



RESEARCH ARTICLE

Burnout, Job Demands, and Work Stress Among Nurses: The Moderating Role of Workplace Compassion

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Abstract

This study aims to examine the effects of burnout and job demands on work stress, with workplace compassion as a moderating variable among nurses at a Regional General Hospital in Indonesia. Using a quantitative approach and Partial Least Squares Structural Equation Modeling (PLS-SEM), data were collected from 153 nurses through a structured questionnaire employing a Likert Scale. The findings indicate that both burnout and job demands have a positive and significant effect on work stress. Furthermore, workplace compassion functions as a significant moderating variable with nuanced effects. Specifically, workplace compassion acts as a buffering mechanism in the relationship between job demands and work stress, reducing the negative impact of high job demands. However, it simultaneously strengthens the relationship between burnout and work stress, suggesting a complex interaction between emotional exhaustion and compassionate workplace dynamics. These findings support the job demands – resources (JD-R) theory and highlight the importance of hospital management to foster a compassionate organizational culture to mitigate work stress and enhance nurses' well-being.

Keywords

Burnout; Job Demands; Work Stress; Workplace Compassion; Nurses.

1 | INTRODUCTION

In the era of globalization and increasingly intense business competition, complex job demands and excessive workloads frequently impact employees' health and productivity (Husain & Hasan, 2025). This issue is particularly evident in the healthcare sector, especially among nurses working in hospitals. Research conducted by (Jakaria & Jalilul, 2025) indicates that work stress represents a serious threat to nurses' mental health, where long working hours, emotional pressure, and limited organizational support contribute to emotional exhaustion, job fatigue, and decline in job performance. Globally, the prevalence of work stress continues to show a relatively high trend. According to (Gallup 2024; Prel *et al.*, 2024), approximately 38% of workers worldwide reported experiencing high levels of daily stress in 2019. Consistent with these findings, a study by (Ullah *et al.*, 2025). On hospital nurses in Pakistan found that work stress is a significant issue in the nursing profession which in turn has substantial implications for nurses' psychological well-being. Similarly, the latest Labour Force Survey reported by the Health and Safety Executive (HSE) indicates that during the 2019-2020 period there were approximately 828,000 cases of work-related stress, depression, or anxiety, with a prevalence rate of 2,440 per 100,000 workers (Health and safety & Executive, 2020). This figure represents a notable increase compared with the 2017-2018 period, which recorded 595,000 cases with a prevalence rate of 1,800 per 100,000 workers. In Indonesia, work stress is also a measurable and increasingly recognized phenomenon. A study conducted by (Ladamu & Harisa, 2025) Madani Regional General Hospital in Palu revealed that although the majority of nurses (56.4%) reported low levels of work stress, nearly half of them (43.6%) still experienced relatively high stress levels. Earlier evidence from a survey conducted by the Indonesian National Nurses Association (PPNI) in 2006 found that approximately 50.9% of nurses working in healthcare services experienced work stress (Hidayat, 2022; Ladamu & Harisa, 2025). Furthermore, research by (Yuninda, 2025) indicates that nurses in Cirebon continue to face significant work stress problems within the local healthcare environment. One of the factors that may increase work stress is burnout. (Maslach, 1976; Edú-Valsania *et al.*, 2022) introduced the concept of burnout into the scientific literature and defined it as a process leading to emotional exhaustion, apathy, and reduced professional commitment as well as a diminished social service orientation. (Maslach & Leiter, 2016) further conceptualized burnout as a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors in the workplace. Supporting this perspective, (Karakitsiou *et al.*, 2025) demonstrate that burnout is often the result of excessive work pressure and significantly contributes to increased levels of work stress in organizational settings.

In addition to burnout, job demands constitute another important factor that may elevate the risk of work stress. (Hardi *et al.*, 2025) found that job demands significantly influence work stress, where higher task demands are associated with higher levels of stress. This relationship is also supported by international literature. (Deng *et al.*, 2021), in a study conducted in the non-profit sector in China using the job demands-resources (JD-R) model, analyzed the relationships among job demands, job resources, burnout, and psychological distress. The findings revealed that job demands had a significant positive effect on psychological distress and work stress. Although several local studies have examined work stress among healthcare workers, existing research has generally focused on specific aspects without considering broader psychosocial dynamics. For example, (Harahap *et al.*, 2025) primarily examined the effects of workload, work stress, and intrinsic motivation on work-life balance. Similarly, (Rizan *et al.*, 2022) investigated the relationship between work-life balance and work stress on service quality, with job satisfaction acting as a mediating variable among nurses. Another study by (Amalia *et al.*, 2026) highlighted workload, nurses patient ratios, and psychosocial pressures as determinants of work stress among hospital nurses. Despite these contributions, previous studies have not specifically examined psychosocial factors within the context of a Regional General Hospital in Indonesia. More importantly, there remains a lack of empirical research investigating the combined influence of burnout and job demands on work stress while considering workplace compassion as a moderating variable. This gap provides an opportunity for further investigation to better understand how burnout and job demands influence work stress, particularly when moderated by workplace compassion. One positive psychosocial factor that may help reduce work stress is workplace compassion. (Lilius *et al.*, 2008) emphasized workplace compassion as an important mechanism for addressing suffering and stress in organizational settings. Their study suggests that workplace compassion can help employees cope with stress by fostering positive emotions and strengthening organizational commitment. Furthermore, (Kunst *et al.*, 2025) define workplace compassion as the recognition of others suffering whether colleagues, patients, or clients and the active effort to alleviate such suffering within emotionally demanding work environments. However, empirical studies that incorporate workplace compassion as a moderating variable within this research model remain limited. At the local level, research in Indonesia has largely focused on issues such as toxic work environments, burnout, and turnover intention. For instance, (Monica & Hayati, 2025) found that employees are more likely to leave their organizations due to unhealthy work environments and high levels of burnout. Nevertheless, these studies have not explored how workplace compassion may interact with burnout and job demands in influencing work stress among healthcare professionals. Based on this background, the present study aims to examine the effects of burnout and job demands on work stress, with workplace compassion serving as a moderating variable among nurses at Regional General Hospital in Indonesia. This study seeks to extend the job demands-resources (JD-R) theory and Maslach's three-component model of burnout by incorporating

workplace compassion as a moderating construct within the JD-R framework. Using a quantitative approach, this research is expected to contribute to the development of theoretical insights on psychosocial dynamics in healthcare workplaces while also providing practical implications for managing work stress among nurses in hospital settings.

2 | BACKGROUND THEORY

2.1 Burnout (BN)

Burnout occurs when high job demands are not balanced by adequate resources. The theoretical foundation of burnout in this study refers to Maslach's Three-Component Model of Burnout (Maslach & Leiter, 2016). This theory explains that burnout arises from a mismatch between individuals and six key areas of work life, namely workload, control, reward, community, fairness, and values. Such mismatches can generate prolonged occupational stress that eventually leads to burnout. According to this model, burnout manifests throughout three primary dimensions. The first dimension is emotional exhaustion, which refers to feelings of emotional fatigue resulting from excessive work pressure, characterized by a detached and negative attitude toward work and recipients of one's service. The second dimension is depersonalization, which refers to psychological detachment from the work environment due to extreme emotional exhaustion. This dimension reflects an interpersonal crisis in the workplace, where an individual begins to create emotional distance and exhibits an indifferent, cynical, and negative attitude toward their work and toward the people they serve (such as clients, patients, or coworkers). The third dimension is reduced personal accomplishment, which reflects feelings of inefficacy and a decline in perceived professional competence. Within this framework, burnout is understood as a condition resulting from prolonged work stress, characterized by emotional exhaustion, depersonalization, and a diminished sense of personal achievement. Empirical evidence from (Fadillah *et al.*, 2025) provides strong support for this theory by demonstrating that burnout has a significant negative effect on work effectiveness. Their findings suggest that high levels of burnout can impair cognitive functioning and reduce individual motivation, thereby reinforcing the assumptions of Maslach's Three-Component Model regarding the detrimental consequences of long-term work stress. Similarly, (Wang *et al.*, 2019) found that emotional exhaustion and depersonalization are key factors contributing to a decline in professional quality of life among nurses in tertiary hospitals. These findings align with (Maslach & Leiter, 2016) argument that severe burnout often result from an imbalance between workload and available emotional resources.

2.2 Job Demands (JD)

The concept of job demands is grounded in the job demands-resources (JD-R) theory, originally developed by (Bakker & Demerouti, 2023). This theory distinguishes between two primary job characteristics: job demands and job resources. Job demands refer to aspects of work that require sustained physical, cognitive, or emotional effort and are therefore associated with certain physiological and psychological costs, such as fatigue and health problems. In contrast, job resources refer to aspect of the job that help individuals achieve work goals, reduce job demands, and facilitate personal growth and development. The JD-R model proposes two fundamental processes: the health impairment process and the motivational process. The health impairment process occurs when excessive job demands lead to strain, stress, and eventually burnout. Meanwhile, the motivational process occurs when job resources stimulate employee motivation, work engagement, and performance. In addition to job resources, personal resources such as self-control, resilience, and self-efficacy also play an important role in strengthening motivation and coping with job demands. (Salmela-aro & Upadyaya, 2018) argue that the JD-R framework contributes to enhancing employee work engagement across different career stages while simultaneously reducing the risk of burnout through the development of personal resilience. Consistent with this perspective, (Rahayu, 2021) found that job demands such as workload, emotional demands, and physical demands can lead to physical and psychological fatigue when they are not balanced with sufficient job resources.

2.3 Work Stress (WS)

Work stress can be understood through the Transactional Theory of stress proposed by (Lazarus & Folkman, 1984) theory conceptualizes stress as the result of an interaction between individuals and their environment, where stress occurs when work demands are perceived as exceeding an individual's capacity to cope with them. In line with this theoretical perspective, (Lumban Gaol, 2016) states that stress arises when individuals experience an imbalance between their available resources or coping strategies and the demands of their work environment. When such imbalance persists over a prolonged period, it may lead to psychological stress and negative consequences for individual well-being. Empirical evidence also supports this theoretical framework. For example, (Mankowska, 2025) found that prolonged work stress often results from a mismatch between individuals and their work environment. This misalignment may arise from excessive job demands, inadequate organizational support, or limited coping resources, ultimately increasing employees' vulnerability to work stress.

2.4 Workplace Compassion (WC)

The concept of workplace compassion is rooted in the Compassion at work theory (Lilius *et al.*, 2008). This theory explains how empathetic interactions within the workplace can influence employee well-being through a social process consisting of three key stages: noticing, feeling, and responding. Noticing refers to recognizing the suffering of others, feeling involves experiencing empathy toward that suffering, and responding refers to taking meaningful action to alleviate it. According to this framework, leaders and team members can influence one another through expressions of care, emotional support, and positive actions that foster a supportive work environment. Compassionate interactions may strengthen social bonds among employees and create a climate that promotes psychological well-being. This perspective is consistent with (Dutton *et al.*, 2014), who describe compassion as an interpersonal process involving understanding others suffering, experiencing empathy, interpreting its meaning, and taking constructive action. Similarly, (Miller, 2007) conceptualizes compassion as a communicative process in which individuals recognize another person’s suffering (noticing), establish emotional connection (connecting), and engage in verbal or non-verbal actions to alleviate the burden (responding).

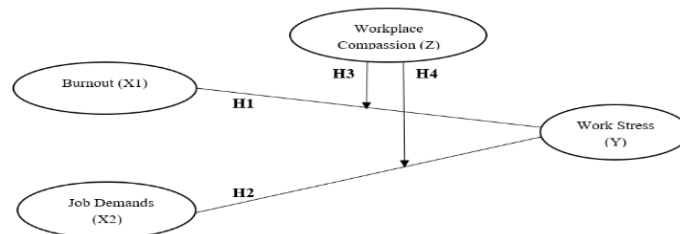


Figure 1. Research Framework

Based on the theoretical review and previous research, the hypotheses in this study are formulated as follows.

- 1) H1: Burnout has positive and significant impact on Work Stress.
- 2) H2: Job Demands has positive and significant impact on Work Stress.
- 3) H3: Workplace Compassion moderates the Burnout and Work Stress weakening the positive impact of Burnout on Work Stress.
- 4) H4: Workplace Compassion moderates the Job Demands and Work Stress weakening the positive impact of Job Demands on Work Stress.

3 | METHOD

3.1 Research Design and Sample

This study employed a quantitative associative research design using a cross-sectional survey approach. Quantitative research aims to test objective theories by examining relationships among variables through statistical analysis (Creswell & Creswell, 2023). In this study, the relationships among burnout, job demands, and work stress, with workplace compassion as a moderating variable, were examined using structured survey data. The study population included all nurses working at a Regional General Hospital in Indonesia, with a total population of 350 nurses. Using a purposive sampling method, a final sample of 153 nurses who met the research criteria was obtained. This sample size was considered adequate for Structural Equation Modeling analysis using the Partial Least Squares approach (SEM-PLS) which is highly suitable for research involving latent variables and moderate sample sizes. All research variables were measured using a Likert scale questionnaire, allowing respondents to express their level of agreement with each statement related to burnout, job demands, work stress, and workplace compassion.

3.2 Measurement of Variables

All constructs in this study were measured using previously validated scales adopted from established studies in the literature. The questionnaire was developed using a five-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). The constructs measured in this study include burnout, job demands, work stress, and workplace compassion.

Table 1. Respondent Characteristics

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	57	37.3%
	Female	96	62.7%
	Total	153	100%

Age	17-25 Years	36	23.5%
	25-40 Years	69	45.2%
	40-50 Years	34	22.3%
	>50 Years	14	9.0%
	Total	153	100%
Education	Diploma (D3)	41	27.1%
	Bachelor's Degree (S1)	106	68.7%
	Master's Degree (S2)	6	4.2%
	Total	153	100%

Source: Smart PLS 4.0 Processed Data

Based on demographic data, the sample of this study consisted mostly of female (62.7%), with male accounting for only (37.3%). The majority of respondents were aged between 25-40 years (45.2%), representing the large age group. The age groups 17-25 years accounted for (23.5%), 40-50 years (22.3%), and those aged >50 years for (9%). Regarding education, (27.1%) held a Diploma, (68.7%) held a Bachelor's Degree, and 4.2% held a Master's Degree.

4 | RESULTS AND DISCUSSION

4.1 Results

This study employed Partial Least Squares structural equation modeling (PLS-SEM) to analyze the research model. The PLS analysis consists of two main stages: the evaluation of the measurement model (outer model) and the evaluation of the structural model (inner model). The measurement model evaluation aims to assess the reliability and validity of the constructs used in the study, while the structural model evaluation is conducted to examine the hypothesized relationships among the latent variables. The following section presents the results of the measurement model evaluation. Convergent validity was assessed by examining the outer loading values (loading factors) of each indicator on its corresponding latent construct. Convergent validity indicates the extent to which indicators of a specific construct share a high proportion of variance and effectively represent the intended latent variable. According to (Hair *et al.*, 2020) an indicator is considered to have adequate convergent validity if the loading factor exceeds 0.70. Indicators with loading values above this threshold demonstrate that they strongly represent the underlying construct. In addition, the statistical significance of the loading values should be confirmed. With p-values below 0.05 indicating that the relationship between the indicator and the latent construct is statistically significant. Therefore, indicators with loading factors greater than 0.70 and significant at the 0.05 level are considered valid and retained in the measurement model. The result of the loading factor analysis for each indicator in the research model are presented in the following table. Table 2 it can be observed that the outer loading values of all indicators associated with the latent constructs exceed the recommended threshold of 0.70. This indicates that each indicators have a strong correlation with is respective constructs and adequately represent the underlying latent variable. Therefore, all indicators in the measurement model meet the criteria for convergent validity and are considered valid for further analysis.

Table 2. Loading Factor

	BN	JD	WS	WC
BN1	0.887			
BN2	0.856			
BN3	0.818			
BN4	0.968			
BN5	0.965			
BN6	0.962			
JD1		0.852		
JD2		0.830		
JD3		0.813		
JD4		0.797		
JD5		0.764		
JD6		0.729		
WS1			0.895	
WS2			0.858	
WS3			0.935	
WS4			0.858	
WS5			0.869	

WS6	0.818	
WS7	0.842	
WS8	0.821	
WS9	0.828	
WC1		0.811
WC2		0.802
WC3		0.825
WC4		0.831
WC5		0.799
WC6		0.807

Source: Smart PLS 4.0 Processed Data

Table 3 Convergent validity refers to the extent to which a construct explains the variance of its indicators. One of the most commonly used measures to assess convergent validity is the Average Variance Extracted (AVE). According to (Hair *et al.*, 2020) a construct is considered to have satisfactory convergent validity when the AVE values exceeds 0.50 indicating that the construct explains more than 50 percent of the variance of its indicators. The result of the measurement model evaluation shows that the AVE values for all constructs exceed the recommended threshold of 0.50 indicating that convergent validity has been successfully achieved. Specifically, the AVE values obtained are 0.831 for burnout, 0.637 for job demands, 0.738 for work stress, and 0.660 for workplace compassion. These Result demonstrate that each construct explains more than half of the variance of its respective indicators, confirming that the indicators adequately represent the underlying latent constructs.

Table 3. Average Variance Extracted

	Average Variance Extracted (AVE)
Burnout	0.831
Job Demands	0.637
Work Stress	0.738
Workplace Compassion	0.660

Source: Smart PLS 4.0 Processed Data

Table 4 The result of the discriminant validity analysis using the Heterotrait-Monotrait Ratio (HTMT) method, as presented in Table 4, indicate that all HTMT values among the constructs are below the recommended threshold of 0.90. The highest HTMT value is observed in the relationship between work stress and burnout, with a value of 0.897. Although this value approaches the threshold, it remains within the acceptable range. According to (Henseler *et al.*, 2015), HTMT values below 0.90 indicate that discriminant validity has been successfully established. Therefore, the findings of this study confirm that each construct in the research model demonstrates adequate discriminant validity, meaning that the latent variables represent distinct concepts and are empirically different from one another without excessive overlap.

Table 4. Discriminant Validity: Heterotrait-Monotrait Ratio (HTMT)

	Burnout	Job Demands	Work Stress	Workplace Compassion	Workplace Compassion x Burnout → Work Stress	Workplace Compassion x Job Demands → Work Stress
Burnout						
Job Demands	0.863					
Work Stress	0.897	0.865				
Workplace Compassion	0.445	0.646	0.480			
Workplace Compassion x Burnout → Work Stress	0.124	0.367	0.088	0.631		
Workplace Compassion x Job Demands → Work Stress	0.243	0.482	0.261	0.760	0.881	

Source: Smart PLS 4.0 Processed Data

Table 5 Cronbach's Alpha and Composite Reliability (Internal Consistency Reliability). Following the assessment of convergent validity, the next step in evaluating the measurement model is to examine internal consistency reliability. Internal consistency reliability assesses the extent to which the indicators of a constructs consistently measure the same underlying concept. In this study, internal consistency reliability was evaluated using Cronbach's Alpha and Composite Reliability (CR). Cronbach's Alpha is a commonly used indicator of scale reliability that measures the degree of correlation among indicators within a construct. A higher Cronbach's Alpha value indicates stronger consistency among the measurement items. Meanwhile, Composite Reliability provides a more precise estimation of internal consistency because it accounts for the varying outer loadings of individual indicators within the construct. According to (Hair *et al.*, 2020) values of 0.70 or higher for both Cronbach's Alpha and Composite Reliability indicate satisfactory internal consistency reliability. The result of this study show that all constructs have Cronbach's Alpha and Composite Reliability values exceeding the recommended threshold. This findings indicates that the measurement model demonstrates good internal consistency reliability, suggesting that the indicators used in this study consistently measure their respective construct.

Table 5. Cronbach's Alpha and Composite reliability

	Cronbach's Alpha	Composite reliability
Burnout	0.958	0.967
Job Demands	0.888	0.913
Work Stress	0.955	0.962
Workplace Compassion	0.897	0.921

Source: Smart PLS 4.0 Processed Data

Based on table 6, the R-Square value for the work stress variable is 0.824. This result indicates that job demands, burnout, and workplace compassion collectively explain 82.4% of the variance work stress, while the remaining 17.6% is explained by other factors not included in the research model. According to (Hair *et al.*, 2020), R-square values of 0.75, 0.50, and 0.25 can be interpreted as substantial, moderate, and weak levels of explanatory power, respectively. Therefore, the R-square value obtained in this study (0.824) indicates that the research model demonstrates a strong explanatory and predictive capability in explaining variations in work stress among nurses. These findings suggest that the combination of job demands, burnout, and workplace compassion plays a substantial role in influencing employees work stress within the organizational context examined in this study.

Table 6. R-Square

	R-Square	R-Square Adjusted
Work Stress	0.824	0.818

Source: Smart PLS 4.0 Processed Data

Table 7. Hypothesis Test

	Original Sample	T- Statistics	P- Values
Burnout -> Work Stress	0.504	6.091	0.000
Job Demands ->Work Stress	0.375	4.201	0.000
Workplace Compassion x Burnout ->Work Stress	0.344	3.925	0.000
Workplace Compassion x Job Demands->Work Stress	-0.198	2.653	0.008

Source: Smart PLS 4.0 Processed Data

H1: The Effect of Burnout on Work Stress. The results of the hypothesis testing indicates that burnout has a positive and significant effect on work stress. Therefore, H1 is supported by the path coefficient value ($\beta = 0.504$), with a T-statistic of 6.091 (> 1.96) and a p-value of 0.000 (< 0.05). These result suggest that higher levels of burnout are associated with significantly higher levels of work stress among nurses. This finding implies that burnout functions as a key driver of psychological pressure in the workplace. When employees' experience emotional exhaustion, detachment from their work, and a reduced sense of professional accomplishment, they become more vulnerable to work-related stress. This result is consistent with Maslach's Three-Component Model of Burnout (Maslach & Leiter, 2016), which explains that prolonged exposure to work- related stressors may lead to emotional exhaustion and psychological strain, ultimately increasing employees' stress levels. In the healthcare context, nurses often face emotionally demanding situations, heavy workloads, and continuous interaction with patients. These conditions can intensify burnout, which in turn elevates stress levels. Therefore, the findings of this study reinforce the theoretical assumption that burnout represent a significant psychological risk factor contributing to work stress in healthcare settings. H2: The Effect of Job Demands on Work Stress. The result also demonstrate that job demands have a positive and significant effect on work stress, therefore H2 is Supported. This finding is indicated a path coefficient ($\beta = 0.375$), T-statistic (4.201), and p-value (0.000). These findings suggest that higher job demands are associated with increased levels of work stress among nurses.

Job demands, such as time pressure, workload intensity, and high levels of responsibility require substantial physical, cognitive, and emotional effort from employees. When these demands exceed employees' available resources, they may trigger psychological strain and stress. This finding is consistent with the Job Demands-Resources (JD-R) theory, which suggests that excessive job demands can lead to the health impairment process, resulting in stress and burnout (Bakker *et al.*, 2023). In hospital environments, nurses frequently encounter high patient loads, urgent medical situations, and demanding work schedules. These conditions increase both physical and emotional workload, which ultimately contributes to higher levels of work stress. Therefore, this study confirms the importance of managing job demands in healthcare organizations to prevent excessive stress among nursing staff.

H3: The Moderating Role of Workplace Compassion in the Relationship Between Burnout and Work Stress. The findings of this study revealed that H3, namely workplace compassion significantly moderates the relationship between burnout and work stress. However, the direction of moderation found was positive, in contrast to the initial theoretical argument. This finding is indicated by the interaction coefficient ($\beta = 0.344$), T-statistic (3.925), and p-value (0.000). Interestingly, the positive direction of this interaction effect suggests that workplace compassion strengthens the relationship between burnout and work stress. This result indicates that when burnout reaches extreme levels, emotional support and compassionate interactions in the workplace may not always function as an effective buffer against stress. Emotional support is not always sufficient when employees' burnout levels are already high. In such chronic conditions, the attention given by the work environment however well intentioned can actually be perceived as an additional burden. Employees who have already depleted their emotional energy often feel overwhelmed by the social obligation to respond to the concern shown by coworkers or supervisors. Instead, such interactions may unintentionally intensify employees' awareness of their emotional exhaustion, thereby amplifying perceived stress levels. These findings are consistent with the study conducted by (Dev *et al.*, 2020), which reported that among nurses, compassion may strengthen the relationship between stress and burnout. Their analysis suggest that the buffering capacity of compassion tends to diminish when stress levels become excessively high. Under such circumstances, emotional support may be perceived as an additional psychological demand rather than a resource, particularly when employees are already experiencing severe emotional exhaustion. Therefore, the moderating effect observed in this study suggest that the effectiveness of workplace compassion may depend on the severity of burnout experienced by employees.

H4: The Moderating Role of Workplace Compassion in the Relationship Between Job Demands and Work Stress. The result further indicate that workplace compassion moderates the relationship between job demands and work stress, Therefore H4 is Supported. This finding is indicated by the negative interaction coefficient ($\beta = -0.198$), T-statistic (2.653), and p-value (0.008). The negative direction of this interaction suggests that workplace compassion functions as a buffering mechanism, reducing the negative impact of job demands on work stress. This finding implies that in situations where nurses experience high job demands, the presence of a compassionate work environment can help mitigate the psychological strain associated with workload pressures. Supportive relationship among coworkers may foster emotional support, empathy, and understanding, which in turn help employees manage demanding work conditions more effectively. In practical terms, a workplace culture characterized by compassion may create a supportive environment that enables nurses to cope with heavy workloads while maintaining emotional stability. Consequently, workplace compassion can serve as an important psychosocial resource that reduces the harmful effects of job demands on employees' psychological well being.

4.2 Discussion

The findings of this study highlight the significant impact of burnout and job demands on work stress among nurses at a Regional General Hospital in Indonesia. The results indicate that higher levels of burnout are associated with increased work stress, aligning with the theoretical framework proposed by Maslach and Leiter (2016), which posits that prolonged exposure to work-related stressors leads to emotional exhaustion and psychological strain. Furthermore, job demands were found to significantly elevate work stress levels, supporting the Job Demands-Resources (JD-R) theory by Bakker and Demerouti (2023), which emphasizes that excessive job demands can trigger psychological strain and stress. Interestingly, the moderating role of workplace compassion revealed a complex dynamic; while it was found to strengthen the relationship between burnout and work stress, it also served as a buffering mechanism against the adverse effects of job demands. This suggests that in high-stress environments, the presence of compassion may not always alleviate stress but can instead intensify the emotional burden when burnout is already severe, as indicated by Dev *et al.* (2020). Overall, these findings contribute to the understanding of psychosocial dynamics in healthcare settings, emphasizing the need for interventions that foster a supportive work environment to mitigate the effects of burnout and job demands on work stress.

5 | CONCLUSIONS AND FUTURE WORK

Based on the results of the data analysis examining the effects of burnout and job demands on work stress with workplace compassion as a moderating variable, this study reveals that work stress among nurses at a Regional

General Hospital in Indonesia is significantly influenced by both burnout and job demands. The findings indicate that burnout has a positive and significant effect on work stress, suggesting that increased emotional exhaustion intensifies the psychological burden experienced by nurses. Similarly, job demands also show a positive and significant effect on work stress, indicating that excessive workload, time pressure, and high levels of responsibility contribute directly to elevated stress levels. As emotional fatigue accumulates due to burnout, nurses experience increased mental strain, while excessive job demands further exacerbate psychological pressure, ultimately affecting both emotional stability and overall job performance. A key finding of this study lies in the moderating role of workplace compassion. The results show that workplace compassion plays a complex moderating role in the relationships examined. In the relationship between burnout and work stress, workplace compassion strengthens the positive effect, suggesting that when burnout reaches extreme levels, emotional support may be perceived as an additional psychological burden rather than a resource. Conversely, in the relationship between job demands and work stress, workplace compassion acts as a buffering mechanism, mitigating the adverse effects of job demands and helping nurses maintain emotional stability despite heavy workloads.

These findings highlight the importance of workplace compassion as a psychosocial factor that can enhance employees' psychological resilience while also demonstrating that its effectiveness may vary depending on the intensity of burnout experienced by employees. This study has several limitations, including data collection from a single hospital, the use of a cross-sectional design at one time point, and questionnaire-based data collection that is susceptible to respondent subjectivity bias. Consequently, future research should consider involving multiple hospitals to enhance generalizability, employing longitudinal designs to track dynamic variable relationships, and incorporating additional relevant variables such as social support, leadership, staff adequacy, and work-life balance to establish a stronger research model.

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