies have shown that female healthcare workers are more vulnerable to psychophysical exhaustion, emotional fatigue, and turnover intention in the context of these competing demands (Apple et al., 2023; Brera et al., 2021; Epifanio et al., 2023). Data from the Indonesian Central Bureau of Statistics (Badan Pusat Statistik Indonesia, 2024) shows that women aged 25–34 represent a major segment of individuals who were previously employed but are currently out of the labor force, highlighting the challenges of sustaining female workforce participation and retention.

To understand how work overload may lead to turnover intention among female nurses, the psychological mechanism underlying this relationship needs to be examined. According to Job Demands-Resources (JD-R) Theory, work overload operates as a primary job demand that initiates a health impairment process by continuously draining physical and mental energy (Bakker & Demerouti, 2007; Demerouti et al., 2001). Furthermore, Conservation of Resources (COR) theory posits that individuals possess limited energy and psychological resources, and prolonged exposure to high demands without adequate recovery can result in substantial resource depletion (Hobfoll, 1989, 2001). Chronic resource loss can manifest as burnout, a psychological syndrome characterized by emotional exhaustion, depersonalization, and a diminished sense of professional competence (Maslach & Jackson, 1981; World Health Organization, 2019). As psychological exhaustion increases, employees may engage in withdrawal behaviors or quit (including harboring intentions to change jobs) in an effort to prevent further resource loss (Bothma & Roodt, 2013; Mobley, 1982).

In regional healthcare environments, however, heavy work overload may not automatically translate into immediate turnover intention. Female nurses in regional Indonesia may face family economic dependencies, financial obligations, and limited alternative employment opportunities. These conditions can function as "family socio-economic anchors" that encourage nurses to remain in their jobs despite high daily workloads. This may explain why the direct relationship between excessive workload and the intention to quit is not always significant. At the same time, persistent exposure to quantitative and qualitative work overload can gradually deplete psychological resources and increase job burnout. When burnout becomes chronic, the accumulated psychological strain may strengthen nurses' intention to leave despite these external constraints (Zheng et al., 2024). Therefore, examining job burnout as a mediating mechanism provides a more complete explanation of why work overload may influence turnover intention indirectly rather than directly.

Although research on nursing staff turnover is increasing, several gaps remain. First, previous studies generally demonstrate a link between workload and burnout, as well as between burnout and the intention to leave one's job. However, these relationships are often examined in isolation or without considering the specific nature of nursing work in private hospitals located in rural areas (Falatah, 2021; Galanis et al., 2025). Second, research examining excessive workload, fatigue, and turnover intention among nurses within an integrated framework remains limited, particularly in regional healthcare settings, where limited alternative employment options and family circumstances can influence the decision to stay or leave. This indicates that the relationship between work overload and turnover intention cannot be fully understood only through its direct effect. To address this gap, this study examines the psychological mechanisms linking excessive workload, burnout, and turnover intention among nurses at a private hospital in Central Lampung, Indonesia. Theoretically, the study contributes by integrating JD-R and COR perspectives to explain how work demands are transformed into turnover intention through psychological resource depletion. Practically, the findings provide a basis for hospital management to address workload and

burnout as interconnected retention issues rather than relying solely on financial or employment-related factors to retain nurses.

METHOD

Research Design and Context

This study employs a quantitative design to explain the relationships among excessive workload, burnout, and turnover intention, including an examination of the mediating role of burnout (Creswell, 2014). An explanatory approach was selected to test hypotheses and investigate the mechanisms by which excessive workload influences turnover intention, drawing upon the Job Demands-Resources (JD-R) theory (Bakker & Demerouti, 2007; Demerouti et al., 2001) and the Conservation of Resources (COR) theory (Hobfoll, 1989, 2001). The research was conducted at two prominent private hospitals in Central Lampung, Indonesia: Yukum Medical Centre Hospital (a Type B hospital) and Mitra Mulia Husada Hospital (a Type C hospital). These hospitals were selected because they are private healthcare organizations serving the local population and employing a large number of nurses.

Population, Sample, and Data Collection

The target group consists of all nurses working at the two hospitals, with a total population of 285 nurses, comprising 143 nurses at RS Yukum Medical Centre and 142 nurses at RS Mitra Mulia Husada. Nurses were selected as the unit of analysis because they are a key part of the nursing staff and combine professional duties with household responsibilities. The sampling process employed proportionate random sampling to ensure that each hospital was represented according to the proportion of its female nurse population.

The minimum sample size was determined using the Isaac and Michael formula, assuming a 5% margin of error. Based on a total of 285 nurses, the calculation indicated that a minimum sample size of 164 respondents was required. This minimum sample size was then distributed among the hospitals proportionally, based on the number of nurses at each hospital. The allocation was calculated as follows: RS Yukum Medical Centre: $(143/285) \times 164 = 82.28$, resulting in 82 respondents; and RS Mitra Mulia Husada: $(142/285) \times 164 = 81.71$, resulting in 82 respondents. Thus, the planned minimum sample consisted of 82 respondents from each hospital, or 164 respondents in total.

In addition to the Isaac and Michael method, sample size was also considered based on the requirements for Partial Least Squares Structural Equation Modeling (PLS-SEM). Following the approach of Hair et al. (2019), the sample size was estimated by taking into account the number of indicators used in the study. With 27 indicators, the minimum sample size was determined using the Isaac and Michael formula with a 5% margin of error, resulting in a minimum requirement of 164 respondents. The final sample of 235 respondents exceeded this minimum threshold and was therefore deemed sufficient for PLS-SEM analysis.

Data were collected using structured questionnaires distributed to active female nurses at both hospitals through online and offline procedures. All respondents were informed of the study's purpose that their participation was voluntary. Before completing the questionnaire, participants were provided with information about the study and their rights, including the confidentiality of the information they provided. Only fully completed questionnaires that met the study criteria were included in the analysis. From the data collection process, 235 completed responses were obtained and considered suitable for statistical analysis, consisting of 131 respondents from RS Yukum Medical Centre and 104 respondents from RS Mitra Mulia Husada. The final sample therefore exceeded the minimum requirement of 164 respondents and provided adequate observations for testing the proposed research model using PLS-SEM.

Measurement Instruments

All constructs were operationalized using measurement scales that had been validated and adapted for the healthcare sector; a 5-point Likert scale (ranging from 1 = "strongly disagree" to 5 = "strongly agree") was used for assessment. The selection of measurement instruments was driven by the need to align them with the conceptual definitions and dimensions of each construct presented in the research model.

1. Work Overload (WO)

Work overload was measured using 10 indicators covering two dimensions, namely Quantitative Workload (WO1–WO5), which reflects the amount of work, patient workload, and time pressure, and Qualitative Workload (WO6–WO10), which reflects the level of concentration, complexity, and risk associated with performing nursing tasks. The indicators were adapted from (Beehr et al., 1976; French et al., 1982).

2. Job Burnout (JB)

Job burnout was measured using 9 indicators adapted from the Maslach Burnout Inventory (MBI) developed by Maslach and Jackson (1981). The indicators cover three dimensions: Emotional Exhaustion (JB1–JB5), Depersonalization (JB6–JB7), and Reduced Personal Accomplishment (JB8–JB9), representing the psychological consequences of prolonged work demands.

3. Turnover Intention (TI)

Turnover intention was measured using 8 indicators adapted from the Turnover Intention Scale (TIS-6) developed by Bothma and Roodt (2013). The indicators cover Thoughts of Quitting (TI1–TI2), Intent to Search for Alternatives (TI3–TI5), and Intention to Quit (TI6–TI8), representing different stages of an employee's intention to leave the organization.

Data Analysis Procedures

To analyze the data, this study applied partial least squares structural equation modeling (PLS-SEM) using SmartPLS 4.0. PLS-SEM was selected due to its suitability for examining relationships between latent constructs and estimating indirect effects within mediation models (J. Hair et al., 2022). The analysis was carried out in two main stages to ensure the adequacy of the measurement instruments before testing hypotheses regarding structural relationships (J. Hair et al., 2022; J. F. Hair et al., 2019).

1. Measurement Model (Outer Model)

The measurement model was evaluated to determine the extent to which the indicators adequately reflected their corresponding constructs. The analysis included testing indicator outer loadings (≥ 0.70), internal consistency reliability (using Cronbach's alpha, ρ_A , and composite reliability, $\rho_C \geq 0.70$), and convergent validity (based on average variance extracted—AVE ≥ 0.50). Discriminant validity was assessed using the Heterotrait-Monotrait (HTMT) ratio (< 0.90) and the Fornell-Larcker criterion.

2. Structural Model (Inner Model)

Once the measurement model met the established criteria, the structural model was estimated to test hypotheses regarding the relationships among excessive workload, burnout, and turnover intention. The analysis included testing for internal VIF (< 5.0), the coefficient of determination (R^2), effect size (f^2), model fit based on the standardized root mean square residual (SRMR < 0.080), and path coefficients (β). Hypotheses were tested using the bootstrapping method (5,000 samples) with a 95% confidence level ($\alpha = 0.05$). The indirect effect of excessive workload on turnover intention, mediated by burnout, was also examined to determine whether burnout acts as a mediator. Consistent with the approach of Hair et al. (2021), the presence of full mediation (or exclusive indirect-only mediation) is indicated if the indirect effect is statistically significant while the associated direct effect is not statistically significant.

RESULT AND DISCUSSION

Respondent Demographic Profile

The demographic characteristics of the 235 surveyed nurses are presented in Table 1. Most respondents were aged 25-30 years (42.13%), married (54.04%), worked in inpatient units (46.81%), had 1-3 years of work tenure (44.26%), and were employed as contract nurses (57.02%). This profile provides an overview of the characteristics of the nurses included in the analysis and the context in which factors such as excessive workload, fatigue, and intention to leave are examined.

Table 1. Respondent Demographic Profile (N = 235)

Characteristic	Category	Frequency	Percentage (%)
Hospital Location	RS YMC (Type B)	131	55.74
	RS MMH (Type C)	104	44.26
Age	< 25 years	50	21.28

Characteristic	Category	Frequency	Percentage (%)
Marital Status	25 - 30 years	99	42.13
	31 - 35 years	48	20.43
	> 35 years	38	16.17
	Unmarried	105	44.68
	Married	127	54.04
	Single Parent	3	1.28
Work Unit	Inpatient Ward (Rawat Inap)	110	46.81
	Emergency Room (IGD)	34	14.47
	Outpatient Ward (Poli)	32	13.62
	ICU / NICU / PICU	30	12.77
	Operating Theater (OK)	19	8.09
	Hemodialysis (HD)	10	4.26
Tenure	< 1 year	43	18.30
	1 - 3 years	104	44.26
	4 - 6 years	35	14.89
	7 - 10 years	17	7.23
	> 10 years	36	15.32
Employment Status	Contract	134	57.02
	Permanent	98	41.70
	Orientation	3	1.28

Source: Processed Primary Data (2026)

Measurement Model Evaluation (Outer Model)

The external model was evaluated to determine how adequately the indicators measured the associated constructs in terms of reliability and validity. Most external factor loadings exceeded the recommended value of 0.70. Several indicators with loadings between 0.40 and 0.70, including JB8 = 0.592, JB9 = 0.640, and TI1 = 0.625, were retained because their removal did not improve the Average Variance Extracted (AVE) or composite reliability. Retaining these indicators also helped maintain the content coverage of the respective constructs (Hair et al., 2022).

The results for internal consistency reliability and convergent validity are summarized in Table 2. All constructs demonstrated Cronbach's alpha and composite reliability scores well above the 0.70 threshold, exceeding 0.90. Furthermore, AVE values spanned between 0.585 and 0.627, satisfying the standard 0.50 requirement for convergent validity.

Table 2. Internal Consistency Reliability and Convergent Validity

Construct	Cronbach's Alpha	Composite Reliability (pa)	Composite Reliability (pc)	Average Variance Extracted (AVE)	Result
Work Overload (WO)	0.934	0.942	0.944	0.627	Valid & Reliable
Job Burnout (JB)	0.909	0.923	0.926	0.585	Valid & Reliable
Turnover Intention (TI)	0.910	0.923	0.928	0.618	Valid & Reliable

Source: SmartPLS 4.0 Output (2026)

Discriminant validity was also assessed using the HTMT index and the Fornell–Larcker criterion. All HTMT values were below 0.85; the maximum value (0.622) was recorded for the pair comprising "work exhaustion" and "turnover intention." The Fornell–Larcker criterion was also met, as the square root of the AVE index for each construct (WO = 0.792;

JB = 0.765; TI = 0.786) exceeded the correlation coefficients between that construct and the others. These results indicate that the three constructs are empirically distinguishable from one another.

Structural Model Evaluation (Inner Model)

To assess the inner model, collinearity was examined first. The resulting VIF scores (1.000-1.346) were substantially beneath the standard cutoff of 3.0, indicating that the structural model is free from multicollinearity issues.

Model fit assessment yielded SRMR values of 0.077 for the saturated model and 0.081 for the estimated model. These values indicate an acceptable level of fit for the structural model. The coefficient of determination (R^2) for the "professional burnout" indicator was 0.251 (adjusted $R^2 = 0.248$), indicating that the "excessive workload" factor explains 25.1% of the variance in professional burnout. The R^2 value for the "intention to change jobs" indicator was 0.350 (adjusted $R^2 = 0.344$), indicating that the model explains 35.0% of the variance in nurses' intention to change jobs.

Effect size analysis also reveals that burnout has a strong influence on the intention to quit ($f^2 = 0.355$), whereas excessive workload has a moderate-to-strong influence on burnout ($f^2 = 0.335$). However, the direct influence of excessive workload on the intention to quit is not significant ($f^2 = 0.006$). These results provide a preliminary basis for believing that the impact of excessive workload on the intention to quit occurs primarily through burnout rather than through a direct effect.

Hypothesis Testing and Path Analysis

To test the hypotheses, a 5,000-resample bootstrapping procedure was executed. The results of the structural path assessment are summarized in Table 3.

Table 3. Structural Model Hypothesis Testing Results

Hypothesis	Structural Path	Path Coeff (β)	T-Statistic	P-Value	f^2 Effect	Result
H1	Work Overload $\rightarrow$ Job Burnout	0.501	11.239	0.000	0.335	Supported
H2	Job Burnout $\rightarrow$ Turnover Intention	0.573	8.867	0.000	0.355	Supported
H3	Work Overload $\rightarrow$ Turnover Intention	0.070	1.122	0.262	0.006	Not Supported
H4	Work Overload $\rightarrow$ Job Burnout $\rightarrow$ Turnover Intention	0.287	7.032	0.000	-	Supported (Full Mediation)

Source: SmartPLS 4.0 Output (2026)

As shown in Table 3, excessive workload has a significant positive effect on burnout ($\beta = 0.501$, $t = 11.239$, $p = 0.000$), supporting hypothesis H1. These results indicate that higher levels of workload are associated with higher levels of burnout among nurses. The relatively large effect size ($f^2 = 0.335$) also indicates that excessive workload significantly contributes to the variability in burnout scores.

Professional burnout also has a significant positive effect on the intention to quit ($\beta = 0.573$; $t = 8.867$; $p = 0.000$), supporting hypothesis H2. With an effect size of $f^2 = 0.355$, professional burnout is a significant factor explaining nurses' intention to quit. The results indicate that as psychological fatigue and burnout increase, the tendency for nurses to consider leaving the organization also increases.

In contrast, Work Overload does not have a significant direct effect on Turnover Intention ($\beta = 0.070$, $t = 1.122$, $p = 0.262$), resulting in H3 not being supported. The very small effect size ($f^2 = 0.006$) is consistent with this finding, indicating that workload alone does not substantially explain nurses' turnover intention when the direct relationship is considered.

Analysis of the specific indirect effect reveals a different picture. Excessive workload has a significant indirect effect on turnover intention via burnout ($\beta = 0.287$; $t = 7.032$; $p = 0.000$), supporting hypothesis H4. Since the indirect effect is statistically significant while the direct effect of excessive workload on turnover intention is not, burnout acts as an "indirect-only" (or full) mediator in the relationship between these variables (Hair et al., 2021). These results indicate that the effect of

workload on turnover intention manifests primarily through the psychological strain experienced by nurses, rather than directly.

Discussion

Empirical data support the hypothesis of a relationship between excessive workload, burnout, and turnover intention, yet also indicate that this mechanism is more complex than a simple, direct link between workload and quitting. The identified significant positive effect of excessive workload on burnout (Hypothesis H1) aligns with the "health impairment process" concept within the Job Demands-Resources (JD-R) theoretical framework; according to this theory, excessive job demands progressively deplete employees' physical and psychological resources (Bakker & Demerouti, 2007; Demerouti et al., 2001). This conclusion is further supported by findings from recent international studies. For instance, (Lee et al., 2024), who analyzed data from 1,255 nurses across 34 hospitals in South Korea, found that workload significantly increases burnout and that its impact on work attitudes is specifically mediated by this factor. Similar results were reported by (Galanis et al., 2025): a study involving nurses in Greece found that increased workload correlated with both burnout and the intention to leave the job.

The present finding therefore reinforces previous evidence that workload is an important antecedent of burnout, particularly when nurses face high concentration demands and responsibility for preventing medical errors, as reflected in WO10 (85.02% TCR). The relatively high level of post-shift physical exhaustion reported in JB1 (69.62% TCR) further illustrates how these work demands may translate into psychological and physical strain. From a COR perspective, this pattern suggests that continued exposure to demanding work conditions can gradually reduce the resources available for recovery (Hobfoll, 1989, 2001).

The significant positive impact of burnout on the intention to quit (Hypothesis H2) is consistent with the results of previous international studies; however, the findings of this study complement those results by providing specific evidence regarding nurses in private hospitals within a particular region. A meta analytic review identified a moderate relationship between burnout and its components, specifically emotional exhaustion and depersonalization, and the intention to quit among nurses and other healthcare professionals (Schaufeli & Bakker, 2022). More recent research also confirms this relationship. For instance, a longitudinal study conducted in Taiwan among newly hired nurses found that emotional exhaustion and depersonalization correlated with a higher intention to quit, which increased during the first six months of employment.

A 2026 study among nurses in Greek hospitals also found that emotional exhaustion and depersonalization significantly predicted nurses' intentions to leave the profession. Thus, the positive effect of job burnout on the intention to quit ($\beta = 0.573$) found in this study is consistent with findings from broader international research. The descriptive finding for JB9 (65.45% TCR), which reflects the perception that personal sacrifice is not proportional to the rewards received, may further indicate how prolonged psychological strain can shape nurses' consideration of leaving. From the perspective of COR Theory, turnover intention can be understood as a response to continued resource loss when employees perceive that remaining in the current situation may require further psychological costs (Hobfoll, 2001).

In contrast, the non-significant direct effect of Work Overload on Turnover Intention (H3) differs from several recent studies that have reported a direct association between workload and nurses' intention to leave. For example, (Galanis et al., 2025) found that higher workload was significantly associated with turnover intention among nurses in Greece. Research on nurses in acute-care hospitals has also shown that work-related conditions, including mandatory overtime, can be associated with intention to leave, although the pattern is not always consistent across burnout outcomes. The difference may reflect the context in which turnover decisions are formed. In the present study, the descriptive result for TI6 (72.17% TCR) indicates that economic and family considerations are important considerations in nurses' intention to remain in their current employment. This finding may suggest that external employment and family circumstances could weaken the immediate translation of workload into turnover intention, particularly in regional areas where alternative employment opportunities may be more limited.

However, because these factors were not directly measured as a separate construct in this study, the concept of "family socio-economic anchors" should be interpreted as a possible contextual explanation rather than as an empirically tested mechanism. Further research is therefore needed to examine whether family economic responsibility, local

employment opportunities, job embeddedness, or other contextual factors explain why workload does not directly increase turnover intention in this setting. This interpretation is also consistent with recent findings showing that work engagement is negatively associated with nurses' intention to quit, indicating that factors beyond immediate workload can influence employees' decisions to stay or leave.

The significant indirect effect of Work Overload on Turnover Intention through Job Burnout (H4) provides the strongest evidence for the proposed mechanism. The indirect effect ($\beta = 0.287$, $t = 7.032$, $p = 0.000$). When combined with a non-significant direct effect, this indicates a mechanism of purely indirect influence or complete mediation. This result is particularly consistent with the findings of (Lee et al., 2024), who reported that workload influenced nurses' work attitudes through burnout rather than through a direct pathway. It is also supported by recent research in Hong Kong showing that job demands, including workload-related demands, are linked to turnover intention through burnout, highlighting burnout as an important psychological mechanism in nurses' turnover decisions. Thus, this study contributes to existing research by demonstrating that among nurses in private hospitals in Central Lampung, workload alone may not be sufficient to explain the intention to quit; the impact becomes more pronounced when workload escalates into psychological pressure.

However, this model does not account for all factors associated with the intention to leave. The R^2 value (0.251) for the job burnout indicator indicates that excessive workload explains 25.1% of its variance, while the R^2 value (0.350) for the intention-to-leave indicator shows that the model explains 35.0% of its variance. The remaining variance suggests that burnout and the intention to leave among nurses may also be influenced by other job demands, professional resources, and personal or situational factors. For instance, recent studies have found that such factors can include organizational support, working conditions, resilience, job satisfaction, and other personal resources. Therefore, the full mediation effect observed in this study should not be interpreted as evidence that burnout is the sole pathway leading to the intention to leave; rather, it indicates that burnout serves as a key psychological mechanism linking excessive workload to the intention to leave within the context under consideration.

CONCLUSION

This study establishes that job burnout acts as a full mediator in the relationship between work overload and turnover intention among female nurses in regional private hospitals. Consequently, work overload does not directly precipitate the intention to leave; rather, it primarily induces burnout through the gradual depletion of physical and psychological resources. These findings corroborate the perspectives of the Job Demands-Resources (JD-R) and Conservation of Resources (COR) theories, underscoring that occupational demands are primary catalysts for resource depletion, which ultimately drives withdrawal intentions. Therefore, workload management and burnout mitigation must be concurrently addressed to formulate effective nurse retention strategies within regional healthcare settings.

From a managerial perspective, healthcare institutions must proactively prevent burnout by redesigning equitable workload allocations, streamlining administrative procedures, establishing recovery programs, and implementing supportive, non-punitive human resource policies. Theoretically, this research enriches the literature by demonstrating that job burnout functions as a critical psychological mechanism linking job demands to withdrawal intentions. Nevertheless, this study presents certain limitations. The cross-sectional design precludes the establishment of long-term causal relationships, and the sample is restricted to female nurses in private hospitals within Central Lampung, thereby limiting the generalizability of the findings. Future research should employ longitudinal designs, compare diverse demographics or hospital types (public versus private), and incorporate supplementary variables, such as work-family conflict and perceived organizational support, to provide a more comprehensive understanding of nurse retention.

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