

The Relationship between Perceived Organizational Support and Self-Compassion with Nurses Burnout at Dr. H. Chasan Boesoerie Hospital

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ABSTRACT

This study aims to prove the relationship between perceived organizational support and self-compassion with nurse burnout. The subjects of this study were 175 nurses. The approach used in the study was a quantitative approach with a data collection method using a scale that had been tested for validity and reliability. Data analysis was carried out using multiple linear regression correlation tests. The measuring instruments used were the burnout scale, the scale of perceived organizational support and the self-compassion scale. The results showed that there was a correlation between perceived organizational support and the self-compassion scale with nurse burnout at Dr. H. Chasan Boesoerie Ternate Regional Hospital. Perceived organizational support showed a negative and significant correlation with burnout of nurses working at Dr. H. Chasan Boesoerie Ternate Regional Hospital. Self-compassion showed a negative and significant correlation with burnout of nurses at Dr. H. Chasan Boesoerie Ternate Regional Hospital. Perceived organizational support and self-compassion together had a significant and acceptable effect on reducing Burnout. The results of the study showed that perceptions of organizational support and selfcompassion can minimize the level of burnout of nurses working at Dr. H. Chasan Boesoerie Ternate Regional Hospital.

Keywords: Burnout, Nurse, Perceived Organizational Support, Relationship, Self-Compassion

INTRODUCTION

Nursing is a profession that involves providing care to individuals, families, groups, or communities, whether they are sick or healthy. According to the 2019 Minister of Health Regulation Article 1, nursing encompasses various roles, including being providers of care services, educators and counselors, managers of care services, researchers, and task executors based on authorized delegations. Additionally, nurses can provide treatment for common diseases, refer patients according to the reference system, and offer limited pharmaceutical services in the absence of pharmacists (Permenkes, 2019). The demands of nursing work, particularly in inpatient installations, ENT polyclinics, medical rehabilitation units, and pavilions, are considerably high. Nurses in inpatient installations experience significant pressure due to their close and intense interactions with patients. Meanwhile, nurses in ENT polyclinics frequently handle patients requiring prompt and specific treatment for conditions such as infections, hearing loss, and upper respiratory issues (Yasmin et al., 2024). In medical rehabilitation, nurses provide long-term care for patients undergoing therapy, such as physiotherapy. Similarly, in pavilions, nurses are responsible for patient monitoring, medication administration, and coordination with other healthcare professionals (Fuady et al., 2022).

The high workload in these settings makes nurses vulnerable to physical, emotional, and mental exhaustion, commonly referred to as burnout. Freudenberger (1986) defines burnout as a state of fatigue resulting from excessive work without adequate attention to personal well-being. Maslach and Leiter (2013) describe burnout as a psychological syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment. Factors contributing to burnout include environmental, individual, and socio-cultural elements (Sullivan, 1989; Permatasari et al., 2021). Studies indicate a high prevalence of burnout among nurses. Jeikawati et al. (2020) reported that 34% of nurses at Palangka Raya Regional Hospital experienced burnout. Similarly, Saparwati and Apriyatmoko (2020) found that 50.8% of nurses at Ungaran Regional Hospital were affected by

burnout. At X Hospital in Jakarta, Nurmawati et al. (2022) reported that 43% of nurses suffered from burnout. The consequences of burnout are severe, as it can diminish the quality of healthcare services, reduce nurses' job satisfaction, and even lead them to leave the profession (Sembiring et al., 2017).

Burnout has also been observed among nurses at Dr. H. Chasan Boesoerie Ternate Regional Hospital. Preliminary interviews revealed that three emergency room (ER) nurses experienced mental and emotional exhaustion due to demanding workloads. Two operating room nurses reported dizziness from the high pressure of their tasks. However, two ER nurses stated they enjoyed their work. In the ENT polyclinic, nurses reported emotional distress due to the precision required in medical procedures and the challenges of communicating with hearing-impaired patients. Medical rehabilitation nurses often felt fatigued due to long-term patient care. Pavilion nurses faced high pressure from extended shifts and the necessity to respond quickly to patient deterioration. In addressing burnout, organizational support and psychological strategies, such as self-compassion, play a crucial role. Self-compassion, as defined by Neff (2003), is the ability to treat oneself with kindness, recognize one's suffering as part of the shared human experience, and maintain mindful awareness without self-judgment. Research by Neff and Germer (2018) suggests that self-compassion can alleviate stress, anxiety, and depression while enhancing emotional resilience. In the nursing context, self-compassion enables individuals to accept their limitations without self-blame, acknowledge that distress is a natural part of the profession, and remain focused on their duties without being overwhelmed by negative thoughts.

Adequate organizational support can help mitigate burnout. Eisenberger (2011) highlights that perceived organizational support—the belief that an organization values employees' contributions and cares for their well-being—is crucial in reducing burnout. Organizational support can take various forms, including fair workload distribution, mental health programs, psychological counseling, and recognition of nurses' efforts (Khoiriyah et al., 2020; Permadiani & Waskiti, 2024). When combined with self-compassion, organizational support can empower nurses to handle workplace challenges effectively, maintain emotional stability, and stay motivated in their roles. This study aims to examine the relationship between perceived organizational support, self-compassion, and burnout among nurses at Dr. H. Chasan Boesoerie Ternate Regional Hospital. Specifically, it analyzes the relationship between perceived organizational support and self-compassion with burnout, investigates the relationship between perceived organizational support and burnout, and determines the relationship between self-compassion and burnout. Based on these research objectives, the study proposes that perceived organizational support and self-compassion jointly influence burnout levels among nurses, that there is a negative relationship between perceived organizational support and burnout, and that there is a negative relationship between self-compassion and burnout. Understanding these relationships can provide valuable insights into effective interventions to enhance nurses' well-being and improve healthcare service quality.

METHOD

Type of Research

This study uses a quantitative method with a correlational research type. Correlation research aims to determine whether there is a relationship between two or more variables (Bata, 2024). The variables in this study consist of perceptions of organizational support and self-compassion as independent variables and burnout as dependent variables.

Subject of the study

The population in this study were nurses working at Dr. H. Chasan Boesoerie Ternate Regional Hospital, totaling 315 nurses. The sample of this study was 175 nurses determined based on the Krejcie table criteria. The sampling technique used purposive sampling with the following characteristics:

Nurses working at Dr. H. Chasan Boesoerie Ternate Regional Hospital.

Nurses on duty in the Amarilis VIP room, Asoka Room, Tulip Room, Seruni Room, Lung Room, Emergency Installation, Manuru Pavilion, ENT Polyclinic, Medical Rehabilitation, and Kanangan Pavilion.

Research instrument

Data collection in this study used the burnout scale, perceived organizational support scale and self-compassion scale. The three scales have been rearranged by the researcher himself.

- 1) The burnout scale statements in the questionnaire must be answered by the respondents. The distribution of the questionnaire to respondents used Google Form and a hard file in the form of a questionnaire. This scale consists of 42 items, of which there are 35 valid items with an item validity coefficient ranging from 0.911 to 0.37. The results of the reliability test on the Burnout scale showed a Cronbach's alpha value of 0.969 with 35 valid items. This means that the burnout scale is declared reliable.
- 2) The scale of perceived organizational support statements in the questionnaire must be answered by the respondents. The distribution of the questionnaire to respondents used Google Form and a hard file in the form of a questionnaire. This scale consists of 30 items, of which there are 24 valid items with an item validity coefficient ranging from 0.317 to 0.841. The results of the reliability test on the perceived organizational support scale showed a Cronbach's alpha value of 0.946 with 24 valid items and rounds. This means that the burnout scale is declared reliable.
- 3) The self-compassion scale of statements in the questionnaire must be answered by respondents. The distribution of questionnaires to respondents used Google Form and hard files in the form of questionnaires. This scale consists of 30 items, of which there are 27 valid items with item validity coefficients ranging from 0.394 to 0.811. The results of the reliability test on the self-compassion scale showed a Cronbach's alpha value of 0.933 with 27 valid items and rounds. This means that the self-compassion scale is declared reliable.

Data Analysis Technique

The data analysis technique used multiple linear regression. Data processing was carried out using the SPSS program version 25 IBM for Windows. Multiple regression analysis was used to determine the relationship between perceived organizational support and self-compassion with Burnout in Nurses at Dr. Soetomo Hospital. H. Chasan Boesoerie Ternate.

RESULT

Assumption Test

Data obtained from research on the relationship between perceived organizational support and self-compassion on burnout in nurses at Dr. H. Chasan Boesoerie Ternate Regional Hospital. Before conducting multiple regression analysis, several assumption tests need to be carried out, namely the normality test of distribution, linearity test of relationship, multicollinearity test, and heteroscedasticity test. The results of the normality test using residual data show the Kolmogorov-Smirnov statistical coefficient = 0.054 at $p = 0.200$ ($p > 0.05$) which means that the data distribution is normally distributed.

Table 1. Results of the Normality Test of Distribution

Variables	Statistic	p	Information
Burnout	0,054	0,200.	Normal

Based on the results of the linearity test, the F deviation from linearity value of 2.022 with a significance of 0.001 ($p > 0.05$) indicates that the relationship between Perceived Organizational Support and the Burnout variable is linear. Similarly, the results of the linearity test of the relationship between Self-Compassion and Burnout show the F deviation from linearity value of 2.687 with a significance of 0.000 ($p > 0.05$) is linear.

Table 2. Linearity Test Results of Relationships

Variables	F	P	Information
Perceived Organizational Support - Burnout	2,022	0,001	Linear
Self-Compassion - Burnout	2,687	0,000	Linear

Multicollinearity Test of Relationships Between Independent Variables

The results of the multicollinearity test of the relationship between independent variables will show whether there are independent variables with high correlations that need to be removed from the model. The ideal regression model has a tolerance value of more than 0.10 and a VIF (Variance Inflation Factor) value of less than 10.

Table 3. Multicollinearity Test Results

Variables	Collinearity Static		
	Tolerance	VIF	Information
Perceived Organizational Support – Self-Compassion	0,885	1,131	No Multicollinearity Occurs

Heteroscedasticity Test

The results of the heteroscedasticity test on the variables of perceived organizational support and self-compassion with ABS_RES obtained a significance of 0.796 ($p > 0.05$) on the variable of perceived organizational support and a significance of 0.094 ($p > 0.05$) on the variable of self-compassion. This indicates that there is no heteroscedasticity in the variables of self-esteem and perceived organizational support.

Table 4. Heteroscedasticity Test Results

Variables	p	Information
Perceived Organizational Support	0,796	No Heteroscedasticity Occurs
Self-Compassion	0,094	No Heteroscedasticity Occurs

First Hypothesis Test

The first hypothesis shows a calculated F value of 63.169 with a significance of 0.000 ($p < 0.01$). The very small significance value indicates that the hypothesis stating that the hypothesis is accepted, which means that Perceived Organizational Support and Self-Compassion together have an effect on reducing Burnout.

Table 5. First Hypothesis Test Results

Variables	F	P	Information
Perceived Organizational Support dan Self-Compassion terhadap Burnout	63,169	0,000	Significant ($p < 0.01$) Hypothesis accepted

Second Hypothesis Test

The second hypothesis shows a calculated F value of 5.392 with a significance of 0.000 ($p < 0.01$). This

significance value indicates that this hypothesis is also accepted, confirming that Perceived Organizational Support has a significant influence on reducing the level of Burnout. Perceived organizational support has a negative effect, meaning that increasing perceived organizational support will have an impact on reducing nurse burnout, the better the perceived organizational support provided by Dr. Chasan Boesorie Ternate Hospital to nurses, the lower the level of burnout felt by nurses.

Table 6. Second Hypothesis Test Results

Variables	F	P	Information
Perceived Organizational Support dan Burnout	5,329	0,000	Significant (p<0.01) Hypothesis accepted

Third Hypothesis Test

The third hypothesis shows the calculated F value of 7.497 with a significance of 0.000 ($p < 0.01$). This hypothesis is also accepted, which shows that Self-Compassion has a significant effect on reducing the level of Burnout. Self-Compassion has a negative effect, meaning that an increase in Self-Compassion will have an impact on reducing nurse burnout, the more optimal the Self-Compassion owned by the nurse, the lower the level of burnout felt by the nurse.

Table 7. Third Hypothesis Test Results

Variables	F	P	Information
Self-Compassion dan Burnout	7,497	0,000	Significant (p<0.01) Hypothesis accepted

Multiple Regression Equation

Based on the correlation score there is no Perceived Organizational Support and Self-Compassion, then Burnout will be worth 177.028. The regression coefficient of 0.418 indicates that every unit increase in Perceived Organizational Support will decrease Burnout. And the regression coefficient of 0.584 indicates that every unit increase in Self-Compassion will decrease Burnout.

Effective Contribution of Each Variable

The result of the effective contribution value of the perceived organizational support variable to burnout is 0.328, which means that the perceived organizational support variable is able to influence burnout by 32.8%. While the effective contribution value of the self-compassion variable to burnout is 0.461, which means that the self-compassion variable is able to influence burnout by 46.1%.

Table 8. Effective Contribution Results of Each Variable

Variables	SE	SE %	R ²
Perceived Organizational Support	0,328	32,8%	0,423
Self Compassion	0,461	46,1%	(42,3%)

Descriptive Analysis

The empirical mean value of the Perceived Organizational Support variable is (81.37) and the theoretical mean value is (72), meaning that the empirical mean value of the Perceived Organizational Support variable is greater than the theoretical mean value. The empirical mean value of the self-compassion variable (96.88) is greater

than the theoretical mean value (81), meaning that nurses working at Dr. H Chasan Boesoeri Ternate Regional Hospital who are the subjects of this study have a higher level of self-compassion. . The empirical mean value of the burnout variable (86.41) is smaller than the theoretical mean value (105). meaning that nurses working at Dr. H Chasan Boesoeri Ternate Regional Hospital who are the subjects of this study have a lower level of burnout.

Table 9. Descriptive Analysis Results

Variables	Empirical Mean	Theoretical Mean	Information
Perceived Organizational Support	81,37	72	ME > MT
Self Compassion	96,88	81	ME > MT
Burnout	86,41	105	ME < MT

INTRODUCTION

In this study, the respondents were nurses working at Dr. Chasan Boesorie Ternate Regional Hospital who worked with a shift schedule determined by each head of nursing in the rooms where the nurses were placed. The first hypothesis showed that perceived organizational support and self-compassion jointly influenced the decrease in burnout. The results of the hypothesis test showed a calculated F value of 63.169 with a significance of 0.000 ($p < 0.01$). The very small significance value indicates that the hypothesis stating that perceived organizational support and self-compassion jointly influenced the decrease in Burnout was significant and acceptable. The results of the empirical mean value for burnout in nurses were 86.41 and the theoretical mean value was 105. These results indicate that the empirical mean value for burnout in nurses was smaller than the theoretical mean value. Nurses working at Dr. Chasan Boesorie Ternate Regional Hospital have lower levels of burnout, nurses are relatively better able to manage work pressure or are in good working conditions. This is because there is a balance of workload that is not too heavy so that excessive fatigue does not occur. Then there is a good working relationship between fellow nurses and support from superiors and a conducive work environment and adequate facilities. This results in good mental and physical conditions of nurses, more optimal health service performance to patients and nurses are more satisfied with their jobs and less likely to experience burnout. This shows that perceived organizational support and self-compassion together have a significant effect on burnout with a significance value of less than 0.01. Perceived organizational support and self-compassion have a negative effect, meaning that an increase in perceived organizational support and self-compassion will have an impact on reducing employee burnout, the better the perceived organizational support and self-compassion that occur, the less burnout occurs.

The results of this study also show that the effective contribution score of perceived organizational support and self-compassion to burnout in nurses has a contribution of 42.3%. This means that perceived organizational support and self-compassion have a contribution of 42.3% to nurses working at Dr. Chasan Boesorie Ternate Regional Hospital. Perceived organizational support is the extent to which nurses at Dr. Chasan Boesorie Ternate Regional Hospital feel support from the institution where they work, such as recognition of hard work, availability of adequate resources, and organizational attention to employee welfare. Then, Self-Compassion is the ability of nurses at Dr. Chasan Boesorie Ternate Regional Hospital to understand and accept themselves when facing work pressure or failure, including not being too self-critical and staying positive in difficult situations. In other words, when perceived organizational support is high and self-compassion increases, the level of burnout in nurses tends to decrease significantly. However, there are still 57.7% other factors that influence burnout in nurses, such as the workload experienced by nurses, the number of patients or working hours that are too long, the condition of the work environment, interpersonal relationships, or other personal aspects. To reduce burnout in nurses, hospitals need to increase perceived organizational support by providing a supportive work environment, giving awards for nurse performance, and ensuring the welfare of nurses. Efforts to encourage self-compassion are also important, for example through stress management training, mindfulness, or mental health programs. By optimizing these two factors, the level of nurse burnout can be reduced, so that the quality of health services provided to patients will also increase.

The second hypothesis in this study shows that perceived organizational support has a significant effect on burnout with a significance value of less than 0.01. Perceived organizational support has a negative effect, meaning that increasing perceived organizational support will have an impact on reducing nurse burnout, the better the perceived organizational support provided by Dr. Chasan Boesorie Ternate Hospital that occurs, the less burnout occurs in nurses at Dr. Chasan Boesorie Ternate Hospital. Perceived organizational support has indeed been widely studied to have a significant effect on burnout, especially in the context of work involving nurses at Dr. Chasan Boesorie Ternate Hospital. When nurses feel that the hospital pays attention, appreciates the contribution of nurses, and cares about the welfare of nurses, this can reduce the level of burnout. Perceived organizational support provides a sense of security and trust to nurses that nurses are supported by the hospital, so that burnout experienced by nurses can be reduced.

Nurses who feel supported tend to be more satisfied with their work, so the risk of burnout is smaller. Perceived organizational support increases nurses' sense of attachment to the hospital, so that nurses are better able to deal with work pressure. Perceived organizational support helps reduce emotional exhaustion, which is one of the main components of burnout. By feeling supported, nurses become more resilient in facing work challenges. The results of this study are in line with the results of a study conducted by Datubara et al. (2024) which discussed the effect of perceived organizational support on burnout in teachers at the Don Bosco Manado Foundation. The results of a study that is in line were also conducted by Safitri and Anisah (2021) which discussed the relationship between job insecurity and perceived organizational support with job burnout during the pandemic.

The empirical mean value of the perceived organizational support variable is 81.37 and the theoretical mean value is 72. These results indicate that the empirical mean value of the perceived organizational support variable is greater than the theoretical mean value. This indicates that Perceived organizational support has a significant effect on burnout with a significance value of less than 0.01. Perceived organizational support has a negative effect, meaning that an increase in perceived organizational support will have an impact on reducing nurse burnout, the better the perceived organizational support provided by Dr. Chasan Boesorie Ternate Hospital, the less burnout occurs. This shows that the perceived organizational support felt by nurses working at Dr. Chasan Boesorie Ternate Hospital is above the expected average because most nurses feel that the organizational support from Dr. Chasan Boesorie Ternate Hospital received by nurses is quite good. The results of the study also showed that the effective contribution score of perceived organizational support to burnout in nurses contributed 32.8%. This means that perceived organizational support contributed 32.8% to burnout in nurses and the rest was influenced by other factors. This effective contribution score further strengthens the second hypothesis which states that perceived organizational support has a negative effect on burnout in nurses working at Dr. Chasan Boesorie Ternate Regional Hospital.

This shows the importance of virginity from the RSUD in reducing burnout through increasing perceived organizational support for nurses. The RSUD must increase organizational support such as ensuring that nurses feel appreciated and cared for, for example through award programs or recognition of nurse performance, the RSUD ensures adequate work facilities including the provision of work tools and training to support professional development and strengthen effective communication between management and nurses to create a sense of involvement.

The third hypothesis shows that there is a significant influence between self-compassion and burnout. Self-compassion has a significant influence in reducing the level of burnout. Self-compassion has a negative effect, which means that an increase in. Self-compassion will have an impact on reducing nurse burnout, the more optimal the self-compassion that nurses have, the lower the level of burnout felt by nurses. Self-compassion, which involves being kind to oneself when facing difficulties, accepting imperfection, and practicing mindfulness, helps nurses deal with work pressure more healthily. By being gentle with themselves, nurses are better able to deal with stress and pressure, which are the main factors causing burnout.

Self-compassion practices, such as mindfulness, help nurses stay aware and calm in the face of stress, reducing the negative impact of chronic stress. Self-compassion is associated with positive emotions such as optimism and life satisfaction, which help protect against emotional exhaustion, a major component of burnout. With self-compassion, nurses understand that imperfection is part of the human experience, thereby reducing feelings of alienation that are often experienced during burnout. The results of this study are in line with the results of a

study conducted by Nabila (2024) which discussed the influence of self-efficacy and self-compassion on academic burnout in students. The results of a study that is in line were also conducted by Hasyiyati and Widyasari (2023) which discussed the relationship between self-compassion and burnout in inclusive elementary school teachers.

The empirical mean value of the self-compassion variable is 96.88 and the theoretical mean value is 81. These results indicate that the empirical mean value of the self-compassion variable is greater than the theoretical mean value. Self-compassion has a significant effect on burnout with a significance value of less than 0.01. Self-compassion has a negative effect, meaning that increasing self-compassion will have an impact on reducing burnout of nurses working at Dr. Chasan Boesorie Ternate Hospital, the better the self-compassion that occurs, the less burnout that occurs. Nurses working at Dr. Chasan Boesorie Ternate Hospital have the ability to be kind to themselves in dealing with pressure, reducing stress and improving emotional well-being. The results of the study also showed that the effective contribution score of self-compassion to burnout in nurses contributed 46.1%. This means that self-compassion has a contribution of 46.1% to burnout in nurses and the rest is influenced by other factors. This effective contribution score further strengthens the second hypothesis which states that self-compassion has a negative effect on burnout in nurses working at Dr. Chasan Boesorie Ternate Hospital. Chasan Boesorie Ternate.

CONCLUSIONS

In conclusion, organizational support and self-compassion play a significant role in reducing burnout among nurses at Dr. H. Chasan Boesorie Ternate Regional Hospital. Burnout, characterized by physical, emotional, and mental exhaustion, is influenced by both internal and external factors. Internal factors include self-compassion and individual characteristics, while external factors encompass perceived organizational support, work environment, and workload. The interaction between these factors significantly determines the level of burnout experienced by nurses.

The findings indicate that perceived organizational support and self-compassion collectively have a significant effect on burnout, with an F-score of 63.169 and a significance value of 0.000 ($p < 0.01$). This supports the hypothesis that higher levels of organizational support and self-compassion are associated with lower levels of burnout. Additionally, perceived organizational support alone significantly influences burnout, with an F-score of 5.392 and a significance value of 0.000 ($p < 0.01$), highlighting the importance of a supportive work environment in mitigating burnout. Self-compassion also has a significant impact on burnout, with an F-score of 7.497 and a significance value of 0.000 ($p < 0.01$), suggesting that nurses with higher self-compassion exhibit greater emotional resilience in coping with job-related stress.

Descriptive analysis shows that nurses at Dr. H. Chasan Boesorie Ternate Regional Hospital report high levels of perceived organizational support and self-compassion, as well as relatively low levels of burnout. The mean empirical score for perceived organizational support (81.37) exceeds the theoretical mean (72), while the mean empirical score for self-compassion (96.88) is also higher than the theoretical mean (81). In contrast, the mean empirical score for burnout (86.41) is lower than the theoretical mean (105), indicating that nurses effectively manage workplace stress within a supportive environment.

These findings emphasize the need for hospitals to enhance perceived organizational support through inclusive policies, recognition of nurses' contributions, and the provision of adequate resources. Furthermore, training programs focused on self-compassion can help nurses develop adaptive coping mechanisms for workplace challenges. By fostering a healthier and more supportive work environment, the risk of burnout can be minimized, enabling nurses to perform optimally and provide high-quality patient care.

Despite its contributions, this study has several limitations. The sample is restricted to nurses at Dr. H. Chasan Boesorie Ternate Regional Hospital, limiting the generalizability of the findings to other healthcare settings. Additionally, the study focuses solely on the relationship between perceived organizational support, self-compassion, and burnout without considering other potential factors such as emotion regulation, self-efficacy, or socioeconomic conditions. Future research with a broader scope and additional variables is needed to provide a more comprehensive understanding of the factors influencing burnout among nurses.

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