

THE EFFECT OF BURNOUT MANAGEMENT AND WORK-LIFE BALANCE ON QUIET QUITTING IN HOSPITALS XYZ



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Abstract

This study aims to investigate the impact of burnout and work-life balance on quiet quitting within hospital settings. This research utilizes a correlational analytical framework. The independent factors include burnout (X1) and work-life balance (X2), whereas the dependent variable is quiet quitting (Y). The research sample comprised 191 participants, and the data were analyzed via multiple linear regression. The research revealed that burnout and work-life balance collectively influence quiet quitting among hospital personnel. Burnout exhibits a significant amount of 0.001, while work-life balance demonstrates a substantial value of zero. This research model accounts for 57.6% of the diversity in quiet quitting, leaving 42.4% attributable to factors outside the study's scope. Work-life balance exerts a more significant impact on quiet resignation than tiredness. This indicates that the equilibrium between professional and personal life is more critical in mitigating the probability of health workers departing discreetly than the degree of burnout encountered. To prevent quiet termination, hospitals must enhance the well-being of healthcare staff through effective management and promotion of work-life balance.

Keywords: Burnout, Work-Life Balance, Quiet Quitting

INTRODUCTION

Hospitals are health-care facilities that provide a variety of services, including inpatient, outpatient, and emergency care. Regulation No. 340/MENKES/PER/III/2010 of the Minister of Health of the Republic of Indonesia. Furthermore, hospitals function as hubs for health-related education, research, and technology innovation. To maintain optimal service quality, hospitals must prioritize human resource management, including the well-being of health personnel. In recent years, XYZ Hospital's workforce has grown significantly. The workforce was recorded at 140 workers in 2018, and it is expected to expand to 364 workers by 2024. This increase could suggest service growth, an increase in the number of patients, or strategic plans aimed at boosting human resource capability.

While an increase in the workforce might be a positive indicator of hospital expansion, it also poses obstacles in terms of human resource management. The larger the workforce, the more difficult it is to manage workload, employee welfare, and work environment quality. If not managed effectively, the danger of burnout in medical staff can rise (Sisma, 2022). Burnout, defined as emotional tiredness and decreased job motivation, can have a negative impact on productivity and healthcare quality. In addition, one of the most important factors to take into account is the balance between work-life demands, and work-life balance can cause employees to get bored, lose emotional connection in their work, and provoke the phenomenon of quiet resignation (Res & Yikilmaz, 2022).

Quiet resigning became popular in mid-2022 due to its association with lower job satisfaction. However, this concept has been around since 2009, when economist Mark Bolger announced it at the Texas A&M Economics Symposium (Res & Yikilmaz, 2022). This issue is especially common among millennials (1981-1996) and Gen Z (1997-2012), who are prone to quarter-life crisis, which is a sense of anxiety about the future, including work and social life (Djkn.kemenkeu., 2021). A variety of research has found that work-life balance influences quiet quitting. Efendi's (2023) study discovered that burnout had a beneficial effect on quiet quitting. Furthermore, Şarkbay's study (2024) found that work-life balance positively affects quiet quitting. Employees who fail to achieve a work-life balance can experience burnout and diminished performance.

In another study, Adnan Bataineh (2019) discovered that A harmonious work-life balance enhances job satisfaction. Moreover, Pradnyani and Rahyuda's (2022) study discovered that A balance between work and life is beneficial, connected to job satisfaction and turnover intention, but burnout is adversely related to job satisfaction. As a result, maintaining a work-life balance is critical to ensuring a good work environment for medical workers. Nurses play a significant part in the development of Indonesia's health-care system. According to Patria (2022), nurses' roles in nursing services, education, and management have an impact on the success of health sector development. Good nurse performance can boost organizational productivity and efficiency, but poor performance might have a detrimental influence on hospital sustainability (Saadiyah & Andri, 2018).

In the context of hospital administration, a supportive work environment is critical to the well-being of medical workers (Budiasa, 2021). Work-life balance not only enhances employee well-being but also helps to minimize burnout and conflicts between work and personal life, which can lower medical personnel's morale and productivity. As a result, creating rules that promote work-life balance is a significant problem for hospital administrators in preserving the quality of health care.

Based on the explanation above, we want to dig deeper regarding the correlation between burnout and the balance between work and personal life, in addition to the phenomenon of silent quitting of healthcare workers in hospitals.

REVIEW OF LITERATURE

Burnout

According to Maslach and Jackson (1981), Pertiwi et al. (2021) define burnout as a syndrome of emotional weariness and cynicism that frequently arises and is experienced by people who do a variety of jobs. Meanwhile, according to (Sundari, 2022), burnout is caused by an excessive workload (overload) that employees are unable to handle, leaving them exhausted and saturated with their tasks.

According to King (2010) in Aulia & Trisnowati (2024), burnout is a severe form of psychological stress in which people are emotionally drained and have little desire to work. According to (Lefton, 2017) and Aulia & Trisnowati (2024), burnout is a stress reaction that

is particularly common in persons with high standards. According to Maslach Freudenberger (1974) in Wijaya (2019), burnout is a condition of exhaustion or dissatisfaction caused by obstacles to meeting expectations. Retnowati et al. (2023) discovered that burnout had a significant impact on diminishing people's effectiveness and performance at work. Meanwhile, according to American Institute of Stress studies, 80% of workers experience stress at work, and over half say they need help managing stress to avoid burnout (Saleh et al., 2020).

Wijaya (2019) cites Maslach and Jackson's (1981) research to explain the features characterized by emotional fatigue, depersonalization, and diminished personal achievement. As per the findings of Maslach and Jackson research in Wijaya (2019: 24), burnout indicators include emotional involvement that causes energy, depleted energy sources from one job, negative attitudes towards patients, negative feelings toward patients, negative self-assessment, and feelings of dissatisfaction with job performance.

Work-Life Balance

Rondonuwu et al. (2018) describe how to reconcile personal and family requirements with job commitments. Greenhaus (2020) defines work-life balance as the ability to harmonize the demands of one's personal and professional lives without interfering with one another. This improves the overall quality of life. Work-life balance is characterized as the harmony between professional responsibilities and personal life that provides individuals with fulfillment (Bataneh, 2019). Holland and colleagues conducted research. According to et al. (2019), workload has an impact on work-life balance. His research demonstrates that the more the burden, the more damaging the impact on their individual lives, since they would struggle to achieve work-life balance.

According to Borders (2019), work-life balance is a condition in which people have the flexibility and freedom to manage their personal and professional lives in order to be satisfied in both. job-life balance encompasses the equilibrium between job and personal life, both of which provide individuals with satisfaction. Balancing job obligations with family responsibilities can cause stress, reduced productivity, and diminished well-being (Bataneh, 2019). Many firms in Western countries recognize the value of work-life balance, and employees now prefer a balanced work life to good pay.

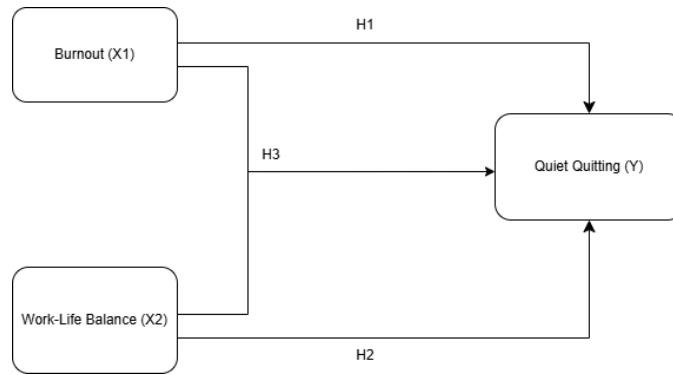
Rondonuwu et al. (2018) Work-Life Balance is defined as comprising three dimensions: temporal balance, engagement balance, and contentment balance. Rondonuwu et al. (2018) identified the following indicators: time spent on work, time spent on personal life, involvement with work, commitment to work, job satisfaction, and personal life satisfaction

Quiet Quitting

According to Formica and Sfodera (2020), Quiet Quitting is defined as an employee's dedication to carrying out allocated responsibilities while avoiding other tasks not specified in the job description. According to Anand et al. (2023), Quiet Quitting is defined as a drop in employee psychological commitment paired with poor levels of individual engagement, managerial support, and work-life quality. This syndrome is frequently associated with increased weariness and concerns about work-life balance. According to Scheyett (2023) and Hiltunen (2023), quiet resigning is a partial withdrawal from work obligations in which employees no longer go beyond their job description without overtly announcing their decision to quit.

The absence of organizational concern for health professionals' physical and mental wellbeing causes them to feel undervalued and demoralized (Harter, 2022). This is supported by Zenger and Folkman's (2022) belief that quiet resignation occurs as a result of feeling unloved or undervalued, therefore employees are hesitant to work harder or more creatively. Unhealthy company culture contributes significantly to the growing epidemic of quiet resigning. Many hospitals continue to practice a hustle culture, in which personnel are expected to work as hard as possible without regard for their well-being.

Furthermore, the toxic work environment and a lack of learning and development opportunities reduce health workers' motivation to actively participate in their work (Formica & Sfodera, 2022). Galanis et al. (2023): In their study, Galanis and his colleagues discovered that burnout was the primary predictor factor for quiet quitting among nurses. Furthermore, they demonstrated that the frequency of this phenomenon was negatively correlated with job satisfaction, implying that the higher the job satisfaction, the less likely nurses were to select quiet resignation. Formica and Sfodera (2020) identified three elements of Quiet Quitting: needs, values, and purpose.



H1 = Burnout has a significant effect on Quiet Quitting

H2 = Work-Life Balance has a significant effect on Quiet Quitting

H3 = Burnout and Work-Life Balance simultaneously have a significant effect on Quiet Quitting

RESEARCH METHOD

This research uses quantitative methodologies, specifically surveys. The quantitative paradigm emphasizes hypothesis testing by examining study variables using statistical methods (Abdillah and Hartono, 2015). This study examines causal links, particularly the influence of the independent factors Burnout, also known (X1) and a balance between work and life (X2) upon the variable that is dependent, Quiet Quitting(Y).

The study comprised a sample size of 191, derived from the population of 364 individuals. The participants of this study were sourced from a hospital. The number of respondents for the present research was determined using Slovin's technique, in a 5 percent margin of error. The sampling approach employed was a combination of purposive and nonprobability sampling. The main sources of data for the present research were a questionnaire created in Google Forms and sent to respondents online.

Secondary data is sourced from various materials, including papers, books, websites, and online searches. This study employs the multiple linear regression method as its data analysis technique, encompassing validity and reliability tests, as well as classical assumption tests, including normality, multicollinearity, and heteroscedasticity tests, along with testing for hypotheses, specifically the partial (t) and simultaneous (F) tests.

RESULTS AND DISCUSSION

The findings of the questionnaire distribution to 191 respondents revealed that the majority of them were female (75%) and between the ages of 25 and 30 (51%). In terms of schooling, 64% have a D3, whereas 36% have an S1. 59% of respondents were single, while 41% were married. According to the length of employment, 47% have 1-3 years of experience, 17% have less than one year, and 24% have more than five years.

Validity Test

The purpose of validity testing in research is to ascertain the validity of the survey. If the response rate exceeds the response table, if the count of r is less than or equal to the r table, the survey statement is deemed valid; otherwise, it is considered invalid. To get the r table, which is 0.150, the validity test in this study uses a significant threshold of 5% (0.05) and $DF = 191 - 2 = 189$.

Table 1.
Validity Test

No	Corrected Value Items Total Correlation /r Count	Sig	r Table	Criteria
1	0.497	0.000	0.142	Valid
2	0.642	0.000	0.142	Valid
3	0.723	0.000	0.142	Valid
4	0.719	0.000	0.142	Valid
5	0.645	0.000	0.142	Valid
6	0.666	0.000	0.142	Valid
7	0.212	0.003	0.142	Valid
8	0.573	0.000	0.142	Valid
9	0.740	0.000	0.142	Valid
10	0.212	0.003	0.142	Valid
11	0.777	0.000	0.142	Valid
12	0.763	0.000	0.142	Valid
13	0.693	0.000	0.142	Valid
14	0.691	0.000	0.142	Valid

Source: Data processed with SPSS IBM 29, 2024

Table 2
Validity Test

No	Corrected Value Items Total Correlation/r Count	Sig	r Table	Criteria
1	0.630	0.000	0.142	Valid
2	0.562	0.000	0.142	Valid

3	0.540	0.000	0.142	Valid
4	0.619	0.000	0.142	Valid
5	0.696	0.000	0.142	Valid
6	0.773	0.000	0.142	Valid
7	0.695	0.006	0.142	Valid
8	0.630	0.000	0.142	Valid
9	0.668	0.000	0.142	Valid
10	0.648	0.000	0.142	Valid
11	0.649	0.000	0.142	Valid
12	0.728	0.000	0.142	Valid
13	0.696	0.000	0.142	Valid
14	0.732	0.000	0.142	Valid
15	0.675	0.000	0.142	Valid

Source: Data processed with SPSS IBM 29, 2024

Table 3.
Validity Test

No	Corrected Value Items Total Correlation/r Count	Sig	r Table	Criteria
1	0.714	0.000	0.142	Valid
2	0.760	0.000	0.142	Valid
3	0.784	0.000	0.142	Valid
4	0.774	0.000	0.142	Valid
5	0.764	0.000	0.142	Valid
6	0.713	0.000	0.142	Valid
7	0.821	0.000	0.142	Valid
8	0.751	0.000	0.142	Valid
9	0.687	0.000	0.142	Valid
10	0.779	0.000	0.142	Valid
11	0.735	0.000	0.142	Valid
12	0.717	0.000	0.142	Valid
13	0.740	0.000	0.142	Valid
14	0.693	0.000	0.142	Valid
15	0.726	0.000	0.142	Valid
16	0.719	0.000	0.142	Valid
17	0.631	0.000	0.142	Valid

Source: Data processed with SPSS IBM 29, 2024

The table shows that r count exceeds r table, and the significance value is less than 0.05, supporting the validity of each variable indicating Burnout (X1), Work Life Balance (X2), and Quiet Quitting (Y).

Reliability Test

Reliability testing is performed to see how the questionnaire measurement instrument performs over multiple experiments. The Cronbach's Alpha reliability test was utilized in this investigation, and its value was 0.70. A questionnaire is regarded as reputable or trustworthy if Cronbach's Alpha exceeds 0.70.

Table 2
Reliability Test

Variables	Cronbach's Alpha	Conclusion
Burnout	0.875	Reliable
Work-Life Balance	0.918	Reliable
Quiet Quitting	0.947	Reliable

Source: Data processed with SPSS IBM 29, 2024

Table 2 shows that the determined Cronbach's Alpha is above the threshold of 0.70, signifying that all research variables—Burnout (X1), Work-Life Balance (X2), and Quiet Quitting (Y)—are reliable are considered reliable or can be trusted as research instruments.

Multicollinearity Test

The independent variables in the model of regression are checked for multicollinearity to see if they are perfectly or significantly correlated. A regression model is considered reasonable if there is no visible association between the independent variables. The Variance Inflation Factor is used to examine statistical approaches such as tolerance values and multicollinearity. Multicollinearity is assumed to occur when the VIF value exceeds 10 and the tolerance value is less than 0.1, and vice versa.

Table 4
Multicollinearity Test

Model	Collinearity Statistics	
	Tolerance	VIF
1	.904	1.106
	.904	1.106

a. Dependent Variable: Quiet Quitting

Source: Data processed with SPSS IBM 29, 2024

Table 4 presents the VIF and Tolerance values of the Burnout (X1) and Work-Life Balance (X2) variables. The X1 and X2 variables have a VIF of 1.106 and a tolerance value

of 0.904. The tolerance value exceeds 0.1, and the VIF value is below 10, signifying the absence of multicollinearity between the two independent variables in the study.

Analysis of Multiple Linear Regression

This study utilized a multiple linear regression method to examine the individual and collective effects of the independent variables, burnout (X1) and balance between work and life (X2), on the dependent variable, that is, quiet quitting (Y).

Table 5
Multiple Linear Regression Analysis
Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	3.552	3.557		.998	.319
X1	.185	.056	.164	3.291	.001
X2	.932	.067	.695	13.990	.000

a. Dependent Variable: Y

Source: Data processed with SPSS IBM 29, 2024

Based on the Table 5 coefficients above, the multiple linear regression equation below can be made:

$$Y = 3.552 + 0.185 X1 + 0.932 X2 + e$$

The constant value of 3.552 shows that quiet quitting (Y) is not influenced by other variables such as burnout (X1) and work-life balance (X2). The regression coefficient b1 (0.185) shows that burnout exerts a beneficial influence on quiet quitting (Y). Meanwhile, the regression coefficient b2 (0.932) shows that work-life equilibrium positively impacts quiet quitting (Y).

Determination Coefficient Test (R²)

The proportion of the variance in the dependent variable is explained by the independent variables in the work-life balance (X2) and burnout (X1) models, as indicated by a coefficient of determination (R²), and quiet quitting (Y).

Table 6
Determination Coefficient Test

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.762 ^a	.580	.576	6,229

a. Predictors: (Constant), Work Life Balance, Burnout

Table 6 indicates that the resultant Adjusted R-Square value is 0.576. This shows that 57.6% A portion of the variability in the silent quitting factor can be elucidated by the burnout and work-life balance variables. Meanwhile, characteristics that are not included in the model and are beyond the scope of this study account for 42.4% of the variation in quiet quitting.

T Test (Partial Test)

Which independent variables have an impact on the dependent variable is assessed using a partial test, often known as a t-test. The researcher will look at two variables, burnout (X1) and work-life balance (X2), to see if they have a significant and partial impact on quiet quitting (Y).

Table 5 demonstrates a substantial correlation between burnout (X1) and silent quitting (Y), with a count of ts of 3.291, exceeding the t-table value of 1.652, and a significance threshold of 0.001, which is less than 0.05. Thus, H0 is denied, whereas H1 is approved. The resultant count of 13.990 > t table 1.652, with a significance value of 0.000 < 0.05, rejects H0 and approves H1. This suggests that there is a considerable but limited relationship between quiet quitting (Y) and work-life balance (X2).

H1 = Effect of Burnout on Quiet Quitting

The findings of the t-test show a significant one-way relationship (p-value of 0.001 (<0.05)) between the independent factor burnout (X1) and the variable that is dependent, silent quitting (Y). Thus, the null hypothesis (H0) is dismissed, and the alternative hypothesis (H1) is affirmed. This finding aligns with recent research conducted by Muhamad Agus Efendi (2023), which demonstrated that burnout positively influences quiet quitting.

H2 = Effect of Work-Life Balance on Quiet Quitting

The T-test results of the study reveal a correlation between the independent factor work-life balance (X2) and the dependent variable, which is quiet quitting (Y). A p-value of 0.000, which is less than 0.05, indicates a direct relationship between work-life balance (X1) and quiet quitting (Y). The result of a partial test of the hypothesis leads to the rejection of H0 and the acceptance of H2. These results correspond with earlier research conducted by Ömer Faruk Şarkbay (2024). His findings suggest that work-life balance factors positively influence quiet quitting.

H3 = Burnout and Work-Life Balance Concurrent Effects on Quiet Quitting

The F-test results, obtained from multiple linear regression analysis, illustrate the impact of the independent variables, burnout (X1) and work-life balance (X2), on the dependent variable, silent quitting (Y). The findings indicate the denial of H0 and acceptance of H3, signifying that burnout (X1) and balance between work and life (X2) have a substantial and simultaneous impact on quiet quitting (Y).

F Test (Simultaneous)

In this study, the simultaneous impact that the independent variables on the one that is dependent variable was evaluated using the F test. The influence of burnout (X1) and balance between work and life (X2) in silent quitting (Y) is both joint and substantial in this study.

Table 7
ANOVA

	Model	Sum of Squares	df	Mean Square	F	Sig.
1	Regression	10086,860	2	5043,430	129,985	,000 ^b
	Residuals	7294,427	188	38,800		
	Total	17381,288	190			

- a. Dependent Variable: Quiet Quitting
- b. Predictors: (Constant), Work-Life Balance, Burnout

The significance value in Table 7 is 0.000, which is greater than 0.05. The computed F value is 129.985, above the F table value of 3.89. Consequently, the other hypothesis (H1) is affirmed, whereas the hypothesis of no significance (H0) is dismissed. Therefore, burnout (X1) and work-life balance (X2) both influence quiet quitting (Y).

CONCLUSION

Burnout has a good and large impact on silent quitting. This demonstrates that the higher the level of burnout experienced by health workers, the more likely they are to quit quietly. Burnout is caused by emotional tiredness, an excessive workload, and a lack of support from the workplace, all of which lead to a decline in workers' participation in their work. Simultaneously, work-life balance significantly influences quiet quitting in a positive manner. This indicates that healthcare professionals who achieve a work-life balance are less prone to resign. An effective work-life balance allows healthcare professionals to more

effectively manage occupational stress, enhance job satisfaction, and sustain motivation and commitment to their responsibilities.

Burnout and work-life balance exert a favorable and substantial influence on silent quitting among hospital staff. This means that healthcare workers are more likely to quietly quit when they believe their personal lives are being interrupted by an imbalanced workload, as opposed to simply experiencing burnout. As a result, hospitals should address burnout while simultaneously ensuring that healthcare personnel maintain a healthy work-life balance.

This study is expected to function as a reference for prospective researchers who may develop additional variables that influence the independent variables. In addition, qualitative or mixed methodologies can be utilized to delve deeper into health workers' experiences with burnout and the equilibrium between professional and personal life. The extent of research may also be broadened by involving more hospitals, both private and public, to generate more complete and generalizable data.

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