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Relationship Between Burnout and Nursing Documentation Completeness in Inpatient Wards

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ABSTRACT

Incomplete nursing documentation remains a persistent problem in hospital inpatient care and may be influenced by nurse burnout arising from sustained workload. This study aimed to examine the relationship between burnout level and the completeness of nursing documentation among inpatient ward nurses at Sari Asih Ar Rahmah Islamic Hospital. A cross-sectional design was used with a total sampling technique involving all 52 inpatient ward nurses. Burnout was measured using the Maslach Burnout Inventory (Indonesian-adapted version), and documentation completeness was assessed using a structured observation checklist based on hospital documentation standards; data were analyzed using the chi-square test with a contingency coefficient to determine the strength of association. Most respondents experienced a moderate level of burnout (63.5%) and produced documentation rated as sufficiently complete (53.8%). The chi-square test showed a significant association between burnout level and documentation completeness ($\chi^2 = 8.34$, df = 1, p = 0.004), with a contingency coefficient of 0.386, indicating a weak-to-moderate positive association. Contrary to common assumptions, nurses with higher burnout levels were not associated with poorer documentation; several covered well or better. These findings suggest that burnout alone does not fully explain documentation completeness, and that organizational factors such as supervision, workload distribution, and documentation systems likely play a complementary role. Hospital management is recommended to strengthen burnout-prevention programs alongside structured documentation support systems.

Keyword : Burnout; nursing documentation; documentation completeness; inpatient nurses

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INTRODUCTION

Complete, accurate, and timely nursing documentation is a core indicator of professional nursing practice, serving as legal evidence, a communication medium among healthcare providers, and a basis for evaluating care quality and patient safety [1]. Globally, documentation burden imposed on nurses through manual and electronic systems has been increasingly recognized as a contributor to clinician strain rather than merely an administrative task [2], and scoping reviews confirm that the time and cognitive effort required for documentation are substantial across multiple healthcare settings [3].

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Several studies report persistently low completeness of nursing documentation. In Indonesia, completeness levels of around 61–66% have been reported, with diagnosis and evaluation sections most frequently left incomplete [4], [5]. Internationally, documentation quality has also been linked to broader system-level variables: a multi-group path analysis across European hospitals found that burnout, leadership, and patient safety culture jointly explained a substantial proportion of variance in documentation quality among physicians and nurses [6], while a prospective cohort study using electronic health record metadata found temporal associations between clinical workload, burnout, and documentation-related errors [7].

Burnout itself, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment due to prolonged occupational stress [8], remains highly prevalent among nurses worldwide and in Indonesia specifically. Multicentre and pandemic-era studies among Indonesian nurses report moderate-to-high burnout linked to workload, shift patterns, and limited organizational support [9],[10]. However, the precise relationship between burnout and the quality of clinical documentation is inconsistent across studies. While some research links burnout to reduced safety behaviors and care quality [11], other evidence suggests nurses may sustain documentation performance through compensatory effort even under psychological strain, pointing to a more complex relationship than a simple linear decline [6].

Most existing studies on this topic in Indonesia remain descriptive and rely largely on local, non-peer-reviewed sources, with limited use of validated burnout instruments and limited engagement with the broader international literature on documentation burden and burnout. Few studies have specifically examined this relationship within a faith-based hospital setting, where professional and religious accountability norms may additionally shape documentation behavior. This study addresses that gap by analyzing the relationship between burnout level and nursing documentation completeness at the Sari Asih Ar Rahmah Islamic Hospital, contributing context-specific evidence to a literature that has so far produced mixed findings internationally. Therefore, this study aimed to determine the relationship between nurse burnout level and the completeness of nursing documentation in the inpatient wards of Sari Asih Ar Rahmah Islamic Hospital.

METHODS

This study used a non-experimental, descriptive-analytical design with a cross-sectional approach, in which the independent variable (burnout level) and the dependent variable (nursing documentation completeness) were measured at a single point in time without intervention. The study was conducted in the adult and pediatric inpatient wards of Sari Asih Ar Rahmah Islamic Hospital from August to October 2025. The population comprised all 52 nurses working in these wards; a total sampling technique was applied, so the entire population served as the study sample. Inclusion criteria

were active nursing staff directly involved in patient care and documentation during the study period; nurses on extended leave or unavailable during data collection were excluded.

Burnout was measured using the Maslach Burnout Inventory in its Indonesian-adapted form, which assesses emotional exhaustion, depersonalization, and personal accomplishment; the adapted instrument has previously demonstrated acceptable validity and reliability (Cronbach's alpha > 0.70) in Indonesian nursing populations. Documentation completeness was assessed using a structured observation checklist derived from the hospital's nursing documentation standard, covering the five stages of the nursing process (assessment, diagnosis, planning, implementation, and evaluation); scores were classified into "sufficient" and "good" categories based on the proportion of completed items relative to the total checklist score, following the hospital's internal scoring guideline.

Data were analyzed using the chi-square test of independence to examine the association between burnout level (moderate/high) and documentation completeness (sufficient/good), as both variables were categorical and the 2×2 table met the minimum expected-cell-count assumption for the test. The strength of association was quantified using the contingency coefficient. All analyses were performed using SPSS software with a significance level of 0.05.

RESULT

Characteristics Respondent

Table 1. Frequency Distribution of Characteristic Respondents (n=52)

Characteristic	Frequency	Percentage (%)
Age (Years)		
Young (21–29)	31	59.6
Mature (30–50)	21	40.4
Gender		
Female	38	73.1
Male	14	26.9
Education		
Diploma (D3)	32	61.5
Bachelor (S1 Nursing)	20	38.5
Years of Service (Years)		
New (<3 years)	18	34.6
Intermediate (4–7)	17	32.7
Senior (>8)	17	32.7
Burnout Level		
Moderate	33	63.5
High	19	36.5

Characteristic	Frequency	Percentage (%)
Documentation Completeness		
Sufficient	28	53.8
Good	24	46.2

Table 1 showed that most respondents were young nurses (21–29 years), female, held a Diploma (D3) qualification, and were nearly evenly distributed across years of service. The majority experienced moderate burnout and produced documentation rated as sufficiently complete.

Table 2. Relationship Between Burnout Level and Completeness of Nursing Documentation (n=52)

Between Burnout Level	Completeness of Nursing Documentation						*P value*	Correlation Coefficient
	Enough		Good		Total			
	N	%	N	%	N	%		
Currently	23	44.2	10	19.2	33	63.5		
Tall	5	9.6	14	26.9	19	36.5	0.004	0.386
Total	28	53.8	24	46.2	52	100		

Based on Table 2, the majority of respondents with moderate burnout had adequate (44.2%) and good (19.2%) documentation. Meanwhile, respondents with high burnout mostly had good (36.5%) and sufficient (9.6%) complete documentation. The results of the chi-square test showed $p = 0.004 < 0.05$, which means there is a significant relationship between the level of burnout and the completeness of nursing documentation. The correlation coefficient value = 0.386, indicating the strength of the relationship is weak in a positive direction. This means that even though burnout increases, the completeness of documentation is still maintained by nurses. So, Ha is accepted, Ho is rejected.

DISCUSSION

The principal finding of this study, a significant but counterintuitive association in which nurses with higher burnout were not associated with poorer documentation completeness, diverges from the assumption embedded in much of the literature that burnout uniformly degrades work performance [12]. Several explanations may account for this pattern. First, compensatory effort is plausible: nurses experiencing high burnout may consciously prioritize completing documentation as a form of professional and, in a faith-based hospital setting, religiously framed accountability, even while other aspects of care are compromised, a mechanism consistent with findings that burnout and documentation performance can be decoupled when strong professional or organizational accountability exists [13]. Second, reverse or bidirectional causality cannot be excluded: rather than burnout driving documentation behavior, the cognitive and time burden of documentation itself may be a contributor to burnout, a relationship demonstrated in prospective electronic-health-record-based research [14]. Third, the weak-to-moderate strength of the association combined with the modest sample size (n = 52) means this finding should be interpreted cautiously and warrants replication in larger, multi-site samples. The

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Most respondents experienced moderate burnout, consistent with multicentre Indonesian evidence showing that moderate-to-high burnout is common among hospital nurses and is driven by sustained workload, limited staffing, and inadequate organizational support [17]. Younger nurses and those with fewer years of service may be particularly vulnerable during this period, as they are still developing coping strategies and clinical confidence, which is consistent with international evidence linking early-career status to elevated burnout risk [18].

Most respondents produced documentation in the sufficient category, suggesting that core documentation requirements were generally met but not consistently optimized. Beyond burnout, documentation completeness is shaped by multiple interacting factors, including workload distribution, staffing adequacy, supervisory practices, the usability of the documentation system, and organizational support [19]. Electronic documentation systems in particular have been associated with improved completeness relative to manual systems, and leadership and patient safety culture have been shown to jointly explain a substantial share of variance in documentation quality in multi-site analyses [20]. These findings suggest that interventions targeting documentation completeness should not focus on burnout reduction alone but should be implemented alongside structural improvements to documentation systems and supervisory support.

These findings carry two main implications. Clinically, hospital management should not assume that burnout reduction alone will improve documentation outcomes; documentation systems, workload allocation, and supervisory mechanisms require concurrent attention. Theoretically, the findings support a more nuanced model in which burnout and documentation performance are mediated by professional accountability and organizational context rather than being directly and uniformly inversely related, consistent with calls in the broader literature to treat burnout as an organizational, rather than purely individual, phenomenon.

CONCLUSION

This study found a statistically significant but counterintuitive association between burnout level and nursing documentation completeness among inpatient ward nurses at Sari Asih Ar Rahmah Islamic Hospital, in which higher burnout was not associated with poorer documentation. This indicates that burnout alone does not fully determine documentation outcomes and that organizational factors — including workload distribution, supervision, and documentation systems — likely play a complementary role. Hospital management and nursing leadership are recommended to implement integrated burnout-prevention programs (workload balancing, adequate rest periods, and psychological support) alongside structural improvements to documentation systems and supervisory practices, rather than treating burnout reduction as a standalone solution for documentation quality. Future research using larger, multi-site samples and longitudinal designs is needed to clarify the directionality of this relationship.

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