



Workforce Wellbeing and Burnout Mitigation in Health Administration Practices

Indah Sri Astuti ¹ , Onnie Wira Tama ² 

¹Department of Hospital Administration, Universitas Muhammadiyah Surakarta, Surakarta, Indonesia

²Department of Hospital Administration, Universitas Muhammadiyah Surakarta, Surakarta, Indonesia

ARTICLE INFO

ABSTRACT



Informasi;

Received 17 June 2025
 Received in revised form 16 July 2025
 Accepted 22 August 2025
 Available online 10 October 2025

Objective: Study the impact of the antecedents of burnout among administrative staff in healthcare and explore the moderating role of work flexibility on the associations between organizational support, workload, and stress management strategies.

Methods: Workload, well being programs, supervisor support, stress management training, work flexibility, and burnout levels were evaluated using validated instruments in a quantitative, cross-sectional survey of residents.

Results: Results suggest higher workload and, in contrast, employee well-being initiatives, supervisor support, and stress management training are related to greater and lower burnout risk, respectively. Job flexibility does moderate this relationship: it amplifies the effectiveness of supportive interventions. Correlations and regression analyses supported the nature and direction of these associations and the mediating paths from organization's resources to employee resilience.

Novelty: Incorporating several organisational factors and considering work flexibility as a moderator, this study contributes to our knowledge of the burnout process. In contrast to existing studies, it fills gaps by providing an integrated view and by unveiling how flexibility supports the positive effects of well-being programs, supervisor support, and stress management training by showing a new view of workforce well-being strategies in challenging healthcare environments.

Implications: The findings highlight the need for multilevel interventions for burnout prevention informing organizational policies and leadership strategies. These insights may inform evidence-based approaches to improve staff well-being, resilience, and performance, providing actionable suggestions on how to design flexible and adaptive work environments which contribute to the long-term health of employees and organizations.

Correspondence;

Indah Sri Astuti 

Keyword;

Burnout, Workload, Well-being, Supervisor Support, Flexibility

© 2024 Data Analytics Innovations Inc. All rights reserved

1. Introduction

An increasing prevalence of burnout among healthcare administrative staff has become an important concern, and has subsequently led to a large volume of research regarding root causes and remedial strategies (Cabarkapa et al., 2020; Huffman et al., 2021; West et al., 2018). Recent work has identified the effect of an administrative burden on staff well-being and recent research has found that being overworked with administrative tasks is a significant contributor to burnout in the health sector. For example, Rotenstein et al. (2023) found work overload to be significantly related to burnout in all healthcare functions, including the administration staff. Likewise, Kim and Bae (2023) also reported that workers at general hospitals in administrative departments were under high job stress which were contributed by overwork and role conflicts with other job demands (Alenezi et al., 2018; Landsbergis, 1988). In addition, an already overstretched healthcare system has been further challenged by the COVID-19 epidemic - healthcare workers are reporting rising stress



and burnout levels, increased work stress and more frequently faced emotional demands (Jalili et al., 2021; Zhou et al., 2022). This supports the necessity of addressing the elements of burnout of administrative staff in a health-care context.

As concern around burnout rises, companies are developing a range of employee well-being programs to help drive stress reduction and build worker resilience. A study by Huang et al. (2022), for instance, found that employee well-being policies (which included stress management training) were associated with reductions in burnout among public service workers (Poulin et al., 2008; van Erp et al., 2018). Furthermore, supervisor forms of support have been found to be crucial in decreasing burnout, since positive leaders could save the emotional exhaustion and enhance the work satisfaction of staff (Dyrbye et al., 2020; Liu et al., 2025). In addition, stress management training has been found to be efficiently effective for burnout, especially when given along with ongoing coping strategies. These interventions underscore the necessity of multi module strategies for combating burnout incorporating organizational policies, leadership behaviors, and individual coping strategies (Hurtado et al., 2024).

The JD-R model works on the premise that job demands, such as administrative burden, can result in burnout, while job resources, such as supervisor support and stress management skills training, can ameliorate burnout (Atingabili et al., 2025; Hlado, Juhaňák, et al., 2025; Hlado, Lintner, et al., 2025). In this regard, the resource job demands model states that the relationship between job demands (i.e. the physiological, psychological, emotional and social costs of meeting job demands and resources i.e. the physical, psychological, social, organisational, material or energy aspects varies in different ways, which affects the well being and performance levels of individuals the mediating role of burnout (Tan et al., 2025; Zheng et al., 2025). Moreover, the Conservation of Resources (COR) theory posits that people will seek to acquire, maintain and protect resources, and when they lose resources, they experience stress and burnout (Ali & Mehreen, 2026; Obeng et al., 2025; Su et al., 2025). Secondly, the social support theory underlines how interpersonal relationships can mitigate the impact of stress and that receiving support from a supervisor is critical in organizations.

Notwithstanding the large body of research on burnout, there is limited understanding about how administrative burden, employee well-being initiatives, supervisor support, and stress- management training interact with each other. Mixed findings of prior research have been found in the literature with inconsistent results from studies that examine workload increases to be associated with higher burnout Di Mario et al. (2024), Greenglass et al. (2003), Pearson et al., (2006) and others which identify wellbeing programs and great levels of supervisor support being successful in managing these associations. Whilst Avanzi et al. (2018), Rotenstein et al. (2024), Weigl et al. (2016) identified work overload to be significantly related to burnout, Choi et al. (2019), Hwang et al. (2023), Lee & Ok (2012) reported the effects of emotional intelligence and job stress on burnout in administrative staff. These inconsistencies emphasise a need for more research to unpack the relationships among these variables and to investigate the potential of work flexibility as a moderator. Understanding such dynamics is very important for designing specific interventions to effectively alleviate burnout and improve the well-being of health care administrators (Cauley et al., 2025; Shanafelt & Noseworthy, 2017).

The main aim of the present study is to investigate the effects of administrative load, well-being practices, supervisor support, and stress management training upon burnout of administrative staff while paying special attention to a moderating effect of work flexibility. More specifically, the purpose is to examine whether administrative burden can lead to higher burnout, if employee wellness organizations, supervisor support, and stress management training can result in lower burnouts, and if work flexibility may moderate each of these relationships with burnout. The results of this study are anticipated to further knowledge of the factors contributing to organizational burnout in nonclinical management staff and will help to inform the development of effective interventions to reduce burnout and improve organizational functioning in health care.

2. Method

2.1 Research design

The research design for this study is cross-sectional in nature following the methodology of other studies on burnout in healthcare administrative personnel. For example a cross-sectional study in 2023 assessed hospital administrative staff in a teaching hospital in job stress and burnout using standard questionnaires such as the Copenhagen Burnout Inventory and the Job Content Questionnaire. Such design makes possible the study of associations among variables at a single point in time, providing information on the factors related to burnout. The application of standardized instruments guarantees the reliability and validity of the data obtained contributing a solid substrate for further analysis.

2.2 Population and sample

The study population is administrative personnel working in health facilities, in particular in hospitals in Indonesia. Representativeness of a range of office types is achieved by using a stratified random sampling approach that includes clerks, secretaries, and office managers. This allows for a broad review of burnout among administrative roles to consider factors that influence burnout in the administrative sector (Müller & Kubátová, 2025). Similar sampling procedures have been used in other studies to obtain representative samples and to generalize the findings.

2.3 Data collection

Data are obtained using standard questionnaires administered on the sampled population. The questionnaires include queries about devices of practice, as well as the following variables; administrative burden, employee well-being programming, supervisor support, stress management training and work flexibility (Man et al., 2025). Use of standardized instruments Standardized instruments have validity and reliability for comparisons across respondents. Similar data collection methods have been successfully used previously to measure burnout in administrative staff in the health care sector, showing that this approach is feasible and effective.

2.4 Variables and measurement

The antecedents were administrative burden, wellness/employee assistance programs, supportive supervision, stress management training, work allocation flexibility, and administrative burnout (Khurana et al., 2025; Pazer, 2025). Admin work is also quantified based on a self-reported workload scale that measures the volume and complexity of tasks allocated to staff (Kuitunen et al., 2025). Employee wellness programs are rated on the existence and use of health promotion programs. Supervisor social support is measured with items that assess the extent that supervisory relationships are perceived as supportive (Erdogan et al., 2025). Stress management instruction is measured by availability and attendance at such programs (Chan et al., 2025; Peeters et al., 2025). Work autonomy and the degree of work schedule flexibility are two determinants of flexibility. Burnout will be measured using the Copenhagen Burnout Inventory, which is a well validated instrument in occupational health research.

2.5 Data analysis

Standard statistical analyses are conducted on SPSS. First, we calculate descriptive statistics to summarize the sample demographic characteristics. Inferential statistics such as multiple regression is used, after which, the relationships between the independent variables administrative workload, employee wellbeing programs, supervisor support, stress management training, work flexibility and the dependent variable Administrative staff burnout are considered. Work flexibility as a moderator is tested as interactions in the regression models. Such an analytic strategy is aligned with previous studies on burnout in administrative health-care personnel.

3. Result

3.1 Descriptive statistics of respondents

Table 3. The demographic profile of the respondents gives an overview of who the members of the administrative team in health care services sectors are. The majority of the sample was composed by female workers 70% of the sample; male workers: 30%, which may indicate that the administrative healthcare roles are predominantly occupied by women. The age structure also means this is generally the youngest to mid-career staff, 80% are 20–39 years, which may affect their ability to be open to workplace interventions and beliefs around stress management. In terms of job positions, most clerks (40%) were equally followed by secretaries (33.3%) and office managers (26.7%), which highlights a relatively proportional mean position of hierarchy within administration. The degree of work experience among staff was diverse, 53.3% had 5–10 years of working experience, 26.7% possessed more than 10 years, and 20% had less than 5 years, indicating the presence of both highly experienced and newer staff. This variation across gender, age, position, and experience levels contributes more completely to an understanding of the administrative workforce, bringing the study to account for a wider spectrum of the experience of workload, well-being, supervisory support, and burnout. Such demographic data is important for interpreting the later analyses, as it can moderate or confound the association between organizational factors and burnout outcomes, providing generalizability across different staff profiles (Rahmani et al., 2025).

3.2 Reliability and validity of measurement instruments

A reliability analysis with the measurement instruments was based on Cronbach's Alpha, which indicates the internal consistency of the scales used in this study, and the results are shown in Table 4. Reliability of all variables was acceptable with Cronbach's Alpha values between 0.845 and 0.901. Administrative load ($\alpha = 0.873$) and well-being employee programmes ($\alpha = 0.892$) have excellent reliability indicating that items consistently reflect the factor of perceived workload and participation in well-being programmes, respectively. The supervisor support, stress management training, and work flexibility scales showed good reliability ($\alpha = 0.859, 0.867, 0.845$ for each), meaning stable measurement over items while having good internal consistency. The reliability value of the burnout, as reflected by the administrative staff burnout ($\alpha = 0.901$), provided a clear evidence for the instrument reliability in measuring the level of burnout among the respondents. High Cronbach's Alpha scores for all constructs confirm validity of instruments for the measure of the relationship among workload, well-being program, supervisory support, stress management training, work flexibility and burnout. These findings guarantee that further performed analyses such as correlation, regression, and moderation tests are carried out on valid and reliable measurements, increasing the level of integrity of the results of the research. In conclusion, the instruments are appropriate for measuring the target constructs and are good starting points for investigating the factors that affect burnout among administrative staff.

3.3 Correlation analysis

Table 5 shows the Pearson correlation coefficients between administrative workload, employee well-being programs, supervisor support, stress management training, work flexibility, and administrative staff burnout, describing the magnitude and direction of the associations. Administrative workload had a strong positive correlation with burnout ($r = 0.55, p < 0.01$), such that an increased workload is related to higher levels of burnout among administrative staff. Inversely, employee well-being programs ($r = -0.48, p < 0.01$), supervisor support ($r = -0.46, p < 0.01$), and stress management training ($r = -0.44, p < 0.01$) showed moderate negative correlations with burnout, highlighting that these resources of organizational and individual support contribute to the alleviation of burnout. Work flexibility also showed a meaningful relationship with burnout ($r = -0.38, p < 0.05$), indicating that it served as a buffer against the detrimental effects of work-related stressors. Stronger positive associations drew on supportive influences of employee well-being programs, supervisor support, stress management training, and work flexibility (all at $= 0.36, p < 0.01$), which may work together to amplify resilience and well-being of employees. The relationships were found to be significant in this correlation matrix, which preliminary supports the hypothesized relations and guides the follow-up regression and moderation analyses to explore the direct and moderating effects of these variables on ADP staff burnout. Taken together, these results

highlight the need to consider workload in conjunction with organizational support and flexibility in work arrangements to effectively mitigate burnout risk.

3.4 Regression analysis direct effects

Table 6 shows the output from the multiple regression analysis evaluating the direct effects of administrative workload, employee well-being programs, supervisor support, and stress management training on burnout for administrative staff. Administrative load stood out as the only substantial positive predictor of burnout ($B = 0.412$, $\beta = 0.41$, $t = 4.85$, $p < 0.001$), supporting its positive relationship with burnout: firefighters who spend more time on administrative work are more likely to develop burnout syndrome. On the other hand, employee well-being programs ($B = -0.367$, $\beta = -0.354$, $t = -3.99$, $p < 0.001$), supervisor support ($B = -0.289$, $\beta = -0.275$, $t = -3.25$, $p = 0.002$), and stress management training ($B = -0.251$, $\beta = -0.241$, $t = -2.85$, $p = 0.005$) serve as statistically significant and negative predictors of for burnout, indicating that these interventions and supportive factors are effective at reducing burnout among administrative staff. The model accounted for 52% of the variance in burnout ($R^2 = .52$, $F(4,145) = 39.10$, $p < .001$), which represents a large fraction of burnout variance that is explained by these predictors. These findings provide confirmation of the importance of getting support, for individuals and at an organizational level, in tackling burnout, whilst also emphasizing the damaging consequence heavy workloads have. The large values of the beta coefficients and the p-values support the strength of these relationships and offer empirical support to the process of prioritizing the management of workload, employee wellness programmes, the supervisory support, and the stress management programmes, to improve the well-being of administrative employees. In general, these findings support the proposed direct effects of and provide a basis to investigate work flexibility as a moderator.

3.5 Moderation analysis work flexibility

Table 7 shows the moderation analysis of the influence of work flexibility on the links between main organizational variables and burnout among administrative staff. The interaction terms suggest that the effects of administrative workload, employee health programs, supervisor support, and stress management training on burnout are significantly moderated by work flexibility. More importantly, administrative workload = work flexibility interaction ($B = -0.142$, $\beta = -0.13$, $t = -2.63$, $p = 0.01$) indicates that higher flexibility weakens the positive effect of workload on burnout, offering employees more resources to cope with the stress process. Similarly, work flexibility amplifies protective effects of well-being programs for employees ($B = -0.118$, $\beta = -0.112$, $t = -2.31$, $p = 0.022$), supervisor support ($B = -0.105$, $\beta = -0.101$, $t = -2.14$, $p = 0.034$), and stress management training ($B = -0.097$, $\beta = -0.093$, $t = -2.02$, $p = 0.046$), suggesting that flexible work increases effectiveness of these interventions in reducing burnout. The model exhibits a moderate relative fit (R^2 change = 0.07, F change = 6.21, $p < 0.01$), indicating that work flexibility does make a meaningful contribution to the full model. These findings underscore the vital importance of flexibility at work for healthcare in administrative healthcare positions and indicate that the ability of staff to adapt their schedules or tasks may improve the resilience, decrease the risk of burnout, and increase organizational support systems.

3.6 Summary of hypotheses testing

Table 8 summarises the direct and moderation effects concerning the hypotheses testing on the burnout of administrative staff. The results reveal that administrative workload is a strong positive predictor of burnout ($\beta = 0.41$, $t = 4.85$, $p < 0.001$), thus supported that increased workload leads to burnout and emotional exhaustion in employees. On the other hand, employee well-being programs ($\beta = -0.354$, $t = -3.99$, $p < 0.001$), supervisor support ($\beta = -0.275$, $t = -3.25$, $p = 0.002$), and stress management training ($\beta = -0.241$, $t = -2.85$, $p = 0.005$) significantly reduce burnout, underscoring the protective effects of organizational and person-level interventions. The moderation analysis further showed that work flexibility moderate such effects: the interaction terms of workload, well-being programs, supervisor support, and stress management training with work flexibility were all found to have a significant negative coefficient (β ranging from -0.093 to -0.13, $p < 0.05$), indicating that flexible work arrangements attenuate the negative effects of workload and intensify the positive

effects of supportive measures. In sum, our results support the conclusion that both structural and interpersonal strategies are key to how burnout is handled and that additional demands (for example, whether workers can schedule their work themselves) affects the usefulness of these strategies. This thorough summary confirms all hypothesized relationships and provides strong empirical evidence for the proposed model, with implications for actionable strategies in organizational interventions for reducing burnout among healthcare administrators.

4. Discussion

4.1 Administrative workload and burnout

Based on the analysis, there was a significant positive correlation between administrative workloads and burnout for healthcare administrative force. This result is consistent with other studies which suggest that excessive paperwork can become a source of stress and burnout (Maslach & Leiter, 2016). Frequent administrative work pulls time away from patient care and is linked to higher job dissatisfaction and emotional exhaustion (Shanafelt et al., 2012). Such findings emphasize the importance of lessening the burden on staff of healthcare organisation by removing administrative tasks. Efficient administrative systems, lightening administrative responsibilities by passing on non-essential tasks, could also help reduce the administrative load and allow staff to concentrate more on patient care and other essential areas. Furthermore, adequate training and appropriate resources to address administrative duties well may also minimise the detrimental effect on staff welfare. Addressing the underlying drivers of administrative burden will help create a more supportive work environment and contribute to staff satisfaction and reduced risk of burnout.

4.2 Workplace health promotion programs as a protective factor

Well-being programs for employees were negatively associated with burnout, underscoring that interventions could also work as protective factors. This finding is in contrast to studies by West and colleagues. (2016) who demonstrated that well-being programs increase job satisfaction and decrease burnout. Introduction of health promotion programs among administrative staff may contribute to further developing resilience and reducing burnout (Kabat-Zinn, 2013). These results emphasize the role of investing in employee health to create a healthier working climate. Healthcare employers may want to provide holistic well-being programs that cater to all areas of employee health from personal trainers to mental health assistance. Offering resources like counseling, wellness courses, and fitness centers can motivate employees to be proactive about their wellness. By investing in employees' health, healthcare organizations can cultivate a more engaged and higher-performing workforce and in turn contribute to overall organization performance and patient care.

4.3 Supervisor support and its influence on burnout

Supervisor support was found to be a significant negative predictor of burnout. The result supports the claims of Leiter and Maslach (2009) that supportive leadership reduces burnout. Supervisors' supportive role including information, appreciation, and emotional support can act as a filter against job stressors, with an offset effect of an individual's burnout (Acker, 2012). Accordingly, the implication of training supervisors on supportive behavior is an effective strategy in overcoming burnout in this study. Developing leadership programs which include communication skills, empathy and conflict-resolution could provide supervisors with the materials to have effective team support. Moreover, establishing an environment of free flow of information and continued feedback can enhance the relationship between the supervisor and staff, thus enhancing trust and cooperation. Healthcare organizations can cultivate a culture of supportiveness through investment in leadership development, which can promote healthier staff and lower rates of burnout.

4.4 Stress management training

Stress management training had negative impact on burnout and proves to be an intervention. This is consistent with Richardson and Rothstein's (2008) work which showed that stress management programs are effective in the decrease of burnout symptoms. Strategies such as mindfulness, relaxation skills, time

management skills among others can be used by staff to manage stressors and thereby lessen burnout (Kabat-Zinn, 2013). Such training programs should be promoted in healthcare organizations to promote staff well-being. Conducting ongoing stress management courses and workshops can furnish employees with techniques to prevent their own stress. And by incorporating stress management techniques into everyday schedules and corporate culture that foster well being (Galanti & Toscano, 2024). By placing an emphasis on stress management, companies can equip their employees with the ability to deal with the kinds of issues that come up on the job in a more productive way, resulting in increased career satisfaction and fewer cases of burnout.

4.5 Moderating effect of work flexibility

Flexibility at work was found to be a major moderator in the association between a number of variables and burnout. This result is agreement with the research of Allen and co-worker [10]. (2013), who suggest that flexible work schedules may contribute to less stress exposure and burnout. Further, flexibility helps employees to cope with work-life balance, increases job satisfaction and decreases burnout (Hill, Thompson, & Ettorki, 2008). Organizations in the healthcare field could potentially provide job flexibility to help their staff maintain their wellness. 4) Flexible working policies Flexible working hours, remote working and job sharing can give employees more of a say over when they work. Finally, a work life balance culture can contribute to employee engagement and retention. By adopting flexible work, companies can build a more agile and robust workforce that is better prepared to meet the needs in a healthcare setting.

4.6 Implications for Healthcare Organizations

The results of this study have a number of implications for healthcare administrators. First, by lessening the administrative burden, stress can be reduced, burnout can be prevented. Second, promoting employee well-being may act as a buffer against burnout. One such approach could be to train supervisors to provide support against job stressors. Fourth, first aid may contain stress management training that can give co-workers instruments in order to manage stress. Finally, flexibility in work can promote work-life balance and also reduce burnout. Healthcare organizations can promote a healthy work environment by implementing these strategies, ultimately resulting in healthier staff and better patient outcomes. In addition, the interventions should be monitored for effectiveness and modified as necessary to adapt to the changing needs of staff. Involving staff in designing and appraising well-being initiatives allows staff to feel part of the service, responsible and committed to its success. By focusing on the broader aspects of employee wellness, healthcare leaders can establish a the supportive working environment that is needed to ensure success over the long term.

5. Conclusion

This study offers holistic understanding to the determinants of burnout among healthcare administrative staff and stresses the importance of organizational interventions to address the problem. Results Administrative work load predicts burnout, whereas programs to promote employee health, supervisor support, and stress management training are protective and combine to reduce those at high burnout levels. Work flexibility also moderated the relationship between these factors and burnout, which can mean that by providing flexible work option, likely these factors are more potent in interventions for staff well-being. The findings stress the need to adopt an integrated risk control approach that target workload management and supportive leadership, as well as overall well-being and stress coping. Through the development and application of such integrated approach, health care organizations can build a healthier, more satisfied work force and thereby improve overall organizational performance. Additionally, the research adds to the international literature on burnout dynamics in health care administration, providing data-driven guidance to policy makers and practitioners interested in enhancing workforce well-being. The present results can be further developed by examining other potential moderators and mediators, long-term effects, and testing the generalize ability of these findings to other health care settings. In general, this study highlights the importance of organizational efforts to prevent individual burnout, promote employees' health and maintain high quality administrative performances in the healthcare industry.

Availability of data

The datasets generated and analyzed during the current study are available from the corresponding author upon reasonable request. All data were collected and processed in accordance with institutional and ethical guidelines for research involving human participants.

Author contributions

Indah Sri Astuti conceptualized the study, developed the research design, and supervised data collection. Onnie Wira Tama conducted the data analysis, contributed to interpretation, and drafted the manuscript. Both authors reviewed, edited, and approved the final version of the manuscript.

Generative AI use

No generative artificial intelligence tools were used in the development, analysis, or writing of this manuscript. All contents reflect the authors' original intellectual contributions.

Conflict of interest statement

The authors declare that there are no known financial, professional, or personal conflicts of interest that could have influenced the research reported in this paper.

Acknowledgements

The authors would like to thank the administrative staff and participants of Universitas Muhammadiyah Surakarta hospitals for their valuable time and insights. Appreciation is also extended to the Faculty of Health Sciences for their institutional support in completing this study.

Appendix data table research

Table 1. Professional positions in healthcare administration

Role	Description
Administrative Clerk	Manages patient records and appointments
Medical Secretary	Coordinates communication between departments
Office Manager	Oversees administrative operations
Data Analyst	Analyzes healthcare data for reporting

Table 2. measurement scales

Variable	Measurement Instrument
Administrative Workload	Custom-developed scale assessing task volume and complexity
Employee Well-being Programs	Survey items evaluating availability and participation
Supervisor Support	Scale measuring perceived supportiveness
Stress Management Training	Questionnaire assessing participation and effectiveness
Work Flexibility	Items evaluating autonomy and adaptability
Administrative Staff Burnout	Copenhagen Burnout Inventory

Table 3. Demographic Characteristics of Respondents

Characteristic	Frequency (n)	Percentage (%)
Gender		
- Male	45	30
- Female	105	70
Age		
- 20-29	50	33.3
- 30-39	70	46.7
- 40-49	30	20

Position		
- Clerk	60	40
- Secretary	50	33.3
- Office Manager	40	26.7
Work Experience (Years)		
- <5	30	20
- 5-10	80	53.3
- >10	40	26.7

Table 4. reliability analysis (Cronbach' s Alpha)

Variable	Number of Items	Cronbach' s Alpha	Interpretation
Administrative Workload	5	0.873	Excellent
Employee Well-being Programs	5	0.892	Excellent
Supervisor Support	4	0.859	Good
Stress Management Training	4	0.867	Good
Work Flexibility	3	0.845	Good
Administrative Staff Burnout	6	0.901	Excellent

Table 5. Pearson Correlation among Variables

Variable	1	2	3	4	5	6
Administrative Workload	1					
Employee Well-being Programs	-0.42**	1				
Supervisor Support	-0.35**	0.48**	1			
Stress Management Training	-0.30**	0.45**	0.39**	1		
Work Flexibility	-0.25*	0.40**	0.42**	0.36**	1	
Administrative Staff Burnout	0.55**	-0.48**	-0.46**	-0.44**	-0.38**	1

Table 6. Multiple Regression Results for Burnout

Predictor Variable	B	SE	Beta	t	p
Administrative Workload	0.412	0.085	0.41	4.85	<0.001
Employee Well-being Programs	-0.367	0.092	-0.354	-3.99	<0.001
Supervisor Support	-0.289	0.089	-0.275	-3.25	0.002
Stress Management Training	-0.251	0.088	-0.241	-2.85	0.005
R ² = 0.52, F(4,145)=39.10, p<0.001					

Table 7. Moderating Effect of Work Flexibility

Predictor	Interaction Term (B)	SE	Beta	t	p
Administrative Workload × Work Flexibility	-0.142	0.054	-0.13	-2.63	0.01
Employee Well-being Programs × Work Flexibility	-0.118	0.051	-0.112	-2.31	0.022
Supervisor Support × Work Flexibility	-0.105	0.049	-0.101	-2.14	0.034
Stress Management Training × Work Flexibility	-0.097	0.048	-0.093	-2.02	0.046
R ² change = 0.07, F change = 6.21, p<0.01					

Table 8. Hypotheses Testing Summary

Relationship Tested	Beta	t-value	p-value	Result
Administrative workload → Burnout	0.41	4.85	<0.001	Supported
Employee well-being programs → Burnout	-0.354	-3.99	<0.001	Supported
Supervisor support → Burnout	-0.275	-3.25	0.002	Supported
Stress management training → Burnout	-0.241	-2.85	0.005	Supported
Administrative workload × Work Flexibility → Burnout	-0.13	-2.63	0.01	Supported
Employee well-being programs × Work Flexibility → Burnout	-0.112	-2.31	0.022	Supported
Supervisor support × Work Flexibility → Burnout	-0.101	-2.14	0.034	Supported
Stress management training × Work Flexibility → Burnout	-0.093	-2.02	0.046	Supported

References

- Alenezi, A. M., Aboshaiqah, A., & Baker, O. (2018). Work-related stress among nursing staff working in government hospitals and primary health care centres. *International Journal of Nursing Practice*, 24(5), e12676. <https://doi.org/https://doi.org/10.1111/ijn.12676>
- Ali, Z., & Mehreen, A. (2026). Dare to hide! How and when do career shocks promote individual knowledge hiding at work? *International Journal of Hospitality Management*, 133, 104421. <https://doi.org/https://doi.org/10.1016/j.ijhm.2025.104421>
- Atingabili, S., Chen, H., Arboh, F., Mensah, I. A., Kewou, N. Y. N., & Maalisuo, B. S. (2025). Exposure to workplace bullying and nurses' turnover intentions nexus: a moderation-mediation analysis. *BMC Psychology*, 13(1), 671. <https://doi.org/10.1186/s40359-025-03008-0>
- Avanzi, L., Fraccaroli, F., Castelli, L., Marcionetti, J., Crescentini, A., Balducci, C., & van Dick, R. (2018). How to mobilize social support against workload and burnout: The role of organizational identification. *Teaching and Teacher Education*, 69, 154–167. <https://doi.org/https://doi.org/10.1016/j.tate.2017.10.001>
- Cabarkapa, S., Nadjidai, S. E., Murgier, J., & Ng, C. H. (2020). The psychological impact of COVID-19 and other viral epidemics on frontline healthcare workers and ways to address it: A rapid systematic review. *Brain, Behavior, & Immunity - Health*, 8, 100144. <https://doi.org/https://doi.org/10.1016/j.bbih.2020.100144>
- Cauley, M. R., Berry, A. E., Porta, C. M., Apple, R. K., Kripalani, S., Linzer, M., O' Brien, E. C., Rothman, R. L., & Roumie, C. L. (2025). Learning Health System study designs for the evaluation of workforce interventions to cultivate eudaimonia (flourishing). *Learning Health Systems*, n/a(n/a), e70022. <https://doi.org/https://doi.org/10.1002/lrh2.70022>
- Chan, A. W.-Y., Leigh, T.-N., Böke, B. N., Wang, H., So, C.-N., & Heath, N. (2025). Evaluation of a Wellness Programme for Preservice Teachers in Hong Kong: Promoting Educational Excellence Through Resilience to Stress (PEERS). *European Journal of Education*, 60(1), e70018. <https://doi.org/https://doi.org/10.1111/ejed.70018>
- Choi, H.-M., Mohammad, A. A. A., & Kim, W. G. (2019). Understanding hotel frontline employees' emotional intelligence, emotional labor, job stress, coping strategies and burnout. *International Journal of Hospitality Management*, 82, 199–208. <https://doi.org/https://doi.org/10.1016/j.ijhm.2019.05.002>
- Di Mario, S., Rollo, E., Gabellini, S., & Filomeno, L. (2024). How Stress and Burnout Impact the Quality of Life Amongst Healthcare Students: An Integrative Review of the Literature. *Teaching and Learning in Nursing*, 19(4), 315–323. <https://doi.org/https://doi.org/10.1016/j.teln.2024.04.009>
- Dyrbye, L. N., Major-Elechi, B., Hays, J. T., Fraser, C. H., Buskirk, S. J., & West, C. P. (2020). Relationship Between Organizational Leadership and Health Care Employee Burnout and Satisfaction. *Mayo Clinic Proceedings*, 95(4), 698–708. <https://doi.org/https://doi.org/10.1016/j.mayocp.2019.10.041>
- Erdogan, B., Kudret, S., Champion, E. D., Bauer, T. N., McCarthy, J., & Cheng, B. H. (2025). Under Pressure: Employee Work Stress, Supervisory Mentoring Support, and Employee Career Success. *Personnel Psychology*, 78(1), 123–144. <https://doi.org/https://doi.org/10.1111/peps.12662>
- Galanti, T., & Toscano, F. (2024). Chapter 42 - New strategies for psychological well-being at work (R. Rajendram, V. R. Preedy, V. B. Patel, & C. R. B. T.-L. N. and B. in C.-19 Martin (eds.); pp. 481–492). Academic Press. <https://doi.org/https://doi.org/10.1016/B978-0-323-95650-5.00043-4>
- Greenglass, E. R., Burke, R. J., & Moore, K. A. (2003). Reactions to Increased Workload: Effects on Professional Efficacy of Nurses. *Applied Psychology*, 52(4), 580–597. <https://doi.org/https://doi.org/10.1111/1464-0597.00152>
- Hlado, P., Juhaňák, L., & Harvankova, K. (2025). The roles of burnout, self-rated health, and teacher self-efficacy in fostering perceived teacher work ability. *Humanities and Social Sciences Communications*, 12(1), 1263. <https://doi.org/10.1057/s41599-025-05603-3>

- Hlado, P., Lintner, T., Juhaňák, L., & Harvankova, K. (2025). Bidirectional relationship between burnout and perceived work ability: Evidence from a two-wave study among teachers. *Applied Psychology: Health and Well-Being*, 17(5), e70075. <https://doi.org/https://doi.org/10.1111/aphw.70075>
- Huffman, E. M., Athanasiadis, D. I., Anton, N. E., Haskett, L. A., Doster, D. L., Stefanidis, D., & Lee, N. K. (2021). How resilient is your team? Exploring healthcare providers' well-being during the COVID-19 pandemic. *The American Journal of Surgery*, 221(2), 277–284. <https://doi.org/https://doi.org/10.1016/j.amjsurg.2020.09.005>
- Hurtado, D. A., Boyd, J., Madjlesi, R., Greenspan, S. A., Ezekiel-Herrera, D., Potgieter, G., Hammer, L. B., Everson, T., & Lenhart, A. (2024). The Work-life Check-ins randomized controlled trial: A leader-based adaptive, semi-structured burnout intervention in primary care clinics. *Contemporary Clinical Trials*, 143, 107609. <https://doi.org/https://doi.org/10.1016/j.cct.2024.107609>
- Hwang, S., Kwon, K. T., Lee, S. H., Kim, S.-W., Chang, H.-H., Kim, Y., Bae, S., Cheong, H. S., Park, S. Y., Kim, B., Lee, S., Park, J., Heo, S. T., Oh, W. S., Kim, Y., Park, K.-H., Kang, C. K., Oh, N., Lim, S. J., ... Lee, J. (2023). Correlates of burnout among healthcare workers during the COVID-19 pandemic in South Korea. *Scientific Reports*, 13(1), 3360. <https://doi.org/10.1038/s41598-023-30372-x>
- Jalili, M., Niroomand, M., Hadavand, F., Zeinali, K., & Fotouhi, A. (2021). Burnout among healthcare professionals during COVID-19 pandemic: a cross-sectional study. *International Archives of Occupational and Environmental Health*, 94(6), 1345–1352. <https://doi.org/10.1007/s00420-021-01695-x>
- Khurana, P., Binti Raja Ibrahim, R. Z. A., Omar, K., & Ahmad, A. B. (2025). Frontline mental resilience: Lessons learned from the pandemic experience. *Australasian Emergency Care*. <https://doi.org/https://doi.org/10.1016/j.auec.2025.09.002>
- Kuitunen, S., Saksa, M., & Holmström, A.-R. (2025). Contributing factors of pediatric medication errors involving high-alert medications: A qualitative content analysis of self-reported medication safety incidents. *Research in Social and Administrative Pharmacy*. <https://doi.org/https://doi.org/10.1016/j.sapharm.2025.09.002>
- Landsbergis, P. A. (1988). Occupational stress among health care workers: A test of the job demands-control model. *Journal of Organizational Behavior*, 9(3), 217–239. <https://doi.org/10.1002/job.4030090303>
- Lee, J. (Jay), & Ok, C. (2012). Reducing burnout and enhancing job satisfaction: Critical role of hotel employees' emotional intelligence and emotional labor. *International Journal of Hospitality Management*, 31(4), 1101–1112. <https://doi.org/https://doi.org/10.1016/j.ijhm.2012.01.007>
- Liu, L., Li, K., Yue, L., & Arshad, M. Z. (2025). Burnout and leadership in special education: A sustainable approach through the Lens of SDG 3 and SDG 4. *Acta Psychologica*, 259, 105421. <https://doi.org/https://doi.org/10.1016/j.actpsy.2025.105421>
- Man, B., Ravichandran, C., Panchal, J., Zacharia, S., Ravi Kumar, P., & Nair, V. V. (2025). Is there an elephant in the Room? Burnout in orthopaedic training: A scoping review. *Journal of Clinical Orthopaedics and Trauma*, 68, 103077. <https://doi.org/https://doi.org/10.1016/j.jcot.2025.103077>
- Müller, Michal, & Kubátová, Jaroslava. (2025). A systematic review of managerial burnout and personal crisis: Navigating the interplay of individual, organizational, and environmental factors. *German Journal of Human Resource Management*, 23970022251315650. <https://doi.org/10.1177/23970022251315650>
- Obeng, H. A., Atan, T., & Arhinful, R. (2025). Exploring organizational politics, psychological well-being, work-life balance, and turnover intentions in Ghanaian hospitals: a conservation of resource theory perspective. *BMC Health Services Research*, 25(1), 1053. <https://doi.org/10.1186/s12913-025-13056-2>
- Pazer, S. (2025). Psychological Burdens of Social Work Professionals: A Critical Analysis Within the German Welfare System. *Health & Social Care in the Community*, 2025(1), 6624474. <https://doi.org/https://doi.org/10.1155/hsc/6624474>
- Pearson, A., Pallas, L. O., Thomson, D., Doucette, E., Tucker, D., Wiechula, R., Long, L., Porritt, K., & Jordan, Z. (2006).

Systematic review of evidence on the impact of nursing workload and staffing on establishing healthy work environments. *International Journal of Evidence-Based Healthcare*, 4(4), 337–384. <https://doi.org/https://doi.org/10.1111/j.1479-6988.2006.00055.x>

- Peeters, M., Braakhekke, E., Kesselring, M., Wijsbroek, S., Schramel, I., Putter, I., Klaassen, E., Groenendijk, J., Sieffers, N., de Wildt, S., & Kleinjan, M. (2025). Understanding and tackling academic stress and school attendance problems within the school system; a co-creation approach. *Mental Health & Prevention*, 37, 200388. <https://doi.org/https://doi.org/10.1016/j.mhp.2024.200388>
- Poulin, P. A., Mackenzie, C. S., Soloway, G., & Karayolas, E. (2008). Mindfulness training as an evidenced-based approach to reducing stress and promoting well-being among human services professionals. *International Journal of Health Promotion and Education*, 46(2), 72–80. <https://doi.org/10.1080/14635240.2008.10708132>
- Rahmani, V., Marsh, V. L., Aliafsari Mamaghani, E., Soleimani, A., Alizadeh, M., Zadi, O., & Aghazadeh, N. (2025). Mental fatigue of operating room nurses and its relationship with missed perioperative nursing care: a descriptive-analytical study. *BMC Research Notes*, 18(1), 302. <https://doi.org/10.1186/s13104-025-07380-3>
- Rotenstein, L. S., Hendrix, N., Phillips, R. L., & Adler-Milstein, J. (2024). Team and Electronic Health Record Features and Burnout Among Family Physicians. *JAMA Network Open*, 7(11), 1–13. <https://doi.org/10.1001/jamanetworkopen.2024.42687>
- Shanafelt, T. D., & Noseworthy, J. H. (2017). Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. *Mayo Clinic Proceedings*, 92(1), 129–146. <https://doi.org/https://doi.org/10.1016/j.mayocp.2016.10.004>
- Su, S., Ou, Y., & Liao, Y. (2025). The association between perceived student gratitude and teacher family role performance: A moderated mediation model. *Acta Psychologica*, 252, 104676. <https://doi.org/https://doi.org/10.1016/j.actpsy.2024.104676>
- Tan, K. H. C., Lee, S. E., & Tham, K. W. (2025). Developing a residential well-being framework: A holistic approach integrating the residential environment and Maslow's hierarchy of needs. *Building and Environment*, 285, 113552. <https://doi.org/https://doi.org/10.1016/j.buildenv.2025.113552>
- van Erp, K. J. P. M., Gevers, J. M. P., Rispen, S., & Demerouti, E. (2018). Empowering public service workers to face bystander conflict: Enhancing resources through a training intervention. *Journal of Occupational and Organizational Psychology*, 91(1), 84–109. <https://doi.org/https://doi.org/10.1111/joop.12190>
- Weigl, M., Stab, N., Herms, I., Angerer, P., Hacker, W., & Glaser, J. (2016). The associations of supervisor support and work overload with burnout and depression: a cross-sectional study in two nursing settings. *Journal of Advanced Nursing*, 72(8), 1774–1788. <https://doi.org/https://doi.org/10.1111/jan.12948>
- West, C. P., Dyrbye, L. N., & Shanafelt, T. D. (2018). Physician burnout: contributors, consequences and solutions. *Journal of Internal Medicine*, 283(6), 516–529. <https://doi.org/https://doi.org/10.1111/joim.12752>
- Zheng, J., Geng, Y., Wu, S., Gao, J., & Liu, C. (2025). Positive emotional demands and psychological distance between teachers and students affect teachers' work engagement in universities. *Scientific Reports*, 15(1), 9728. <https://doi.org/10.1038/s41598-025-94155-2>
- Zhou, T., Xu, C., Wang, C., Sha, S., Wang, Z., Zhou, Y., Zhang, X., Hu, D., Liu, Y., Tian, T., Liang, S., Zhou, L., & Wang, Q. (2022). Burnout and well-being of healthcare workers in the post-pandemic period of COVID-19: a perspective from the job demands-resources model. *BMC Health Services Research*, 22(1), 284. <https://doi.org/10.1186/s12913-022-07608-z>