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The Influence of Resilience and Workload on The Intention to Stay Among Nurses at Bunda Medika Jakabaring Hospital, South Sumatra Province

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Abstract

The increasing demand for healthcare personnel necessitates that hospitals prioritize retaining healthcare workers who understand their essential roles within the hospital health service system. This approach helps prevent performance declines and staff attrition. Nurses' intention to stay, defined as their desire to continue working at the hospital, is critical for organizational continuity and is shaped by various factors. The present study investigates the influence of resilience and workload on nurses' intention to remain employed at the hospital. The results indicate that resilience has a significantly positive direct effect, while workload has a significantly negative direct effect on nurses' intention to stay. Collectively, resilience and workload exert a significant impact on this intention. These findings highlight the need to consider both workload and nurses' resilience (mental endurance) when predicting their intention to remain employed.

Keywords: Intention to Stay; Resilience; Workload; Nurses; Hospital

1 Introduction

Human Resources (HR), particularly medical personnel in hospitals, are crucial system actors and play an active role in achieving organizational goals. Therefore, the management and investment in the procurement and development of healthcare personnel require attention from hospital management. Healthcare personnel consist of medical doctors, nursing staff, midwifery staff, pharmacists, clinical psychologists, nutritionists, public health workers, and others (Ministry of Law and Human Rights, 2014).

Effective management of a hospital's healthcare workforce directly influences service performance. Healthcare personnel contribute to the institution through their expertise and skills, while hospitals provide compensation through salaries or incentives. Human resource management in healthcare must address factors that promote loyalty and integrity among staff and within the organization.

Healthcare HR is a crucial element of the healthcare sector. Increasing public demand for professional healthcare services encourages hospitals to maintain their competitive advantage, enabling them to continue growing and delivering excellent service performance. The success of a hospital in providing services is inseparable from the health workers who work within it. Law Number 36/2014 concerning Health Workers defines a health worker as any individual who dedicates themselves to the health sector and possesses specific knowledge and/or skills acquired through education in the health sector, enabling them to exercise authority in health efforts (Ministry of Law and Human Rights, 2014).

Previous research has identified several factors that influence healthcare workers' job persistence despite significant occupational risks. For instance, the COVID-19 pandemic has affected both health and economic sectors. The rise in confirmed COVID-19 cases presents challenges for hospitals aiming to expand service capacity. Healthcare workers are required to fulfill their responsibilities in caring for COVID-19 patients in hospitals (Garcia-Batista, 2021).
The nursing profession is characterized by high turnover, which can negatively impact care outcomes and the quality of healthcare services. Strengthening nurses' intention to remain in their positions may enhance the stability and sustainability of hospital healthcare resources (Nabirye, 2011).

Hospitals must prioritize patient care and safety, particularly private hospitals that depend on healthcare service revenue for continued operation. While financial performance is necessary, hospitals are also obligated to uphold humanitarian values and maintain professional quality standards among health workers. Specialized competencies in the health sector are essential to position health workers as key contributors.

Resilience and workload have been identified as key predictors of intention to remain in a job (Guo, 2018; Zhang, 2021; Suresh, 2013; Sapar & Oducado, 2021; Kim, 2021). Resilience is the ability to adapt to and overcome the stress and challenges associated with nursing retention. Workload is a critical workplace factor, as excessive or prolonged demands can lead to job stress and burnout, ultimately diminishing nurses' desire to remain employed at the hospital.
The ongoing increase in demand for healthcare workers requires hospitals to maintain workforce continuity by fostering shared values and ensuring that each healthcare worker understands their role within the hospital system. This strategy helps prevent declines in performance and staff turnover (Yu & Lee, 2018).

Research on the interaction and influence of resilience and workload on nurses' intention to remain employed in hospitals is limited. Therefore, this study aims to determine the impact of resilience and workload on nurses' intention to continue working in hospital settings.

2 Literature Review

Intention to Stay

In healthcare settings, nurses’ intention to stay is a critical issue because high turnover rates can lead to staffing shortages, increased recruitment costs, and declining quality of patient care (Hayes et al., 2012). Previous studies indicate that intention to stay is influenced by a combination of individual characteristics and work-related factors, such as job satisfaction, work stress, workload, psychological well-being, and organizational support (Hom et al., 2017). For nurses, intention to stay is particularly important due to the demanding nature of their profession, which requires sustained physical effort, emotional labor, and professional commitment.

Resilience

In nursing, resilience is a crucial psychological resource, as nurses are frequently exposed to high-pressure situations, emotional exhaustion, and complex patient care demands.
Research has shown that resilience is positively associated with job satisfaction, work engagement, and organizational commitment, while negatively related to burnout and turnover intention (Jackson et al., 2007; McAllister & McKinnon, 2009). Nurses with higher levels of resilience are better able to cope with occupational stressors, maintain emotional stability, and perceive their work environment more positively, which in turn enhances their intention to stay in the organization.

Workload

High workload has been consistently linked to negative outcomes such as job stress, fatigue, burnout, and reduced job satisfaction (Maslach & Leiter, 2016). Empirical studies indicate that excessive workload significantly increases nurses' turnover intention and decreases their intention to stay (Aiken et al., 2012). When workload exceeds an individual's capacity to cope, it may result in emotional exhaustion and disengagement from work.

3 Research Methods

An analytical research design was employed to test hypotheses and explain the influence of resilience and workload on the intention to remain employed. Analytical research aims to test hypotheses and interpret relationships by measuring natural phenomena without intervening in variables. A cross-sectional approach was used to examine the relationship between the independent variables (resilience and workload) and the dependent variable (intention to remain employed) through simultaneous data collection at a single point in time. Each research subject was observed once, and relevant variables were measured at the time of the study (Nazir, 2014).

The population is defined as the entire set of objects or individuals under study (Sugiyono, 2015). In this research, the population comprised all 90 nursing healthcare workers at Bunda Medika Jakabaring Hospital. The sampling technique employed was total sampling, a nonprobability method that includes the entire population meeting the study's inclusion criteria. Consequently, the sample consisted of 90 nurses.

The primary research instrument was a questionnaire, a structured data-collection tool comprising a series of carefully prepared questions. The questionnaire used in this study included 48 items: 18 measuring resilience, 15 assessing workload, and 15 evaluating the intention to remain employed.

The results of data collection via questionnaires are presented as percentages and frequency distributions to provide an overview of the distribution of subjects across variable value categories. Furthermore, the data analysis technique used to address the research problems is the Structural Equation Model (SEM). According to Ferdinand & Augusty (2002), SEM is a collection of statistical techniques that allow for the simultaneous testing of a series of relatively complex relationships. These complex relationships can be established between one or more dependent variables and one or more independent variables. Each dependent and independent variable can be a factor or a construct, built from several indicator variables. The SEM data analysis technique uses Partial Least Squares (PLS).

4 Results and Discussion

The study involved 90 respondents, most of whom were female (90%), aged 20–30 years (84.4%), held a bachelor's degree (53.3%), worked in the Inpatient Ward Installation (46.7%), and had 1–2 years of work experience (48.8%). During data collection, the researcher assisted respondents to ensure comprehension of the questionnaire items. Respondent characteristics are summarized in Table 1.

Table 1. Characteristics of Respondents (n=90)

Characteristic	n (%)
Sex	
Male	9 (10)
Female	81 (90)
Age (years old)	
20 – 30	76 (84,4)
31 – 40	13 (14.4)
41 – 50	1 (1.2)
Level of education	
Associate Degree (D-3)	34 (37,8)
Applied Bachelor's Degree (D-4)	8 (8,9)
Bachelor's Degree (S-1)	48 (53,3)
Years of service (year)	
Under 1	23 (25,6)
1 – 2	44 (48,8)
3 – 5	23 (25,6)
Unit/Facility	
Emergency Room	22 (24.4)
Inpatient Ward	42 (46,7)
Polyclinic	14 (15,6)
Operating Room	12 (13,3)

The evaluation of the measurement model (outer model) assesses the validity and reliability of the model. Three measurement criteria are used to assess the outer model: convergent validity, discriminant validity, and reliability. Convergent validity is assessed using outer loadings and Average Variance Extracted (AVE); discriminant validity is assessed using the Fornell-Larcker Criteria; and reliability is assessed using Cronbach's alpha and composite reliability.

Convergent validity with reflective indicators can be assessed by the correlation between the indicator and its construct. An indicator is considered valid if its outer loading is greater than 0.5; otherwise, it is declared invalid and must be removed from the model. From the SEM-PLS data processing results, the following modeling and initial data were generated:

Table 2. Outer Loading First Analysis

Resilience			Workload			Intention to Stay		
A1	0.708	Valid	B1	0.658	Valid	C1	0.822	Valid
A2	0.168	Invalid	B2	0.259	Invalid	C2	0.467	Invalid
A3	0.059	Invalid	B3	0.014	Invalid	C3	0.429	Invalid
A4	-0.061	Invalid	B4	0.718	Valid	C4	0.762	Valid
A5	0.211	Invalid	B5	0.339	Invalid	C5	0.408	Invalid
A6	0.670	Valid	B6	0.210	Invalid	C6	0.233	Invalid
A7	0.163	Invalid	B7	0.164	Invalid	C7	0.412	Invalid
A8	0.190	Invalid	B8	0.765	Valid	C8	0.774	Valid
A9	0.735	Valid	B9	0.001	Invalid	C9	0.290	Invalid
A10	0.125	Invalid	B10	0.170	Invalid	C10	0.305	Invalid

A11	0.410	Invalid	B11	0.731	Valid	C11	0.349	Invalid
A12	0.710	Valid	B12	0.337	Invalid	C12	0.790	Valid
A13	0.390	Invalid	B13	0.198	Invalid	C13	0.425	Invalid
A14	0.654	Valid	B14	0.136	Invalid	C14	0.202	Invalid
A15	0.286	Invalid	B15	0.801	Valid	C15	0.799	Valid
A16	0.111	Invalid						
A17	-0.021	Invalid						
A18	0.616	Valid						

Table 2 indicates that 32 items with outer loadings less than 0.5 contributed minimally and were therefore removed before reprocessing the data. The subsequent analysis produced the following results:

Table 3. Outer Loading Second Analysis

Resilience			**Workload**			**Intention to Stay**		
A1	0.788	Valid	B1	0.675	Valid	C1	0.832	Valid
A6	0.747	Valid	B4	0.768	Valid	C4	0.789	Valid
A9	0.750	Valid	B8	0.799	Valid	C8	0.828	Valid
A12	0.743	Valid	B11	0.785	Valid	C12	0.841	Valid
A14	0.727	Valid	B15	0.853	Valid	C15	0.862	Valid
A18	0.669	Valid						

After reprocessing the data using SEM-PLS, all indicators were found to be valid, with outer loadings exceeding 0.5 (Table 3). Convergent validity was further assessed using the Average Variance Extracted (AVE), which reflects the extent to which a construct represents the original data scores. An AVE value above 0.5 indicates good convergent validity. The AVE values obtained from SEM-PLS data processing are as follows:

Table 4. *Average Variance Extracted* (AVE)

	AVE
Resilience	0,545
Workload	0,606
Intention to Stay	0,690

Table 4 demonstrates that each variable has an AVE value exceeding 0.5, indicating that all constructs in the model explain more than 50% of the variance in their indicators. Thus, the indicators and constructs in the model meet the criteria for convergent validity.

Next, a discriminant validity test is conducted to assess whether a construct is different from other constructs. Discriminant validity indicates that a construct is unique and captures phenomena not captured by other constructs. Discriminant validity is assessed using the Fornell-Larcker Criteria, namely by comparing the square root of the AVE of each construct in the diagonal with the correlation of other constructs in the model. The model has good discriminant validity if the square root of each construct's AVE is greater than the correlation between that construct and any other construct in the model. The results of the discriminant validity test using the Fornell-Larcker criteria are shown in Table 5 below.

Table 5. *Fornell Larcker Criteria*

	Resilience	**Workload**	**Intention to Stay**
Resilience	**0,738**	-0,039	0,466
Workload	-0,039	**0,778**	-0,631

Intention to Stay	0,466	-0,631	**0,831**

Table 5 shows that the square root of the AVE for each construct exceeds the correlation between that construct and others, confirming that all constructs in the estimated model meet the criteria for discriminant validity.
Next, a reliability test was conducted using two methods: Cronbach's alpha and composite reliability. Cronbach's alpha measures the lower limit of a construct's reliability, while composite reliability measures the actual value of a construct's reliability. Cronbach's alpha and composite reliability values greater than 0.7 indicate that a construct has good reliability. The results of the construct reliability tests using Cronbach's alpha and composite reliability are shown in Table 6.

Table 6. Alfa Cronbach and Composite Reliability

	Alfa Cronbach	**Composite Reliability**
Resilience	0.833	0.878
Workload	0.836	0.884
Intention to Stay	0.887	0.917

Table 6 indicates that the research model demonstrates good reliability, as both Cronbach's alpha and composite reliability values exceed 0.7 for each construct.

Structural model validation was performed using the Goodness of Fit (GoF) index, which assesses the alignment between measurement and structural models. The GoF value, calculated by multiplying the square root of the AVE by the average R2 value, ranges from 0 to 1, with 0.1 indicating low, 0.25 medium, and 0.36 high fit. The GoF index for this model was 0.603, indicating a good fit and allowing further internal model evaluation.

Inner model evaluation commenced with assessment of the R2 value for the dependent variable, intention to continue working, as an indicator of the structural model's predictive power. R2 values are interpreted as 0.25 (weak), 0.50 (medium), and 0.75 (strong). The R2 for intention to remain employed was 0.594, indicating that resilience and workload explained 59.4% of the variance, while the remaining 40.6% was attributable to factors outside the model. Higher R2 values reflect stronger models supported by theoretical relationships.

The relationship between constructs was tested using the bootstrap resampling method developed by Geisser. The statistical test used was the t-test (T-statistic). The application of this resampling method allows for freely distributed data without requiring the assumption of normality. The path coefficient (β) is used to assess whether the relationship between constructs is positive or negative. The level of significance in model testing is indicated by the T-statistic, which is significant if it exceeds 1.96 at the 5 percent alpha level (p-value < 0.05). From the SEM-PLS data processing results, the path analysis was as follows:

Table 7. *Path Analysis*

	Path Coefficient (β)	**T-Statistic**	**P Values**
Resilience → Intention to Stay	0,442	6,652	0,000
Workload → Intention to Stay	-0,614	10,635	0,000
Resilience and Workload → Intention to Stay	0,594	10,189	0,000

Table 7 demonstrates that resilience has a significant positive effect on the intention to remain employed, both independently and when considered alongside workload. In contrast, workload

has a significant negative impact on this intention. These findings indicate that resilience and workload are strong determinants of nurses' intention to remain employed at Bunda Medika Hospital, Jakabaring.

There is a significant positive effect of resilience on nurses' intention to continue working, with a positive path coefficient of 0.442, a T-statistic greater than 1.96 (6.652), and a p-value below 0.05 (0.000). This is in accordance with the research by Piotrowski, A., Sygit-Kowalkowska, E., Boe, O., & Rawat, S. (2022), which found that resilience positively affects the intention to continue working, significantly reducing turnover intention among nurses. During the COVID-19 pandemic, resilience was found to negatively affect turnover intention among nurses, thereby significantly increasing the intention to continue working in hospitals (Piotrowski et al., 2022). Resilience also significantly increases the intention to continue working among nurses who have just worked at the hospital (Lee & DeGagne, 2022).

Resilience is an individual's ability to withstand stress, pressure, or complex life changes. Resilience encompasses an individual's ability to recover from stress, overcome difficulties, and cope well with challenges. Individuals with high resilience can cope well with work-related problems. Resilience can play a vital role in helping individuals cope with daily challenges and pressures, including traumatic events, significant life changes, and chronic stress. Individuals with high resilience tend to cope with change, learn from experience, and recover quickly from difficult situations, such as high workloads among nurses (Amsrud et al., 2019; Baluszek et al., 2023).

It was found that workload has a significant adverse effect on nurses' intention to continue working. This is supported by a negative path coefficient of -0.614, a T-statistic greater than 1.96 (10.635), and a p-value below 0.05 (0.000). These results are consistent with research conducted at Dr. Iskak Hospital in Tulungagung, which found a significant relationship between workload and intention to continue working in nursing (Rahagia & Zulkarnain, 2022). The results of the study by Zeytinoglu, I. U., Denton, M., Davies, S., Baumann, A., Blythe, J., & Boos, L. (2007). In Canada, high workload is a statistically significant predictor of turnover intention among nurses (Zeytinoglu et al., 2007). In a meta-analysis of Taiwanese studies, Yin and Yang also found that high workload is the second most common reason nurses leave their jobs (Yin, J.-C. T., & Yang, K.-P. A., 2002). Utami and Rahayu's research at a private hospital in Kediri City found that workload also indirectly influences turnover intentions, mediated by job stress in nurses (Utami & Rahayu, 2025).

High workloads for nurses have a negative impact on the healthcare sector as a whole, particularly reducing their intention to remain employed. High turnover intentions can lead to nursing shortages, increase replacement costs, and disrupt continuity of patient care. Furthermore, nurses experiencing high workloads and low intentions to remain employed can also lead to a decline in the quality of patient care (Yin, J.-C. T., & Yang, K.-P. A., 2002); Shalaby, S. A., Janbi, N. F., Mohammed, K. K., & Al-harthi, K. M. (2018).

High workloads can result from several factors, including increased patient volume, insufficient staffing, long working hours, and complex job demands. If nurses feel burdened and believe their workload cannot be handled effectively, they may feel frustrated and seek other jobs that offer a more balanced work environment (Madadzadeh, M., Barati, H., & Ahmadi Asour, A., 2018; Rizkianti & Haryani, 2020).

Resilience and workload were found to have a significant simultaneous effect on nurses' intention to continue working, as indicated by a positive path coefficient of 0.594, a T-statistic of 10.189, and a p-value below 0.05 (0.000). While prior research has not directly examined the combined influence of workload and resilience on intention to continue working, a study at Aisyiyah Padang Hospital (Busti MF, 2023) demonstrated that both factors significantly affect job burnout, a strong

predictor of turnover intention. Increased workload elevates symptoms of fatigue or job burnout, whereas higher resilience mitigates these symptoms. Therefore, predicting nurses' intention to continue working requires consideration of both workload and resilience.

5 Conclusion

In summary, resilience has a significantly positive direct effect, while workload has a significantly negative direct effect on nurses' intention to stay. Together, resilience and workload significantly influence this intention. These findings underscore the importance of considering both workload and nurses' resilience (mental endurance) when predicting their intention to remain employed.

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