

THE INFLUENCE OF BURNOUT SYNDROME AND JOB SATISFACTION ON THE QUALITY OF SERVICE FOR NURSES IN HOSPITALS

Pengaruh Sindrom Burnout dan Kepuasan Kerja terhadap Kualitas Pelayanan pada Perawat di Rumah Sakit

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ABSTRAK

Kinerja perawat sangat memengaruhi kualitas pelayanan kesehatan, namun beban kerja yang tinggi dan tekanan emosional dapat menyebabkan Burnout Syndrome tinggi (31.188), yang ditandai dengan kelelahan emosional, depersonalisasi, dan penurunan pencapaian diri. Tujuan penelitian ini untuk menganalisis tingkat burnout syndrome dan job satisfaction terhadap kualitas pelayanan pada perawat di rumah sakit PKU Muhammadiyah Gamping Yogyakarta. Penelitian ini menggunakan metode kuantitatif dengan menggunakan kuesioner terdiri dari kelelahan emosional, depersonalisasi, dan capaian diri. Responden dalam penelitian ini adalah 100 perawat yang bekerja di rumah sakit PKU Muhammadiyah Gamping Yogyakarta. Analis data menggunakan software SEM-PLS dengan autocoding Partial least squares (PLS) Algorithm serta uji statistik Cronbach's Alpha untuk mengkonfirmasi validitas dan reliabilitas. Hasil penelitian menunjukkan bahwa nilai R Square untuk job satisfaction adalah 0,829%, sementara nilai R Square untuk service quality mencapai 0,823%. Hal ini menunjukkan hubungan antar variabel berada dalam kategori yang kuat. Hipotesis yang diterima menunjukkan bahwa Job Satisfaction berpengaruh signifikan terhadap service quality, dengan nilai T-statistics sebesar 6.480 dan p-value 0,000. Namun, hipotesis yang menyatakan bahwa burnout syndrome berpengaruh terhadap service quality tidak terbukti signifikan, dengan nilai T-statistics sebesar 0,121 dan p-value 0,904. Hal ini menunjukkan bahwa burnout syndrome tidak secara langsung memengaruhi kualitas pelayanan, tetapi dapat memengaruhi kepuasan kerja perawat. Oleh karena itu, intervensi yang berfokus pada peningkatan kepuasan kerja sangat diperlukan untuk menjaga dan meningkatkan kualitas pelayanan kesehatan di rumah sakit.

Kata kunci: kepuasan kerja, kualitas pelayanan, perawat, sindrom burnout

ABSTRACT

Nurse performance greatly affects the quality of health services. However, high workload and emotional stress can lead to high Burnout Syndrome (31.188), which is characterized by emotional exhaustion, depersonalization, and decreased self-actualization. This research aimed to analyze burnout syndrome and job satisfaction with the quality of service among nurses at the PKU Muhammadiyah Gamping Yogyakarta Hospital. This study uses a quantitative method using a questionnaire consisting of emotional exhaustion, depersonalization, and personal accomplishment. The respondents in this study were 100 nurses who worked at the PKU Muhammadiyah Gamping Yogyakarta Hospital. Data analysts use SEM-PLS software with Partial least squares (PLS) Algorithm autocoding and Cronbach's Alpha statistical test to confirm validity and reliability. The research results show that the R Square value for Job Satisfaction is 0.829%, while the R Square value for service quality reaches 0.823%. This shows that the relationship between variables is in the strong category. Of all the indicators tested, 2 hypotheses were accepted, and 1 hypothesis was rejected. The accepted hypothesis shows that job satisfaction significantly affects service quality, with

a T-statistics value of 6,480 and a p-value of 0.000. However, the hypothesis that burnout syndrome affected service quality was not proven to be significant, with a T-statistics value of 0.121 and a p-value of 0.904. This shows that burnout syndrome does not directly affect the quality of service but can affect nurses' job satisfaction. Therefore, interventions that focus on increasing job satisfaction are necessary to maintain and improve the quality of health services in hospitals.

Keywords: burnout syndrom, job satisfaction, nurse, service quality

INTRODUCTION

Burnout in nursing has become a global concern in recent years due to its significant impact on nurse well-being, patient satisfaction, and the effectiveness of health services [1]. Hospital medical staff are susceptible to burnout syndrome, characterized by mental and emotional exhaustion due to high pressure from work demands. Intense work activities can trigger higher levels of stress, anxiety, and depression compared to other professions [2]. Apart from providing medical services, medical personnel also provide psychological and spiritual support to patients. Burnout syndrome experienced by medical personnel is at risk of causing health problems and other diseases [3]. Burnout syndrome in the medical profession is characterized by three main aspects: emotional exhaustion, depersonalization, and decreased personal accomplishment [4], [5]. Emotional exhaustion refers to reduced emotional energy and motivation at work, while depersonalization causes a loss of empathy towards patients and coworkers. The decrease in personal achievement is related to decreased competence in carrying out professional duties [6].

Rocha et al., (2019) described job dissatisfaction as a predictor of burnout. Health sector workers, including doctors and nurses, experience high rates of burnout, making it a common problem in all health systems worldwide. As health workers are one of the jobs where employees spend many hours providing services to service recipients, this will cause the depletion of their emotional reserves, which is the most basic symptom of job burnout [5]. Apart from that, job dissatisfaction can impact health workers' low motivation and commitment to providing optimal services. High workloads and constant emotional stress contribute to high-stress levels, which can ultimately lead to burnout.

Health worker job satisfaction has a crucial role in improving the quality of health services [7]. As the main indicator of hospital management, job satisfaction can reflect employees' perceptions of their work environment, mental condition, and emotional health [8]. Health workers with high job satisfaction tend to provide more optimal services and have a stronger emotional attachment to their work institution [9]. Conversely, low levels of job satisfaction contribute to decreased work motivation and patient satisfaction [10]. Factors such as balance between work and personal life, social support in the work environment, and health institutions' incentives greatly determine the job satisfaction level of health workers. In the long term, health workers who experience job dissatisfaction can experience chronic fatigue, which affects the quality of their services.

Globally, the prevalence of burnout syndrome in nurses has reached 30.0%, significantly increasing in the last decade [10]. In Asia, the prevalence of health worker burnout ranges from 21.3% to 92.2% [11]. In Indonesia, out of 3629 health workers analyzed, burnout syndrome was found in 37.5%. On average, health workers experienced moderate to high emotional exhaustion of 48.2%, and experienced moderate depersonalization of 51.8% [15]. Factors that contribute to medical personnel burnout include intrapersonal aspects (age, gender, work experience, and health conditions), interpersonal aspects (relationships with colleagues, leadership style, and relationships with patients and their families), as well as external factors such as excessive workload and inadequate compensation systems [13]. Burnout syndrome is a serious obstacle in nursing practice because it directly impacts the performance of

medical personnel and the quality of services provided. Nurses who experience burnout have a higher tendency to make medical errors, experience decreased interactions with patients, and show low levels of job satisfaction [14]. Decreased quality of health services due to burnout can also threaten patient safety and increase the risk of malpractice. Systematic studies and meta-analyses show a significant relationship between burnout and the quality of health services, with more than half of the studies analyzed showing that burnout negatively impacts the quality of services [15].

The connection between productivity, job satisfaction, and burnout has been documented. A meta-analysis of 11 cross-sectional studies revealed that stress and negative emotions contribute to burnout, whereas positive emotions and sociability encourage personal accomplishment. Emotional exhaustion, seen as an early stage of burnout, is strongly linked to the syndrome. At the same time, personal accomplishment has a weak negative correlation with exhaustion and a moderate negative correlation with burnout [16], [17]. Burnout impacts healthcare workers, leading to absenteeism due to psychological issues and multiple health conditions, and may even cause them to leave their profession. These outcomes increase the workload for remaining colleagues and raise costs for both the organization and public health management [18].

The hospital environment is highly stressful and has a heavy workload, making it a very challenging work environment. Every day, healthcare professionals deal with a mix of acute and chronic stressors that impact staff morale and achievement and potentially lead to burnout, loss of job satisfaction, reduced quality of work life, poor retention, and absenteeism. Excess stress and work overload can affect staff and harm patient satisfaction and health care [18], [19]. The emergence of job burnout, anxiety, and decreased job satisfaction are generally observed in employees with high goals. Fatigue and anxiety are very common in individuals who work in high-pressure environments.

Several studies show that emergency medical staff, especially physician assistants, are more susceptible to burnout than their nursing colleagues. These factors affect medical staff and harm patient satisfaction and health care [20], [21], [19], [6]. Nurses who experience burnout tend to have lower levels of job satisfaction and are at higher risk of leaving their workplace [22], [23], [24], [25], [26]. Nurses with a high level of burnout are more vulnerable to decreased patient interactions, increased risk of medical errors, and decreased patient satisfaction with health services [14].

There has not been much research on burnout syndrome, job satisfaction, and the quality of service among medical personnel in hospitals. Differences in findings in previous research related to burnout syndrome, job satisfaction, and service quality indicate that further studies are needed to understand the relationship between these three variables. Therefore, based on the background of this problem, this research aims to analyze the burnout syndrome and job satisfaction level on the quality of service for Nurses at the PKU Muhammadiyah Gamping Hospital, Yogyakarta. These findings can contribute to developing strategies to improve the quality of nursing services by reducing staff fatigue levels and increasing the job satisfaction of medical personnel.

The reason for conducting the research at PKU Muhammadiyah is that it is one of the private hospitals with a high workload, serving a relatively large number of patients, particularly as a referral center in the Yogyakarta area and its surroundings [18]. In a dynamic and stressful service situation, health workers at this hospital face various challenges, including demands for professionalism, limited resources, and high expectations from patients and their families [19]. These pressures have the potential to trigger emotional exhaustion, decreased motivation, and work-related boredom, which are characteristics of burnout syndrome [20]. In addition, this hospital is committed to providing services based on Islamic values, which adds an extra dimension to the expectations of professional and spiritual behavior among health workers [21]. Supported by data on the quality of nursing work life, high was 58 (80.6%), moderate

was 11 (15.3%), low was 3 (4.2%), high work stress was 5 (6%), moderate was 29 (40.3%) and low was 38 (52.8%) [31]. The complexity of the roles played by health workers in this environment is a significant reason to examine the prevalence of burnout syndrome, the factors that contribute to it, and how organizational approaches can mitigate its impact. By conducting research at PKU Muhammadiyah Gamping, it is hoped that it will provide a relevant empirical picture to inform the formulation of appropriate managerial and psychosocial interventions, thereby maintaining the welfare of health workers and the quality of health services.

METHODS

This research method uses quantitative with the aim of analyzing the effect of burnout syndrome and job satisfaction on the quality of service for nurses at PKU Muhammadiyah Gamping Hospital. Quantitative methodology is applied to measure and analyze variables on a numerical scale so the results can be used as a strong basis for testing relationships between variables. The population of this study includes all nurses who work at the PKU Muhammadiyah Gamping Hospital, Yogyakarta. The sampling strategy used is the stratification method, where nurses will be selected randomly from various levels of experience and types of health services at PKU Gamping Hospital. PKU Gamping is a hospital with facilities and services equivalent to a Type C General Hospital, with the current accreditation level reaching the Full Status stage. The sample taken for this research was 100 nurses who worked at the hospital. The sample size of 100 was chosen based on feasibility; this is supported by the Slovin formula. The Slovin formula is a formula used to determine the minimum sample size in research with a large population. Considerations in determining the number of samples using the Slovin formula [23]. The population of nurses at PKU Gamping is 350 nurses (data from the PKU Muhammadiyah Gamping Hospital website). The determination of the sample in this study was based on inclusion and exclusion criteria to ensure the participation of relevant respondents. The inclusion criteria included nurses working at PKU Muhammadiyah Gamping Hospital, Yogyakarta, both those with short and long work experience and from various types of healthcare facilities in the hospital. In addition, the selected nurses must be willing to participate in the study and fill out the questionnaire independently.

Meanwhile, the exclusion criteria included nurses who were on long leave or were not actively working during the data collection period, as well as those who experienced physical or mental health problems that could hinder participation in the study. Nurses who were unwilling to give consent to participate in the study were also excluded. With the stratification method, samples were taken randomly from various levels of experience and work units so that they could more representatively reflect the hospital's nurse population. Stratified random sampling aims to ensure that each subgroup (strata) in the population is proportionally represented in the sample, so that the research results are more accurate and representative [33]. Through this selection process, the study aims to obtain accurate data that can be used to analyze the relationship between burnout syndrome, job satisfaction, and service quality in depth. Meanwhile, this research was conducted from September to December 2024, with research ethics review number 187/EC-KEPK FKIK UMY/IX/2024, for data collection and analysis.

Data was collected through a structured questionnaire using a Likert scale with five response options: strongly disagree, do not agree, normal, agree, and strongly agree. The questionnaire was distributed to both permanent and non-permanent employees who were willing to participate voluntarily. The focus source was employees who had a high workload scope. The questionnaire was administered over four months, from September to December 2024. Its validity and reliability were assessed using SmartPLS data processing software, and the dimensions evaluated included Cronbach's alpha, regression R-squared, and the relationship between burnout syndrome, job satisfaction,

and service quality. This scale measures respondents' attitudes, perceptions, and opinions about burnout syndrome, job satisfaction, and service quality. Data analysis was carried out using the software SmartPLS, which allows simultaneous testing of structural and measurement models. The choice of this software is based on its ability to process complex data and produce accurate analysis results. In the analysis process, validity and reliability testing of indicators and analysis are carried out using path coefficients and value evaluation R Square to measure the strength of the relationship between variables. The results of this analysis will provide in-depth insight into the design of more appropriate interventions and more effective human resource management policies, focusing on improving the welfare of nurses and the quality of services in hospitals.

RESULT

Demographic profile of respondents

The demographic profile of the respondents in this study was nurses who worked at the PKU Muhammadiyah Gamping Yogyakarta Hospital, consisting of men and women aged 20 to 65. Respondents came from various educational backgrounds, ranging from a Diploma in Nursing to a Bachelor of Nursing. Respondents' length of work varied from less than one year to more than five years. Apart from that, the job status of respondents also varied, including permanent and non-permanent employees, as well as various nursing positions, ranging from professional nurses to nurses with managerial responsibilities.

Table 1. Respondents demographic profile

	Characteristic	n	Percentage
Gender	Male	49	49%
	Female	51	51%
Age	17-25	9	9%
	26-35	22	22%
	36-45	34	34%
	46-55	28	28%
	56-65	5	5%
	> 65	2	2%
Education	Diploma in Nursing	43	43%
	Bachelor of Nursing	10	10%
	Ners	39	39%
	Master of Nursing	8	8%
Length of work	< 1 Year	2	2%
	1-2 Years	18	18%
	3-4 Years	23	23%
	> 5 Years	57	57%
Employment Status	Regular employees	67	67%
	Temporary Employees / Contract employees	33	33%

In the demographic profile of respondents in this study, it was found that there were more female respondents than male respondents, with a ratio of 51% versus 49%. Most respondents were 36-45 years, with a percentage of 34%, followed by those aged 46-55 years at 28% and 26-35 years at 22%. The youngest age group, namely 17-25 years, only comprised 9% of respondents, while the age group over 65 amounted to 2%. Based on education, most respondents had a Diploma in Nursing (43%) and Nursing (39%) background, while only 10% had a Bachelor of Nursing degree and 8% had a Master of Nursing degree. Regarding work experience, most respondents (57%) had more than 5 years of work experience, reflecting significant experience in the nursing field. In addition,

most respondents are permanent employees (67%), with the remaining 33% being non-permanent employees.

Validated Research Model, Data Validity, and Data Reliability

According to Hair Jr et al. (2016), factor loading, average variance extracted (AVE), and composite reliability (CR) should be measured [34]. CR is considered another measure to determine the reliability of construct indicators. AVE refers to the average amount of variance that explains the construct of a latent variable. Hair Jr et al. (2016) stated that the threshold value for factor loading is > 0.7 [35].

Research Variable Reliability

Table 2. Composite Reliability And Cronbach Alpha Inspection Results

Variable	Cronbach's Alpha	rho_A	Composite Reliability	Average Variance Extracted (AVE)	Result
Burnout Syndrom	0.934	0.958	0.950	0.793	Reliabel
Job Satisfaction	0.931	0.941	0.948	0.785	Reliabel
Service Quality	0.935	0.945	0.951	0.795	Reliabel

Source: Processed by researchers using SmartPLS software (2025)

Table 2 explained that the results of the reliability test (Composite Reliability and Cronbach Alpha output) show that the value of each variable reaches >0.70 for Composite Reliability and Cronbach Alpha [36]. The Service Quality variable has the highest Composite Reliability value, 0.951, and the highest Cronbach's Alpha value, 0.795. Meanwhile, the variable with the lowest value is Job satisfaction, with a Composite Reliability value of 0.948 and Cronbach's Alpha of 0.785. Based on these results, which show the highest and lowest values are still above 0.70, it can be concluded that each study in this test has good reliability.

Regression Analysis

Table 3. Regression Results

	R Square	RSquare Adjusted	Description
Job Satisfaction	0.829	0.827	Good
Service Quality	0.823	0.819	Good

Source: Processed by researchers using SmartPLS software (2025)

Based on Table 1 R-square above, the job satisfaction output is 0.829, which shows that the regression model can explain 82.9%. Meanwhile, the R-square value of 0.823 for Service Quality indicates that the regression model can explain 82.3%. The R-square structural model identifies 3 scales, namely: 19%–33% (weak/moderate), 33%–67% (moderate), and $>67\%$ (strong/good/substantial). Based on the interpretation of the R-square results, the Job Satisfaction and Service Quality variables are in the 'good' category. Thus, the results of this regression test show that the independent variable has a close influence on the dependent variable, which shows a strong influence.

Hypothesis Testing

Based on the analysis of the internal model test results shown in Figure 1, it can be concluded that all indicators used in this study show positive path coefficients, which indicates a good influence except for the indicator Burnout Syndrome \rightarrow Service Quality. In particular, the Burnout Syndrome \rightarrow Job Statistics indicator has the highest statistical value compared to other indicators, namely 35,188. On the other hand, the indicator, Burnout Syndrome \rightarrow Service Quality, has the lowest t-statistic value of 0.121. The information related to JS1-5, BS1-5, and SQ1-5 is an indicator of the questions presented in the research questionnaire.



Figure 1. Inner Model Test Results using SEM-PLS

Table 4. Hypothesis Test Results

Variables	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values	Results
Burnout Syndrom -> Job Satisfaction	0.911	0.915	0.026	35.188	0.000	Accepted
Burnout Syndrom -> Service Quality	-0.019	0.008	0.158	0.121	0.904	Rejected
Job Satisfaction -> Service Quality	0.924	0.902	0.143	6.480	0.000	Accepted

In this research, hypothesis testing has been carried out. The hypothesis is accepted if the p-value value is less than 0.05. The results of hypothesis testing show that all hypotheses are accepted except for the hypothesis regarding the influence of Burnout Syndrome on Service Quality. Hypothesis 1, which states that Burnout Syndrome has a positive and significant effect on Job Satisfaction, is accepted. Therefore, Burnout Syndrome affects Service Quality in Nurses. This finding is strengthened by previous research [14], [37] supporting this argument that Burnout Syndrome has a positive and significant effect on Service Quality. Although these findings are accepted, several other studies have found the results to be rejected. Research [38], [39] supports the rejected hypothesis; this shows that job satisfaction has a more dominant role in determining service quality compared to the level of burnout experienced by nurses. Even though nurses experience burnout, if their job satisfaction remains high, the quality of service provided can still be maintained.

Hypothesis 2, which states that Burnout Syndrome does not positively and significantly influence service quality, is rejected. Therefore, Burnout Syndrome does not affect service quality. Even though this finding was rejected, several other studies found the results were accepted in research [40], [41]. This was influenced by factors such as the work environment, stress levels, organizational support, and coping strategies used by nurses. An unsupportive work environment, such as high pressure, excessive workload, and limited interaction with colleagues or management, can worsen the symptoms of burnout experienced by nurses. Prolonged stress due to suboptimal working conditions, as well as a lack of attention to psychological well-being, can worsen the quality of service provided to patients. Apart from that, insufficient organizational support, whether in the form of training, professional development, or appreciation for nurse performance, can also increase burnout and reduce service quality[42],[43].

Hypothesis 3, which states that Job Satisfaction has a positive and significant effect on Service Quality, is accepted. Therefore, in this research, Job Satisfaction influences Service Quality. This finding is strengthened by previous research [44]. Supports this argument that Job Satisfaction has a positive and significant effect on Service Quality. This shows that high job satisfaction among nurses improves service quality. Nurses who feel satisfied with their work tend to show higher commitment, are motivated to provide better service and interact with patients more empathetically and professionally.

Therefore, individual coping and social support play a crucial role in mitigating the impact of burnout syndrome on service quality [42]. Individuals who possess good coping skills, such as managing stress through relaxation techniques, effective time management, or spiritual approaches, tend to be better equipped to maintain emotional stability and focus while working, thereby minimizing their vulnerability to high work pressure. Meanwhile, social support from coworkers, superiors, and family provides a sense of security, appreciation, and a sense of not being alone in facing the workload, which can psychologically reduce the levels of emotional exhaustion and depersonalization. The combination of these two factors forms an effective buffer mechanism, keeping health workers productive and professional, thereby significantly reducing the negative impact of burnout on service quality.

DISCUSSION

The results of the analysis show that all variables: burnout syndrome, job satisfaction, and service quality have very good reliability and validity. The Cronbach's Alpha, rho_A, and Composite Reliability values are all above 0.93, indicating strong internal consistency. The Average Variance Extracted (AVE) is also high, above 0.79, proving that convergent validity is met. This finding is consistent with research by Maslach & Leiter (2016) on burnout, Locke (1976) on job satisfaction, and Parasuraman et al. (1988) on service quality [46]. This means that the instruments used are accurate and reliable, so that further analysis of the relationship between variables can be trusted and relevant to improve understanding of service quality in the health sector.

Job Satisfaction and Service Quality have high R Squares, 0.829 and 0.823, respectively, which means the model can explain more than 80% of the variability of both variables well. These results are consistent with previous studies such as Bakotić (2016) and Yuliansyah et al. (2017), which emphasize the importance of work environment and leadership in improving job satisfaction and service quality [47], [48]. However, further research is still needed to test other external factors, such as organizational policies or work culture, that may affect the results, for a more comprehensive understanding and stronger generalization. On the other hand, burnout syndrome significantly affects job satisfaction, but does not directly affect service quality. Conversely, job satisfaction has a strong impact on service quality. This means that burnout affects service quality indirectly through job satisfaction as a mediator. These findings support the research of Yoon & Suh (2003) and Hobfoll's Theory (1989) on the importance of maintaining employee psychological resources. Therefore, organizations need to focus on increasing job satisfaction through social support and workload management to maintain optimal service quality, even when employees are facing burnout [49], [50].

This research has several advantages, one of which is an in-depth analysis of the influence of burnout syndrome and job satisfaction on service quality among nurses. By adopting a comprehensive research model, this study not only measures the direct impact of Burnout Syndrome but also considers how factors such as individual coping mechanisms and social support can moderate the impact of burnout on services. The results of this research provide a broader understanding of the psychological dynamics in the work environment of health workers and highlight the importance of job satisfaction in improving service quality. However, this research also has limitations. One of the limitations is that the data collection method is cross-sectional, so it cannot capture

changes in the dynamics of burnout, job satisfaction and service quality in the long term. In addition, this study only focused on one hospital, so the results may not be fully generalizable to other hospitals with different working conditions. External factors such as health policies and economic conditions that can influence the welfare of medical personnel have also not been fully explored in this research.

The implications of this research are very important in the management of health workers in hospitals. Hospital management needs to take strategic steps to reduce burnout levels by providing psychosocial support, creating a more conducive work environment, and balancing nurses' workload. In addition, increasing job satisfaction must be a priority by providing rewards for performance, career development opportunities, and policies that support the welfare of health workers. By overcoming burnout and increasing job satisfaction, hospitals can improve the quality of service, which ultimately has a positive impact on patient satisfaction and hospital operational effectiveness.

CONCLUSION

The results showed that the level of burnout syndrome has a negative impact on service quality, where nurses who experience emotional exhaustion and depersonalization tend to provide less than optimal services. Conversely, job satisfaction contributes positively to improving service quality because nurses who are satisfied with their jobs are more motivated to provide better services to patients. This study also emphasizes the importance of hospital management in managing the workload and psychological well-being of nurses in order to improve service quality.

Therefore, it is recommended that hospitals implement psychological support programs, stress management training, and policies that encourage work-life balance for nurses. In addition, improving a conducive work environment, performance rewards, and career development opportunities are also needed to improve their job satisfaction. Policies that pay attention to the welfare of health workers are hoped to suppress Burnout Syndrome and increase job satisfaction, thus positively impacting the quality of service provided to patients. These strategic steps will not only increase patient satisfaction but also strengthen the hospital's image as an institution that cares about its healthcare workers.

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