



Multidimensional Burnout In Emergency Nurses: Emotional Exhaustion, Depersonalization, Personal Accomplishment

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ABSTRAK

Pendahuluan: *Burnout* pada perawat instalasi gawat darurat (IGD) merupakan masalah global yang disebabkan oleh tingginya beban kerja, tekanan emosional, dan tuntutan klinis yang tidak dapat diprediksi. **Tujuan:** Penelitian ini bertujuan untuk menggambarkan kejadian dan tingkat *burnout* pada perawat IGD di Banjarmasin. **Metode:** Penelitian ini menggunakan desain kuantitatif deskriptif dengan pendekatan *cross-sectional* dan dilakukan pada perawat yang bekerja di instalasi gawat darurat rumah sakit daerah rujukan terbesar di Banjarmasin. Penelitian ini menggunakan teknik *total sampling* dengan jumlah sampel sebanyak 35 perawat. Peneliti mengukur *burnout* menggunakan instrumen *Maslach Burnout Inventory–Human Services Survey* (MBI-HSS). **Hasil:** Mayoritas perawat mengalami *emosional exhaustion* sedang (82,85%). Sebaliknya, mayoritas menunjukkan tingkat depersonalisasi yang rendah (71,14%) dan tingkat pencapaian pribadi yang rendah (74,28%), menunjukkan bahwa kemanjuran dan empati profesional sebagian besar dipertahankan. Minoritas kecil termasuk dalam kategori berisiko tinggi untuk dimensi tertentu. **Kesimpulan:** Profil *burnout* di kalangan perawat darurat di Banjarmasin ditandai terutama dengan kelelahan emosional sedang, sementara depersonalisasi dan berkurangnya pencapaian pribadi tetap terkendali dengan baik. Profil multidimensi spesifik ini menunjukkan tahap awal atau menengah kelelahan.

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ABSTRACT

Introduction: Burnout among emergency department (ED) nurses is a global concern due to high workload, emotional strain, and unpredictable clinical demands. **Objective:** To describe the incidence and level of burnout among emergency nurses at Banjarmasin. **Methods:** This study used a descriptive quantitative design with a cross-sectional approach. Data were collected through a cross-sectional survey of emergency nurses working in the emergency departments of a major regional public hospital in Banjarmasin. Total sampling was applied with a combined sample of 35 nurses. Burnout was measured using the Maslach Burnout Inventory – Human Services Survey (MBI-HSS). Data were analysed using descriptive statistics. **Results:** The majority of nurses experienced moderate emotional exhaustion (82.85%). In contrast, the majority exhibited low levels of depersonalization (71.14%) and low levels of reduced personal accomplishment (74.28%), indicating that professional efficacy and empathy were largely preserved. A small minority fell into the high-risk category for specific dimensions. **Conclusion:** The burnout profile among emergency nurses in Banjarmasin is characterized primarily by moderate emotional exhaustion, while depersonalization and reduced personal accomplishment remain well-controlled. This specific multidimensional profile suggests an early or intermediate stage of burnout.

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INTRODUCTION

The emergency room is one of the units with the highest work pressure in hospitals, and this trend of increasing visits (De La Cruz et al., 2020). High workload directly impacts nurses, who make up the majority of the human resources in Emergency Installations. The emergency room environment has unique characteristics, including high workload, rapid clinical decision-making, exposure to critical cases, and

intense emotional interaction with patients and families (Tan et al., 2024). This condition increases susceptibility to emotional exhaustion and distortion of professional relationships.

In Indonesia, measuring and mapping burnout among emergency room nurses remains a substantial challenge (Rantung et al., 2024). Variations in work culture, hospital management systems, and socio-cultural backgrounds of nurses also influence the perception and reporting of work stress (Moon & Park, 2025). Factors of religiosity, collectivism, and professional norms in Indonesia can moderate the expression of burnout, so the reported prevalence may not fully reflect the actual psychological condition (Pomasqui & Juna, 2024). A sensitive approach to research is essential to the local context.

Emergency department nurses are the spearhead of acute health services, handling high-intensity, complex cases every day (Zegarra et al., 2022). Spikes in patient volume often characterise working conditions in the emergency room without notice, the need for rapid clinical decision-making, and emotional exposure to death and trauma, thus increasing the risk of psychological fatigue and burnout (Chapman et al., 2024). Burnout is a chronic work stress syndrome characterised by emotional exhaustion, depersonalization, and decreased personal accomplishment, which has been shown to impact nurses' well-being and patient service quality (Jachmann et al., 2025).

Several national studies show that the prevalence of burnout among emergency room nurses ranges from 30–50% (Rhamdani & Wartono, 2019), with emotional fatigue as the dominant component. In the Indonesian context, several studies show variations in burnout rates and model among emergency room nurses, ranging from low prevalence to the moderate category (Wibowo et al., 2026). For example, a study in Banda Aceh found that most nurses experience moderate burnout, which affects the quality of care and psychological well-being of nurses in emergency units (Arifah et al., 2025). Meanwhile, another study across multiple hospitals found that the majority of emergency room nurses had low burnout, although certain dimensions, such as emotional fatigue, still needed to be considered (Th'ng et al., 2022).

Empirical evidence highlights the severity of this issue across various geographical levels. Globally, systematic reviews indicate that the prevalence of burnout among emergency nurses remains critically high, ranging from 30% to over 50% post-pandemic (Jachmann et al., 2025; Wibowo et al., 2026). In Asia, studies from countries with similar healthcare dynamics report comparable rates, with emotional exhaustion affecting up to 70% of emergency staff (O'Donovan & Burke, 2022; Tan et al., 2024). Nationally in Indonesia, the phenomenon is also a major concern; for instance, a study in Banda Aceh found that a significant proportion of ER nurses experienced moderate to severe burnout, directly impacting care quality (Arifah et al., 2025), while other national studies show prevalence variations between 30–50% (Rhamdani & Wartono, 2019). At the provincial level in South Kalimantan, the workload is exacerbated by the region's vast geography, making hospitals in the capital city the primary referral centers. Local studies, such as research conducted at a major public hospital in Banjarmasin, indicate that a high percentage of nurses experience significant work fatigue due to intense patient turnover and logistical pressures (Tambun et al., 2022). Specifically in the research location (Banjarmasin), emergency departments handle thousands of complex visits monthly. However, despite these high-pressure conditions, specific empirical data mapping the multidimensional burnout profile of emergency nurses in this setting remains unavailable.

The need for local empirical data is becoming increasingly important to design targeted interventions. Without an accurate mapping of the most dominant dimensions of burnout, management strategies tend to be generic and less effective (Vitale et al., 2020). If the dimension of emotional fatigue is more dominant than depersonalization, then interventions that focus on psychological energy recovery, stress management, and work schedule management may be more relevant than therapeutic communication training alone (Sesrianty & Marni, 2021). Conversely, if depersonalization increases, approaches that emphasize professional reflection and strengthening the value of empathy become more of a priority.

In Banjarmasin City, as one of the health service centers in South Kalimantan, hospitals with emergency rooms serving high volumes of patients need continuous adaptation (Tambun et al., 2022). Emergency room nurses in this region face not only clinical pressure but also logistical challenges, limited facilities, and the dynamics of referrals between regions (Caulfield et al., 2023). Geographical conditions and the uneven distribution of health services in South Kalimantan can lead to the accumulation of patients in certain hospitals, thereby disproportionately increasing the workload of emergency room units.

Although burnout among emergency nurses has been widely reported in international and national studies, little is known about the specific burnout profile of emergency nurses in major regional public hospital in Banjarmasin, particularly regarding the distribution of emotional exhaustion, depersonalisation, and personal accomplishment dimensions. Differences in workload, hospital characteristics, and local healthcare service demands may influence burnout patterns in this setting. The absence of local empirical data limits the ability of hospital managers to develop targeted strategies for preventing burnout and

maintaining the quality of emergency care. Therefore, this study aimed to describe the overall level of burnout and its three dimensions among emergency nurses working in hospitals in Banjarmasin.

METHOD

This study uses a quantitative, descriptive, cross-sectional design to describe the level of burnout among Emergency Department nurses. The research was carried out in a major regional public hospital in Banjarmasin in 2025. The research population comprised all nurses on duty in the hospital's emergency room, and a total sampling technique was used; The total population consisted of 35 emergency department nurses. Since the population size was relatively small, total sampling was employed, and all 35 eligible nurses participated in the study. The variable studied was burnout among emergency room nurses, measured using the Maslach Burnout Inventory–Human Services Survey (MBI-HSS), The instrument was translated from English into Indonesian and reviewed to ensure linguistic clarity and cultural appropriateness before data collection. Prior to the main study, validity and reliability testing were conducted among nurses with characteristics similar to the study population. The validity test results on this questionnaire were 0.378-0.769 and Cronbach's Alpha 0.902 which comprises three main dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional Exhaustion scores were classified as low (≤ 16), moderate (17–26), and high (≥ 27). Depersonalisation scores were classified as low (≤ 6), moderate (7–12), and high (≥ 13). For Personal Accomplishment, scores were interpreted inversely, with ≥ 39 indicating low burnout, 32–38 moderate burnout, and ≤ 31 high burnout (reduced personal accomplishment). Data collection was conducted by distributing questionnaires immediately after respondents provided informed *consent*. The collected data were analyzed using descriptive statistics in SPSS to obtain frequency and percentage distributions for each burnout dimension. This research has received ethical approval from the Health Ethics Committee of Ulin Hospital (Approval No. 115/S1.Kep/Litbang/RSDU/VIII/2024).

RESULT

Table 1. Sample Characteristics (n=35)

Characteristics	N	%
Age (Mean \pm SD)	38.34 \pm 4.68 years	
Age		
26-35 years (early adulthood)	19	54.3
36-45 years (late adulthood)	16	45.7
46-55 years (early elderly)	0	0,0
56-65 years (late elderly)	0	0,0
Total	35	100,0
Gender		
Male	17	48,6
Female	18	51,4
Total	35	100,0
Long Time Working		
0-2 years	4	11.4
3-5 years	6	17.2
6-9 years	9	25.7
>9 years	16	45.7
Total	35	100,0
Education		
Diploma	23	65,7
Bachelor (D4/S1)	1	2,9
Bachelor+Ners	11	31,4
Total	35	100,0

Sample characteristics, it is known that most of the respondents are in the age range of 26-35 years (early adulthood), as many as 19 people (54.3%), while the age range of 36-45 years is 16 people (45.7%), and there

are no respondents in the age group above 45 years. By gender, the distribution of respondents was relatively balanced, with slightly more women (18, 51.4%) than men (17, 48.6%). The mean age of respondents was 38.34 ± 4.68 years.

Judging from the length of work, the majority of respondents had a working period of more than 9 years, namely 16 people (45.7%), followed by 6–9 years (25.7%), 6 people (17.2%), and 0–2 years, as many as 4 people (11.4%). Based on the latest education level, most respondents were 23 D3 Nursing graduates (65.7%), followed by 11 S1 + Nurses (31.4%) and 1 Bachelor of Nursing (D4/S1) (2.9%). Overall, the study included 35 respondents (100%).

Table 2. Emergency Nurse Burnout

<i>Burnout</i>	f	%
	(EE)	
Low	5	14,28
Moderate	29	82,85
High	1	2,8
Total	35	100
	(DP)	
Low	25	71,14
Moderate	9	25,7
High	1	2,8
Total	35	100
	(PA)	
Low	26	74,28
Moderate	8	22,8
High	1	2,8
Total	35	100

Table 3. Emergency Nurse Burnout Dimension Mean±SD

Burnout Dimension	Mean ± SD
Emotional Exhaustion (EE)	19.86 ± 4.34
Depersonalization (DP)	5.09 ± 3.28
Personal Accomplishment (PA)	40.60 ± 3.49

Table 4. Comprehensive Cross-Tabulation of Respondent Characteristics and Burnout Dimensions (N=35)

Character	Catagory	EE			DP			PA		
		Low (n%)	Mod (n%)	High (n%)	Low (n%)	Mod (n%)	High (n%)	Low (n%)	Mod (n%)	High (n%)
Age	26-35 years	3 (15.8)	15 (78.9%)	1 (5.3)	14 (73.7)	4 (21.1)	1 (5.3)	15 (78.9)	3 (15.8)	1 (5.3)
	36-45 years	2 (12.5)	14 (87.5)	0 (0.0)	11 (68.8)	5 (31.3)	0 (0.0)	11 (68.8)	5 (31.3)	0 (0.0)
Gender	Male	2 (11.8)	14 (82.4)	1 (5.9)	12 (70.6)	4 (23.5)	1 (5.9)	13 (76.5)	3 (17.6)	1 (5.9)
	Female	3 (16.7)	15 (83.3)	0 (0.0)	13 (72.2)	5 (27.8)	0 (0.0)	13 (72.2)	5 (27.8)	0 (0.0)
Length of Service	0-2 years	2 (50.0)	2 (50.0)	0 (0.0)	4 (100.0)	0 (0.0)	0 (0.0)	1 (25.0)	2 (50.0)	1 (25.0)
	3-5 years	2 (33.3)	4 (66.7)	0 (0.0)	5 (83.3)	1 (16.7)	0 (0.0)	4 (66.7)	2 (33.3)	0 (0.0)
	6-9 years	1 (11.1)	8 (88.9)	0 (0.0)	7 (77.8)	2 (22.2)	0 (0.0)	8 (88.9)	1 (11.1)	0 (0.0)
	>9 years	0 (0.0)	15 (93.8)	1 (6.3)	9 (56.3)	6 (37.5)	1 (6.3)	13 (81.3)	3 (18.8)	0 (0.0)
	Education	Diploma	3 (13.0)	19 (82.6)	1 (4.3)	17 (73.9)	5 (21.7)	1 (4.3)	18 (78.3)	4 (17.4)

Character	Category	EE			DP			PA		
		Low (n%)	Mod (n%)	High (n%)	Low (n%)	Mod (n%)	High (n%)	Low (n%)	Mod (n%)	High (n%)
	Bachelor (D4/S1)	0 (0.0)	1 (100.0)	0 (0.0)	1 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (100.0)	0 (0.0)
	Bachelor+Ners	2 (18.2)	9 (81.8)	0 (0.0)	7 (63.6)	4 (36.4)	0 (0.0)	8 (72.7)	3 (27.3)	0 (0.0)
Total	N=35	5 (14.3)	29 (82.9)	1 (2.9)	25 (71.4)	9 (25.7)	1 (2.9)	26 (74.3)	8 (22.9)	1 (2.9)

The results of the study, based on the distribution of burnout frequency among 35 respondents, in the emotional exhaustion aspect, showed that the majority of respondents were in the medium category, namely 29 people (82,85%). Regarding depersonalization, the majority of respondents were in the low category (25, 71.14%). Regarding decreased personal accomplishment, the majority of respondents were in the low category, namely 26 people (74,28%). In addition to the categorical analysis, the mean score for Emotional Exhaustion was 19.86 ± 4.34 , indicating a moderate level of emotional exhaustion among respondents. The mean Depersonalization score was 5.09 ± 3.28 , reflecting a low level of depersonalization. The mean Personal Accomplishment score was 40.60 ± 3.49 , indicating a generally low level of burnout in this dimension and a relatively high sense of professional accomplishment among emergency nurses.

Table 4 presents a comprehensive cross-tabulation of all respondent characteristics with the three burnout dimensions. The data reveal a highly distinct, multidimensional burnout profile that varies primarily by length of service. Regarding Emotional Exhaustion (EE) and Depersonalization (DP), a clear cumulative effect of tenure is observed. Nurses with shorter tenures (0-2 years) demonstrated the best emotional preservation, with 50.0% maintaining low EE and 100.0% maintaining low DP. In stark contrast, senior nurses (>9 years) showed the highest vulnerability, with 100% experiencing moderate-to-high EE and 43.8% experiencing moderate-to-high DP. Notably, the single respondents in the 'High' categories for both EE and DP belonged to this senior group.

However, Personal Accomplishment (PA) exhibited an inverse pattern. Junior nurses (0-2 years) were the most vulnerable regarding professional confidence, with 75.0% experiencing moderate-to-high reduced PA, including the single respondent in the 'High' PA category. Conversely, 81.3% of senior nurses (>9 years) maintained low reduced PA (indicating high professional accomplishment).

Differences across age, gender, and education were relatively modest. Both age groups and genders showed comparable burnout distributions, suggesting that occupational tenure and environmental exposure are more critical drivers of burnout in this emergency setting than demographic factors. Overall, these cross-tabulations highlight a critical clinical trade-off: prolonged service reinforces professional competence and self-efficacy (high PA) but at the cost of increased emotional exhaustion and mild depersonalization.

DISCUSSION

Among the 35 respondents, the majority were aged 26-35 years (early adulthood), amounting to 19 individuals (54.3%), with an average age of 36.29 years. The dominance of respondents in the 26-35 age group suggests that most emergency department (ED) nurses are in the early phases of their careers (Wolfe et al., 2023). It may indicate higher levels of energy and adaptability in the face of the dynamic challenges of the ER environment (Butler et al., 2024). However, this cannot be generalized, as other studies have found that individuals later in life tend to experience lower fatigue levels.

The majority of respondents were women (18, 51.4%). Women are considered more resilient and less likely to experience fatigue under stress compared to men (Braun et al., 2024). However, other research indicates that fatigue is higher among female nurses, as shown in two consecutive studies conducted in Turkey during the pandemic (O'Donovan & Burke, 2022). A study confirmed that younger female nurses with less work experience reported higher levels of burnout (O'Donovan & Burke, 2022). However, one limitation of the study was its small sample size, which limited the generalizability of its findings.

Most respondents had more than 9 years of service, with 16 people (45.7%) and an average of 10.54 years, with a 5-year modality. Nurses with more than 5 years of work experience are generally more prone to burnout than those with shorter work experience (Sesrianty & Marni, 2021). While longer service can improve skills and experience, it can also lead to burnout.

The majority of respondents have a Diploma III in Nursing (65.7%). College is associated with better awareness and mental resilience in the face of professional responsibilities (Yang et al., 2017). Education reflects a nurse's ability to manage workload and professional demands. The dominance of Diploma III qualifications among respondents presents an opportunity to increase educational capacity to overcome

workplace challenges (Arifah et al., 2025). Nevertheless, demanding working conditions and pressure to provide quality care can negatively affect nurses' physical and mental well-being (Tambun et al., 2022). Therefore, healthcare organizations must manage workloads effectively and provide adequate support to maintain nurses' health and ensure quality care (Marair & Slater, 2023).

The finding that the majority of nurses are in the moderate category of emotional fatigue shows that there is a consistent exposure to work stress, but it has not yet reached the stage of severe dysfunction. Emotional exhaustion in the context of burnout is a state of depletion of psychological energy resulting from intense and repetitive interpersonal demands (Salihu et al., 2025). In the emergency room, interactions with critically ill patients, anxious families, time pressures in clinical decision-making, and the demands of prompt documentation can cumulatively drain nurses' emotional capacity (De La Cruz et al., 2020). The medium category in this dimension can be understood as a logical consequence of the dynamic, unpredictable, and pressure-laden nature of emergency work.

Nevertheless, it is interesting that the majority of the depersonalization dimension is in the low category. Depersonalization reflects cynicism, emotional distancing, or the impersonal treatment of patients as a self-defense mechanism (Ungur et al., 2024). Low depersonalization scores indicate that nurses still maintain empathy and professional involvement in providing services (Dugani et al., 2018). It suggests that although their emotional energy is significantly utilised, professional values and nursing ethics remain the cornerstones of clinical behaviour. In other words, there is a tension between high work demands and professional moral commitments, but these commitments can still compensate for the pressures (Dugani et al., 2018).

The dimension of declining personal accomplishment, which is also dominantly low, shows that most nurses still have a positive perception of their professional competence and contribution (Jalili et al., 2021). Low personal accomplishment (in the sense of high burnout) is usually characterized by feelings of ineffectiveness, unproductivity, or lack of meaning at work (Ungur et al., 2024). Conversely, a low category in this dimension (meaning that personal accomplishment remains good) indicates maintained professional confidence and a sense of work. In the emergency room, successful management of critical patients, participation in resuscitation teams, and complex clinical experiences can be a source of intrinsic satisfaction that reinforces a nurse's professional identity (Hörberg et al., 2023).

The combination of moderate emotional exhaustion, low depersonalization, and relatively good personal accomplishment suggests a not fully maladaptive burnout profile (Tan et al., 2024). Theoretically, burnout is not a dichotomous phenomenon (existing or not), but rather a spectrum that develops gradually. In the early stages, emotional fatigue usually appears first in response to work overload. If left unmanaged, fatigue can develop into depersonalization as a form of self-protection and, in advanced stages, lead to a decrease in personal accomplishment (Hao & Zhang, 2024). Therefore, the findings in this study can be interpreted as an early phase or intermediate burnout, where preventive interventions are still feasible to prevent progression to a more severe stage.

While religiosity was not directly measured as a variable in this study, it is theoretically plausible that it may act as a protective factor in the local context. In Indonesian culture, particularly in Banjarmasin, strong religious values are prevalent in social life. Existing literature suggests that spirituality and religious beliefs can serve as a source of meaning, resilience, and acceptance in the face of pressure (Shmul et al., 2024). Psychologically, religiosity may function as a meaning-focused coping mechanism, helping individuals interpret stressful experiences as part of a moral responsibility. Although this study cannot confirm this relationship empirically, this theoretical perspective may offer a possible explanation for why, despite moderate emotional exhaustion, depersonalization remains low among these nurses.

Furthermore, although social support, teamwork, and interpersonal relationships were not assessed in this study, theoretical frameworks suggest they play a crucial role in maintaining nurses' mental health (Wibowo et al., 2026). In a high-pressure emergency room, team solidarity is often vital. Previous research indicates that effective teamwork, open communication, and supportive leadership can create a sense of belonging and reduce the risk of burnout by increasing perceived organizational support (Cao et al., 2021). Therefore, the low depersonalization scores observed in our study might theoretically reflect the presence of relatively healthy interpersonal relationships and a supportive work environment, though this hypothesis requires verification in future studies that specifically measure these variables.

Additionally, while specific coping mechanisms, resilience, and organizational work systems were not measured in this research, existing literature highlights their potential buffering effects. Role ambiguity is a known predictor of burnout. If nurses clearly understand triage flows and clinical protocols, cognitive burden may be reduced (Benjamin, 2024). Theoretically, these findings can be viewed through the lens of the Job Demands-Resources (JD-R) model, which posits that burnout occurs when job demands exceed available resources (Barnard et al., 2023). In this study, while work demands in the emergency room are inherently high, it is theoretically possible that unmeasured resources (such as structured work systems or personal resilience)

were sufficient to prevent the progression to severe depersonalization or reduced personal accomplishment. However, it must be emphasized that these are theoretical interpretations, and future research should explicitly measure these variables to confirm their impact.

The combination of moderate emotional exhaustion, low depersonalization, and relatively good personal accomplishment suggests a not fully maladaptive burnout profile (Tan et al., 2024). It is important to clarify that this study did not calculate a composite 'overall burnout' score, as the MBI-HSS evaluates three distinct dimensions. The characterization of 'moderate burnout' in this context is primarily driven by the predominant finding of moderate emotional exhaustion (82.85%), which is widely recognized in the literature as the core and most sensitive dimension of the burnout syndrome. Because depersonalization and reduced personal accomplishment remained in the low category, this burnout profile likely reflects an early or intermediate stage of burnout. In the early stages, emotional fatigue typically appears first in response to work overload. If left unmanaged, it can develop into depersonalization and, in advanced stages, lead to a decrease in personal accomplishment (Hao & Zhang, 2024). Therefore, the findings indicate a critical window where preventive interventions are still highly feasible to prevent progression to a more severe stage.

Nonetheless, moderate emotional exhaustion should not be ignored. In the long term, repeated exposure to stress can reduce sleep quality, increase irritability, and affect clinical performance (Edú-valsania et al., 2022). Burnout that is not managed can increase the risk of medical errors, decrease empathy, and lead to a desire to change workplaces. Therefore, it is important for hospital management to identify early signs of emotional fatigue and to provide intervention programs such as adaptive coping training, post-critical-case debriefing, and balanced work rotation (Ryu & Kim, 2020)

From a human resource management perspective, these results indicate the need for a promotive and preventive approach to maintaining the welfare of emergency room nurses (Azimi et al., 2024). Strategies that can be implemented include adjusting the nurse-to-patient ratio, ensuring adequate rest time, and providing comfortable restrooms. In addition, reflective clinical supervision can help nurses process their emotional experiences so that they do not accumulate into chronic stress (Edú-valsania et al., 2022)

The practical implications of these findings are the importance of maintaining and strengthening pre-existing protective factors (Ye et al., 2024). Hospitals need to maintain a supportive work culture, encourage open communication between staff and management, and provide access to psychological counseling services when needed. In addition, resilience-building programs based on mindfulness training or stress management can be a long-term investment in maintaining service quality (Westphal et al., 2021)

In the context of emergency nursing, the balance between professionalism and psychological well-being is a central issue (Eweida et al., 2023). Mentally healthy nurses tend to exhibit higher empathy, greater clinical rigor, and more optimal decision-making (Delgado et al., 2023). Therefore, managing burnout is not only an individual issue but also a patient-safety issue.

Overall, the results of this study show that although work pressure in the Banjarmasin emergency room is significant, nurses still demonstrate strong adaptation capacity. However, this condition should not be considered a static state. Without preventive interventions, the accumulation of stress can shift the burnout profile toward a more severe state. Therefore, a continuous commitment from the organization is needed to maintain a balance between the demands of emergency services and the welfare of nursing personnel as the main pillar of the health system.

CONCLUSION

This study concludes that the burnout profile among emergency room nurses in Banjarmasin is characterized primarily by moderate emotional exhaustion, while the dimensions of depersonalization and reduced personal accomplishment remain in the low category. This specific multidimensional profile indicates an early or intermediate stage of burnout syndrome. Because emotional exhaustion is the core and most sensitive dimension, these findings highlight the necessity for targeted preventive strategies to manage emotional fatigue and prevent its progression to more severe stages, thereby safeguarding the quality and safety of emergency services.

RECOMMENDATION

Future research is expected to conduct a qualitative or mixed-methods approach to better understand the experience of emergency room nurses in dealing with stress and burnout, especially in the dimension of personal accomplishment, which still shows high initial signs. This research can be expanded to involve a wider range of respondents and multicenters in other regions to improve the generalization of results. In addition, it is important to examine specific interventions such as stress management training, the implementation of a fair work rotation system, and the role of empathetic leaders to reduce burnout.

Collaboration with Hospitals, Health Offices, and Professional Organizations is key to creating a safe, peaceful, and prosperous work environment sustainably.

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