

Analysis of the Role of Burnout in the Relationship Between Workload and Work-Family Conflict (WFC) on the Performance of Healthcare Workers at Air Saga Community Health Center

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KEYWORDS	ABSTRACT
burnout, workload, work family conflict, health worker performance.	This study examines the impact of Work-Family Conflict (WFC) and workload on the burnout and performance of health workers at the Air Saga Health Center in Belitung Regency. As a first-level health facility, the Air Saga Health Center serves a population of 5,304 people, with more than 15,000 outpatient visits annually. The health center operates with a workforce of 57 employees, including nurses, midwives, general practitioners, and other staff members. The study explores the relationship between increasing workloads and the risk of burnout among health workers, considering how WFC exacerbates this issue. Previous research has shown that burnout, resulting from prolonged work pressure, can significantly reduce the quality of healthcare services. The research method employed is a quantitative approach, utilizing surveys and interviews with health workers at the center to assess the level of burnout and WFC, as well as the influence of workload. The findings indicate that both WFC and workload are significantly associated with higher levels of burnout, which in turn negatively affects health workers' performance. The implications of this study suggest the need for better human resource management and support systems in the health sector to address burnout and improve service quality. Recommendations include reducing workload and implementing strategies to mitigate WFC, which would enhance health workers' well-being and performance in delivering essential healthcare services.

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Introduction

Puskesmas as a first-level health facility has the main responsibility in providing promotive, preventive, curative, and rehabilitative services to the community. Air Saga Health Center is one of nine health centers under the Belitung Regency Health Office. This health center serves a working area consisting of six villages/sub-districts with a population of 5,304 people, and the outpatient service load reaches more than 15,000 visits a year. To carry out its duties, the Air Saga Health Center is supported by 57 health workers and non-medical employees, including 18 nurses,

2 dental nurses, 13 midwives, as well as 2 dentists and 2 general practitioners. However, the workload faced is not proportional to the ratio of the number of people served, especially in the fulfillment of minimum service standards (*SPM*), program management, and cross-sectoral involvement.

The organizational structure and role of human resources in the health service system greatly affect the effectiveness of the organization as a whole. When workload increases without adequate human resource management, the risk of burnout becomes high. Burnout is a condition of emotional, physical, and mental fatigue that occurs due to prolonged work pressure, and has been proven to reduce the quality of health workers' services.

Some studies show that burnout does not stand alone, but is often mediated by other factors, such as high workload and Work-Family Conflict (*WFC*). *WFC* occurs when the demands of work interfere with roles in the family or vice versa, causing additional stress. This condition is very relevant for health workers in health centers who not only face pressure from the technical aspect of services, but also social roles in the family and community.

International research shows that Work-Family Conflict and workload simultaneously affect and degrade the performance of nurses and other medical personnel, both in developing countries such as Iran (Dilmaghani et al., 2022) and developed countries such as South Korea (Han & Kwak, 2022) and China (Zhou et al., 2022). Studies in Indonesia have also shown that work-family conflicts, burnout, and work stress contribute significantly to the decline in nurse performance in various hospital and health center contexts (Andhani, 2023; Maju, 2023). At the Air Saga Health Center, the burden of program administration, individual services, and high *SPM* targets is often not balanced with the availability of optimal human resources. This is an important background to examine the role of burnout as a mediating variable in the relationship between workload and work-family conflict on the performance of health workers at this health center.

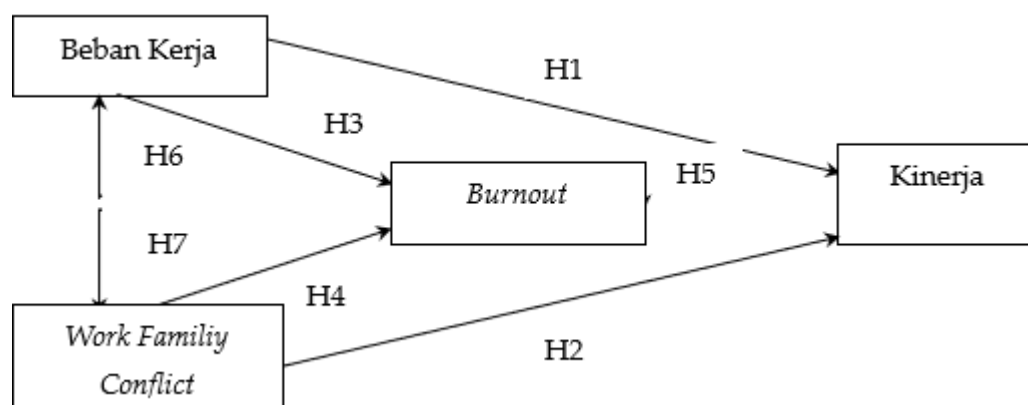


Figure 1. Hypotheses

H1: Workload reduces the performance of health workers.

High levels of workload lead to excessive physical and mental stress, which has an impact on decreased work effectiveness and service quality. Research conducted by Putri, Purwadhi, & *Journal of Indonesian Social Sciences*, Vol. 6, No. 7, Juli 2025

Handayani (2024) supports this by showing that the workload significantly decreases nurse performance through increased burnout at Bandung City Hospital .

H2: *Work-Family Conflict* disrupts the performance of health workers.

The imbalance between roles at work and responsibilities at home can create psychological stress that has an impact on decreased concentration, motivation, and performance. This is also reinforced by research by Ambarwati & Astuti (2023), which shows that *Work-Family Conflict* decreases nurse performance, both directly and indirectly through stress and burnout.

H3: Workload causes burnout in health workers.

The higher the workload, the greater the potential for emotional and physical fatigue that leads to burnout. Support for this hypothesis is seen in the study of Ayudytha Ezdha & Hamid (2020), who proved that high workloads significantly increase burnout in nurses.

H4: *Work-Family Conflict* causes burnout in health workers.

Role conflicts between work and family can trigger emotional stress that leads to burnout in the long run. Research by Filayanti & Arifin (2023) confirms that *Work-Family Conflict* is positively correlated with burnout, especially in female health workers.

H5: Burnout decreases the performance of health workers.

Health workers who experience burnout tend to experience a decrease in motivation, job satisfaction, and the quality of service provided to patients. This is supported by the findings of Angriani & Suhartini (2024), who stated that burnout directly reduces the performance of health workers at RSI Faisal Makassar.

H6: Burnout mediates the effect of workload on the performance of health workers.

A high workload causes burnout, which ultimately decreases the performance of health workers. Research by Putri, Purwadhi, & Handayani (2024) shows that burnout is a significant mediating variable in the relationship between workload and health worker performance.

H7: Burnout mediates the influence of *Work-Family Conflict* on the performance of health workers.

Unresolved conflicts between work and family can increase burnout, and this condition contributes to decreased performance. Similar findings were put forward by Filayanti & Arifin (2023), which prove that burnout plays a mediating variable in the relationship between *WFC* and nurse performance.

Materials and Methods

This study uses a correlational quantitative approach with the aim of determining the influence of workload and *work-family conflict* on the performance of health workers, with burnout as an intervening variable. The quantitative approach was chosen because it is suitable for measuring the relationship between variables using standardized instruments and statistical analysis, as explained by Hardani et al. (2020), who state that this approach is suitable for testing hypotheses through numerical data and statistical techniques.

The sample in this study consists of all health workers who have direct service duties at the Air Saga Health Center, namely nurses, dental nurses, and midwives, with a total of 33 people.

This study uses a *total sampling* technique, where the entire population is sampled. This technique was chosen because the number of respondents is relatively small and allows for comprehensive coverage, as explained by Hardani et al. (2020), who note that the *total sampling* technique is appropriate when the population is small and can be observed as a whole. It is also emphasized in the book *Qualitative and Quantitative Research Methods* that *total sampling* is used if the population is relatively small.

Data were collected using a closed questionnaire consisting of four parts according to the research variables, namely workload, *work-family conflict*, burnout, and health worker performance. The questionnaire instrument was developed based on theoretical indicators from previous journals and research relevant to each variable. The preparation of the questionnaire was carried out systematically and adjusted to the context of health workers at the health center. Each statement is arranged on a 5-point Likert scale ranging from "strongly disagree" to "strongly agree." In addition to primary data, the researcher also collected secondary data from health center profile documents, the number of health workers, and the achievement of service indicators as an overview of workload in the field.

Results and Discussions

Classic Assumption Test

The Normality Test aims to test whether in the regression method, the bound variable and the independent variable both have a normal distribution or not. According to Juliandi, *et al*'s good regression model is data that is distributed normally or close to normal. The Normality Test is an important step in statistical analysis because many parametric methods require normally distributed data. One of the commonly used methods is the One-Sample Kolmogorov-Smirnov Test (K-S Test). This test measures the compatibility between the cumulative distribution of data and a specific theoretical distribution, usually a normal distribution (Stephens, 1974).

This research method uses data from 33 respondents covering four variables: Workload, Work Family Conflict, Burnout, and Performance. Normality analysis was carried out using the One-Sample Kolmogorov-Smirnov Test. The decision-making criterion is if the value of Asymp. Sig. (p-value) > 0.05, then the data is considered to be normally distributed (Razali & Wah, 2011).

Table 1. Normality Test Results

Variabel	N	Mean	Std. Dev	D (Statistics)	Asymp. Sig. (p)
Workload	33	32.45	5.821	0.132	0.156
WF Conflict	33	29.67	4.923	0.127	0.189
Burnout	33	31.21	6.147	0.119	0.234
Performance	33	37.85	5.234	0.142	0.134

In table 1, it is known from the results of the normality test that the data shows that the entire significance value is greater than 0.05. This shows that the data on all four variables are normally distributed. This is in line with previous findings by Dimitrova et al. (2024), who suggested that the K-S test is effectively used to test normal distributions at small to medium

sample sizes. Based on the results of the Kolmogorov-Smirnov test, the data on the variables Workload, WF_Conflict, Burnout, and Performance are distributed normally. Thus, the data meets the assumptions for use in advanced parametric statistical analysis.

According to Juliandi, Multicollinearity is used to test whether there is a strong correlation between independent variables in the regression model. The method used to assess it is to look at the value of the variance inflation factor (VIF), which has a value of $VIF < 10$, $Tolerance > 0.1$ [26].

Table 2. Multicollinearity Test Results

Model	Collinearity Statistics	
	Tolerance	BRIGHT
1	(Constant)	
	Workload	0.428
	Work Family Conflict	0.512
	Burnout	0.394
Dependent Variables: Performance		

In table 2, it is known that the three independent variables, namely X1, X2, and X3, have VIF values within the predetermined tolerance limit $VIF < 10$, $Tolerance > 0.1$, so that there is no multicollinearity in the independent variables of this study.

Table 3. Heteroskedasticity Test Results (Glejser Test)

Variabel	B	Std. Error	Beta	t	Itself.
(Constant)	2.456	1.234		1.991	0.056
Workload	0.034	0.067	0.089	0.507	0.0616
WF Conflict	-0.028	0.078	-0.067	-0.359	0.722
Burnout	0.041	0.052	0.123	0.661	0.514

In table 3, the results were obtained that no independent variable had a significance value below 0.05. This means that there are no symptoms of heteroscedasticity in the model. These findings are consistent with the literature stating that significance values above 0.05 in the Glejser Test indicate homoskedasticity (Glejser, 1969). Based on the results of the Kolmogorov-Smirnov and Glejser Test, it can be concluded that the data on the variables Workload, WF_Conflict, Burnout, and Performance are normally distributed and there are no symptoms of heteroscedasticity. Therefore, the data meet the basic assumptions for parametric linear regression analysis. The purpose of this test is to find out whether in the regression model there is variance disparity from the residual of one observation to another. if the variant from one residual observation to another observation is fixed. Therefore, it is stated that homogeneity can be determined by means a scatterplot graph between the predicted values of independent variables and their residual values.

Analytical Techniques

Validity and Reliability are crucial aspects in the development of research instruments. Validity refers to the extent to which an instrument measures what it should be measured, while reliability refers to the consistency of measurements under similar conditions (Sekaran & Bougie, 2016). The Pearson Product Moment Validity Test is used to evaluate the relationship between item scores and total scores, while Cronbach's Alpha is used to assess internal consistency between items.

The Workload Measurement Instrument method consists of nine items (BK1 to BK9). Data were obtained from 33 respondents and analyzed using Pearson Product Moment correlations for validity tests and Cronbach's Alpha for reliability tests. The criterion of item validity is $r > 0.361$ at a significance level of 0.01 ($df = n-2 = 31$), while reliability is categorized as good if the alpha value > 0.70 (Hair et al., 2019).

Table 4. Workload Validity and Reliability Test

Item-total statistics	Scale mean	Scale variance	Corrected item	Cronbach's α	Result
BK1	29.67	28.456	0.612**	0.834	Valid
BK2	28.91	29.123	0.589**	0.837	Valid
BK3	29.24	27.789	0.634**	0.829	Valid
BK4	28.94	26.967	0.678**	0.823	Valid
BK5	29.03	28.234	0.598**	0.835	Valid
BK6	29.42	29.867	0.567**	0.841	Valid
BK7	28.88	27.456	0.645**	0.827	Valid
BK8	29.15	28.123	0.623**	0.832	Valid
BK9	29.33	30.234	0.534**	0.845	Valid

From table 4, it was found that the entire correlation value between the items was above 0.361 with a significance level of $p < 0.01$, which indicates that all items in the Workload instrument were declared valid (Ghozali, 2021). Cronbach's overall Alpha value is 0.846. This indicates that the instrument has excellent internal consistency. According to Hair et al. (2019), alpha values between 0.80 and 0.90 indicate an excellent level of reliability. These results are in line with previous research Suprpto and Suryani (2022) which stated that high item validity and strong reliability are essential to ensure the accuracy of measurement results in studies related to employee workload. Based on the results of the analysis, all items in the Workload measurement instrument are valid and reliable. This supports the use of this instrument for future research involving quantitative analysis of workloads. Accurate measurement of Work-Family Conflict is essential in understanding the imbalance between work and family responsibilities. Therefore, testing the validity and reliability of measurement instruments is crucial. Validity indicates the extent to which the item measures the concept in question, while reliability describes the consistency of the measurement t (Sekaran & Bougie, 2016). The validity test is carried out by measuring the correlation between each item's score and the total score, while reliability is evaluated with Cronbach's Alpha to determine the internal consistency between items.

The WFC Instrument Method consists of eight items (WFC1 to WFC8) and is analyzed using Pearson Product Moment for validity test and Cronbach's Alpha for reliability. The criterion for a valid item is to have a > correlation value of 0.361 at a significance level of 0.01. Reliability is considered good if Cronbach's Alpha > 0.70 (Hair et al., 2019).

Table 5. Validity and Reliability Test of Work Family Conflict

Item-total statistics	Scale mean	Scale variance	Corrected item	Cronbach's α	Result
WFC1	26.12	19.234	0.623**	0.812	Valid
WFC2	25.94	18.867	0.659**	0.806	Valid
WFC3	26.33	20.123	0.587**	0.819	Valid
WFC4	26.06	19.456	0.634**	0.809	Valid
WFC5	26.73	21.234	0.542**	0.828	Valid
WFC6	26.21	19.789	0.612**	0.814	Valid
WFC7	25.79	18.567	0.678**	0.802	Valid
WFC8	26.45	20.456	0.598**	0.817	Valid

From table 5, it was found that all items showed a correlation value greater than 0.361 with a significance level of $p < 0.01$, which means that all items in the Work-Family Conflict instrument were declared valid (Ghozali, 2021). Cronbach's Alpha value of 0.832 indicates an excellent level of reliability. According to George and Mallery (2003), an alpha value of > 0.80 indicates high internal consistency. These results are also supported by research conducted by Greenhaus and Beutell, which shows that valid and reliable WFC instruments are important for understanding the impact of dual role conflicts on individual well-being.

The Work-Family Conflict instrument used in this study was proven to be valid and reliable. This provides a solid basis for continuing the analysis of WFC variables in relation to other variables in the context of organizational behavior research.

Burnout is one of the psychological phenomena that commonly occurs in individuals who experience prolonged work pressure. To accurately measure burnout, a valid and reliable instrument is needed. Validity describes the extent to which the instrument measures the construct in question, while reliability indicates the internal consistency of the item in the scale (Sekaran & Bougie, 2016). This study used the Pearson Product Moment correlation approach to test the validity of the item and Cronbach's Alpha to measure internal reliability.

The Burnout Instrument method used consists of nine items (B1 to B9). The validity test is carried out by comparing the correlation between each item and the total score. The criterion of item validity is a correlation value > 0.361 at a significance level of 0.01 ($df = n - 2$). For reliability, Cronbach's Alpha value is considered good if it is greater than 0.70 (Hair et al., 2019).

Table 6. Burnout Validity and Reliability Test

Item-total statistics	Scale mean	Scale variance	Corrected item	Cronbach's α	Result
B1	27.67	31.123	0.634**	0.856	Valid
B2	27.33	30.456	0.667**	0.852	Valid
B3	28.45	32.234	0.589**	0.862	Valid
B4	27.88	29.789	0.698**	0.848	Valid
B5	28.12	31.567	0.612**	0.859	Valid
B6	27.97	30.324	0.645**	0.854	Valid
B7	28.06	31.456	0.623**	0.857	Valid
B8	28.24	30.123	0.656**	0.853	Valid
B9	28.36	32.567	0.578**	0.864	Valid

From table 6, it was found that the results of the validity test showed that all items had a correlation value greater than 0.361 with a significance of $p < 0.01$, which means that all items in this burnout instrument were valid. Cronbach's Alpha coefficient of the overall item is 0.868. This value indicates that the instrument has high reliability. Based on George and Mallery's (2003) interpretation, an alpha value above 0.80 indicates excellent reliability. These findings are consistent with studies by Maslach et al. (2021), which emphasize the importance of accurate measurements of burnout to understand its impact on work well-being. The burnout instrument used in this study was proven to be valid and reliable. Therefore, this instrument is suitable for use in follow-up studies that examine the phenomenon of work fatigue in various organizational contexts. Individual performance is an important indicator in evaluating organizational effectiveness and achieving strategic goals. Therefore, accurate and reliable performance measurement is crucial. Validity and reliability are the two main aspects in assessing the quality of measurement instruments. Validity measures the extent to which an item reflects the construct in question, while reliability assesses the internal consistency between items on a single scale (Hair et al., 2019; Sekaran & Bougie, 2016). Method Performance instruments consist of 10 items (K1 to K10). Validity was tested by Pearson Product Moment correlation, with valid criteria if $r > 0.361$ at a significance level of $p < 0.01$. Reliability was measured using Cronbach's Alpha, with a minimum limit of reliability of 0.70.

Table 7. Performance validity and reliability test

Item-total statistics	Scale mean	Scale variance	Corrected item	Cronbach's α	Result
K1	34.12	25.234	0.598**	0.834	Valid
K2	34.33	24.567	0.634**	0.829	Valid
K3	34.06	25.789	0.587**	0.837	Valid
K4	34.48	26.123	0.612**	0.832	Valid
K5	34.21	24.456	0.656**	0.826	Valid
K6	34.18	25.234	0.623**	0.831	Valid
K7	34.67	26.789	0.567**	0.841	Valid
K8	34.94	27.123	0.534**	0.845	Valid

Item-total statistics	Scale mean	Scale variance	Corrected item	Cronbach's α	Result
K9	34.76	25.567	0.645**	0.828	Valid
K10	34.39	24.789	0.667**	0.823	Valid

From table 7, it was found that all items showed correlation values greater than critical r (0.361) and significant at the level of $p < 0.01$. This indicates that each item in the performance instrument has adequate validity. Cronbach's Alpha value of the overall item is 0.849, which indicates high reliability. According to George and Mallery (2003), an alpha value above 0.80 is very good. These findings reinforce the results of previous studies that emphasized the importance of reliable performance measurement in organizational contexts for managerial decision-making (Campbell & Wiernik, 2015). The performance measurement instruments used in this study have proven to be valid and reliable. Therefore, this instrument can be used in future studies that evaluate the performance of individuals in the context of other organizations or institutions.

Multiple Linear Regression Analysis

Model 1: The Effect of Workload and Work Family Conflict on Burnout

Table 8. model summary-Regression model 1

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.748	0.560	0.530	2.224

Table 9. ANOVA-Model 1

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	189.542	2	94.771	19.160	0.000 ^b
Residual	148.337	30	4.945		
Total	337.879	32			

Table 10. Coefficients-Model 1

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sign.
	B	Std. Error	Beta		
(Constant)	12.457	4.893		2.546	0.016
Workload	0.312	0.098	0.464	3.184	0.003
Work family conflict	0.278	0.130	0.311	2.138	0.041

The results of Model 1 regression analysis showed that workload and work-family conflict simultaneously had a significant effect on burnout ($F = 19.160$; $p < 0.001$). The R^2 value = 0.560 indicates that 56% of the variation in burnout can be explained by workload and work-family conflict. Partially, workload had a significant positive effect on burnout ($\beta = 0.464$; $t = 3.184$; $p = 0.003$), and work-family conflict also had a significant positive effect on burnout ($\beta = 0.311$; $t = 2.138$; $p = 0.041$).

Model 2: The Effect of Work Freedom, Work Family Conflict, and Burnout on Performance

Table 11. Model Summary-regression Model 2

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
2	0.692	0.479	0.425	3.152

Table 12. ANOVA-Model 2

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	265.727	3	88.576	8.918	0.000 ^b
Residual	287.940	29	9.929		
Total	553.667	32			

Table 13. Coefficients-Model 2

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sign.
	B	Std. Error	Beta		
(Constant)	52.346	7.124		7.349	0.000
Workload	-0.198	0.143		-1.385	0.177
Work Family Conflict	-0.287	0.189	-0.250	-1.518	0.140
Burnout	-0.342	0.208	-0.267	-1644	0.111

The results of the Model 2 regression analysis showed that workload, work-family conflict, and burnout simultaneously had a significant effect on the performance of nurses/midwives ($F = 8.918$; $p < 0.001$). The value of $R^2 = 0.479$ indicates that 47.9% of the variation in performance can be explained by these three variables. The results showed that workload had a significant positive effect on burnout in nurses and midwives ($\beta = 0.464$; $p = 0.003$). These findings are in line with research conducted by previous research that showed that high workload is a significant predictor of burnout in healthcare workers (Zhou et al., 2022). A high workload, characterized by a large number of tasks that must be completed at the same time, tight deadlines, and lack of rest time, can lead to physical and emotional exhaustion that leads to burnout. This condition is in accordance with the Job Demands-Resources (JD-R) theory which states that high job demands without being balanced with adequate resources will cause fatigue and burnout.

Work-family conflict has been shown to have a significant positive effect on burnout ($\beta = 0.311$; $p = 0.041$). These results are consistent with the findings of previous studies showing that work-family conflict increases the risk of emotional burnout in nurses (Chen et al., 2024).

The conflict that occurs between work demands and family responsibilities can lead to ongoing psychological stress. Nurses and midwives who have difficulty balancing professional and personal roles tend to experience emotional exhaustion, loss of motivation, and ultimately experience burnout.

Although statistically insignificant at $\alpha = 0.05$ ($p = 0.111$), burnout showed a tendency to negatively affect the performance of nurses/midwives ($\beta = -0.267$). These findings are in line with a recent meta-analysis showing that burnout of nurses is associated with decreased quality

of patient care, patient safety, and patient satisfaction (Huang et al., 2024). Burnout, which is characterized by emotional exhaustion, depersonalization, and reduced personal achievement, can reduce productivity, efficiency, and quality of services provided by health workers. Nurses and midwives who experience burnout tend to be less motivated, have difficulty concentrating, and show a less professional attitude at work.

Mediation Test Using Sobel Test

a. Calculation of Path Coefficients

Based on the results of the regression analysis above, the path coefficient was obtained as follows:

Path a (Work Load $\rightarrow$ Burnout):

- $a_1 = 0,312$; $SE(a_1) = 0,098$

Path b (Burnout $\rightarrow$ Performance):

- $b = -0,342$; $SE(b) = 0,208$

Path c' (Work load $\rightarrow$ Work Performance, with Burnout control):

- $c'_1 = -0,198$; $SE(c'_1) = 0,143$

b. Sobel Test for Mediation of Burnout in the Workload-Performance Relationship

Table 14. Sobel Test

Mediation Pathway	Indirect Effect	Sobel Z	p-value	Conclusion
Workload $\rightarrow$ burnout $\rightarrow$ performance	-0.107	-1.523	0.128	Insignificant
Work family conflict $\rightarrow$ burnout $\rightarrow$ kinerja	-0.095	-1.402	0.161	Insignificant

Sobel Test Calculation:

For the Workload $\rightarrow$ Burnout $\rightarrow$ Performance path:

Indirect effect = $a_1 \times b = 0,312 \times (-0,342) = -0,107$

$Se(\text{indirect}) = \sqrt{(A_1^2 se(B)^2 + B^2 se(A_1)^2 + Se(A_1)^2 (B)^2)}$

$Se(\text{indirect}) = \sqrt{(0,312^2 \times 0,208^2 + (-0,342)^2 \times 0,098^2 + 0,098^2 \times 0,208^2)} = 0,070$

Sobel Z = $-0.107 / 0.070 = -1.523$

p-value = 0,128 ($> 0,05$)

For the Work-Family Conflict $\rightarrow$ Burnout $\rightarrow$ Performance track:

Indirect effect = $a_2 \times b = 0,278 \times (-0,342) = -0,095$

$SE(\text{indirect}) = 0.068$

Sobel Z = $-0.095 / 0.068 = -1.402$

p-value = 0,161 ($> 0,05$)

The results of the Sobel Test showed that burnout did not play a significant mediator in the relationship between workload and work-family conflict on performance ($p > 0.05$). These findings

differ from initial hypotheses and some previous studies that showed the mediated effects of burnout.

The insignificance of this mediation effect can be caused by several factors:

Limited sample size: With $N = 33$, the statistical power to detect the mediating effect may be inadequate. Previous research has shown that the [Sobel test](#) works well only on large samples.

Complexity of variable relationships: The relationship between workload, work-family conflict, burnout, and performance may be more complex and involve other moderator or mediator variables that were not measured in this study.

Characteristics of respondents: Healthcare workers in this study may have effective coping strategies or adequate organizational support so that burnout does not fully mediate the relationship.

Practical Implications

Based on the findings of the study, some practical recommendations can be proposed:

Workload Management: Health institutions need to evaluate and redistribute workloads that are more proportionate according to the capacity and competence of each health worker.

Work-Life Balance Program: Implementation of policies that support work-life balance, such as work schedule flexibility, childcare support, and employee assistance programs.

Burnout Interventions: Although the mediating effects are not significant, burnout still needs attention through wellness programs, stress management training, and psychological support.

Performance Monitoring: Development of a comprehensive performance monitoring system that takes into account psychosocial factors in the work environment.

Conclusion

Based on the results of multiple linear regression analysis and the Sobel Test mediation test, it can be concluded that workload has a significant positive effect on burnout ($\beta = 0.464$; $p = 0.003$), and *work-family conflict* also significantly contributes to burnout ($\beta = 0.311$; $p = 0.041$). However, burnout did not significantly affect nurse/midwife performance ($\beta = -0.267$; $p = 0.111$), nor did it act as a mediator in the relationship between workload and *work-family conflict* on performance (Sobel $Z = -1.523$; $p = 0.128$ and Sobel $Z = -1.402$; $p = 0.161$). These findings highlight the critical role of workload management and work-life balance in preventing burnout among healthcare workers. While burnout itself does not directly impact performance in this study, the research suggests that other factors may influence performance. It is recommended that healthcare organizations focus on strategies to reduce workload and address *work-family conflict*, which could ultimately enhance employee well-being and performance. Future research should explore additional variables that may contribute to performance and consider a more robust research design to further investigate the complex relationship between burnout and job performance in healthcare settings.

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