e-issn: 3125-0815

THE MEDIATING ROLE OF BURNOUT IN THE RELATIONSHIP BETWEEN COMPENSATION AND SERVICE QUALITY AT KABUH COMMUNITY HEALTH CENTER

Nisfu Laily Shofiatujidda[1]

Wisnu Mahendri[2*]
Universitas KH. A. Wahab Hasbullah[1,2]

Emmanuel E. Uye[3]
University of Ibadan

email*: wisnumahendri@gmail.com
(*) Corresponding Author

Histori Manuskrip		
submit	*review*	*recepted*
29 Mei 2026	30 Mei 2026	4 Juni 2026

Abstract
This study examines the effect of compensation on service quality at Puskesmas Kabuh, Jombang, by testing burnout as a mediating variable. Using a quantitative explanatory research design with cross-sectional approach, the sample comprised permanent and contract employees selected through purposive sampling. Data were collected using Likert scale questionnaires and analyzed using PLS-SEM. The findings revealed that compensation has a significant positive effect on burnout, yet the direct effect of compensation on service quality is not significant. Conversely, burnout has a significant positive effect on service quality. Burnout fully mediates the effect of compensation on service quality with a significant mediation effect. The research model explains a substantial proportion of service quality variation. These findings suggest that service quality at Puskesmas Kabuh is currently maintained through unsustainable psychological sacrifice of employees, necessitating management to develop workload management and psychological support programs alongside compensation improvements.
Keywords: Burnout, Compensation, Primary Health Center, Service Quality

Abstrak
Penelitian ini mengkaji pengaruh kompensasi terhadap kualitas layanan di Puskesmas Kabuh, Jombang, dengan menguji peran burnout sebagai variabel mediasi. Menggunakan desain penelitian eksplanatori kuantitatif dengan pendekatan cross-sectional, sampel penelitian mencakup pegawai tetap dan kontrak yang dipilih melalui purposive sampling. Data dikumpulkan menggunakan kuesioner skala Likert dan dianalisis dengan PLS-SEM. Hasil penelitian menunjukkan bahwa kompensasi berpengaruh positif signifikan terhadap burnout,

namun pengaruh langsung kompensasi terhadap kualitas layanan tidak signifikan. Sebaliknya, burnout berpengaruh positif signifikan terhadap kualitas layanan. Burnout memediasi penuh pengaruh kompensasi terhadap kualitas layanan dengan efek mediasi yang signifikan. Model penelitian mampu menjelaskan proporsi substansial dari variasi kualitas layanan. Temuan mengindikasikan bahwa kualitas layanan di Puskesmas Kabuh saat ini dipertahankan melalui pengorbanan psikologis pegawai yang tidak berkelanjutan, sehingga manajemen perlu mengembangkan program manajemen beban kerja dan dukungan psikologis selain meningkatkan kompensasi.
Kata Kunci: Burnout, Kompensasi, Kualitas Layanan, Puskesmas

A. Introduction

Community Health Centers are primary healthcare facilities that play an essential role in providing basic health services to the community. The quality of services delivered by a Community Health Center is determined not only by the availability of facilities, work procedures, and administrative systems, but also by the condition of the human resources who directly provide healthcare services. Community Health Center employees face diverse service demands, ranging from curative, promotive, preventive, and administrative services to community-based healthcare activities. These circumstances position service quality as an important issue that needs to be examined through both organizational factors and the psychological conditions of employees (Putri, 2019b).

Several previous studies have confirmed the relationship between compensation and service quality. Sukawati (2016) found that compensation significantly influences the quality of public services in the Health Department. Similar findings were reported by Eriswanto and Sudarma (2017) and Haryanto et al. (2018), indicating that compensation is positively associated with the quality of healthcare services. However, other studies suggest that this influence is not always direct. Safitri and Nugroho (2020), in their study of Community Health Centers, found that when employees' psychological well-being was taken into account, the direct effect of compensation on service quality became insignificant. This finding indicates the need to explore mediating variables that may bridge these two constructs.

Burnout has consistently been shown to impair service quality. Poghosyan et al. (2010), in a cross-national study involving nurses, demonstrated that higher levels of burnout were associated with lower perceptions of the quality of care provided. A study conducted in Indonesia by Rahmawati et al. (2021) found that burnout among Community Health Center employees negatively affected patient satisfaction. The detrimental effects of burnout on professional

performance and service outcomes have also been documented in previous studies (Halbesleben & Rathert, 2008; Maslach & Leiter, 2016). Emotional exhaustion and depersonalization experienced by employees hinder empathetic and careful interactions with patients, thereby reducing the quality of services received by the community.

With regard to its antecedents, compensation is considered one of the key factors influencing the level of burnout. The **Areas of Worklife Model** proposed by Maslach and Leiter (2016) identifies an imbalance in rewards as one of the predictors of burnout. Empirical studies in the healthcare sector further support this premise, showing that dissatisfaction with salaries and incentives significantly increases emotional exhaustion and cynical attitudes toward service recipients (Mbindyo et al., 2009; Shah et al., 2021). Furthermore, studies conducted in Indonesia by Kurniawan and Widodo (2019) and Pratiwi et al. (2022) demonstrated that perceptions of compensation inequity significantly contribute to burnout among healthcare workers in Community Health Centers.

Although the relationships among these variables have been widely examined, studies specifically investigating burnout as a mediating variable in the relationship between compensation and service quality remain very limited. For example, Rizki et al. (2022) examined the mediating role of burnout in the relationship between workload and service quality in hospitals but did not consider compensation as a predictor. Based on the available literature, no study has been identified that examines a mediation model involving burnout in the relationship between compensation and service quality within Community Health Centers, including the Kabuh Community Health Center in Jombang. This research gap is important to address because compensation policies in Community Health Centers are often constrained by limited budgets, while high service demands increase employees' vulnerability to burnout. Without a clear understanding of this mechanism, efforts to improve service quality solely through compensation adjustments may not achieve the desired outcomes. Therefore, this study seeks to fill this gap by examining the mediating role of burnout in the relationship between compensation and service quality.

Based on the discussion above, the objective of this study is to obtain empirical evidence regarding the relationships among compensation, burnout, and employee service quality at the Kabuh Community Health Center, Jombang. Specifically, this study aims to:

1. Analyze the effect of compensation on employee burnout;
2. Analyze the effect of compensation on service quality;
3. Analyze the effect of burnout on service quality; and
4. Analyze the mediating role of burnout in the relationship between compensation and service quality.

B. Method

Based on the research objectives, this study employed an explanatory research design with a quantitative approach. This design aims to examine the causal relationships among variables, specifically the effect of compensation on service quality through burnout as a mediating variable. Data were collected using a cross-sectional approach, as the independent, mediating, and dependent variables were measured simultaneously at a single point in time without follow-up observations (Nursalam, 2016).

The study was conducted at Kabuh Community Health Center (Puskesmas Kabuh), located at Jalan Raya Kabuh Babat No. 84, Jombang Regency, Indonesia. The research site was selected because the health center has a limited number of employees who face relatively high workloads, making them more vulnerable to burnout and therefore suitable for examining the relationships among compensation, burnout, and service quality. In addition, the management of the health center granted permission and provided full support, facilitating the collection of representative data.

The population of this study consisted of all employees of Kabuh Community Health Center, totaling 87 individuals. The sample was selected using a non-probability sampling technique with a purposive sampling approach, whereby respondents were chosen based on specific criteria relevant to the research objectives. The inclusion criteria were: (1) permanent or contract employees with a minimum tenure of one year; (2) actively employed during the data collection period; and (3) willing to participate voluntarily by signing an informed consent form. Applying these criteria resulted in a final sample of 51 respondents.

This sample size met the minimum requirement for Partial Least Squares Structural Equation Modeling (PLS-SEM) analysis because it exceeded ten times the maximum number of structural paths directed toward a single endogenous construct in the model (Hair et al., 2019). In the proposed model, the endogenous construct with the largest number of incoming structural

paths was service quality, which was influenced by two variables (compensation and burnout). Therefore, a minimum of 20 respondents was required, and the sample size of 51 respondents was considered sufficient to generate stable and representative estimates.

The research instrument consisted of a questionnaire developed using a five-point Likert scale. The operational definitions of the variables are presented in Table 1. Compensation was measured through indicators of wages and salaries, benefits, and facilities (Sinambela, 2021). Service quality was measured using two items adapted from the SERVQUAL dimensions of assurance and empathy (Parasuraman et al., 1985). Burnout was measured using three items representing physical exhaustion, mental exhaustion, and emotional exhaustion, based on the concept proposed by Maslach and Jackson (1981) and subsequently adapted to the Indonesian research context (Putri, 2019a).

Data analysis consisted of two main stages: descriptive statistical analysis and Structural Equation Modeling (SEM) using the Partial Least Squares (PLS) approach. Descriptive analysis was conducted to describe respondent characteristics and the distribution of scores for each variable. PLS-SEM was employed to comprehensively examine the causal relationships among latent variables, including both direct and indirect effects. SEM data analysis was performed using SmartPLS 4.0 software (Ringle et al., 2015).

Model evaluation was conducted in two stages. First, the measurement model (outer model) was assessed to evaluate construct validity and reliability. Convergent validity was examined through outer loading values (> 0.70) and Average Variance Extracted (AVE > 0.50). Discriminant validity was assessed using the Heterotrait-Monotrait Ratio (HTMT) criterion and cross-loadings. Reliability was evaluated using composite reliability (> 0.70) and Cronbach's alpha (> 0.70) (Hair Jr. et al., 2017; Sihombing & Arsani, 2022).

Second, the structural model (inner model) was evaluated by examining the coefficient of determination (R^2), effect size (f^2), and hypothesis testing. R^2 values of 0.75, 0.50, and 0.25 indicate substantial, moderate, and weak explanatory power, respectively (Ghozali & Latan, 2015). The f^2 statistic measures the relative contribution of each exogenous variable, with values of 0.02, 0.15, and 0.35 indicating small, medium, and large effects, respectively. Hypothesis testing was conducted using the bootstrapping procedure. Research hypotheses were accepted when the p-value was less than 0.05 at a 5% significance level.

C. Discussion

Characteristics of Respondents

Table 1. Demographic Characteristics of the Respondents

Category	Respondents	Category	Respondents
Gender		**Income**	
Male	15	1jt - 2jt	31
Female	36	2jt - 3jt	14
Age		3jt - 4jt	6
20-29 Years	39	**Years of Service**	
30-39 Years	6	<1 Years	25
40-49 Years	7	1-7 Years	24
>50 Years	1	>7 Years	2
Education			
Senior High School	20		
Undergraduate	22		
Diploma/D3	9		

Source: *Primary Data Processed by the Researchers, 2026.*

Based on Table 1, the respondents in this study were predominantly female, accounting for 36 participants, while only 15 respondents were male. In terms of age distribution, young adults constituted the largest group, with 39 respondents aged between 20 and 29 years. The number of participants decreased across older age groups, with 6 respondents aged 30–39 years, 7 respondents aged 40–49 years, and only 1 respondent aged over 50 years.

Regarding educational background, the respondents were relatively evenly distributed between those holding a bachelor's degree and those with a senior high school education. Specifically, 22 respondents had completed a bachelor's degree (S1), while 20 respondents were senior high school graduates. The remaining 9 respondents held a diploma (D3) qualification.

In terms of economic profile, the majority of respondents (31 individuals) reported a monthly income ranging from IDR 1 million to IDR 2 million. The number of respondents decreased as income levels increased, with 14 respondents earning between IDR 2 million and IDR 3 million, and only 6 respondents earning between IDR 3 million and IDR 4 million per month.

The length-of-service characteristics indicate that most respondents were relatively new employees. A total of 25 respondents had less than one year of work experience, while 24 respondents had worked between one and seven years. Only 2 respondents were classified as senior employees, having more than seven years of work experience.

Overall, the typical respondent in this study was a female employee in her twenties, possessing either a bachelor's degree or a senior high school education, with less than seven years of work experience and a monthly income ranging between IDR 1 million and IDR 2 million.

Tabel 2. *Outer Model*

	Burnout	**Compensation**	**Service Quality**
Burnout	0,6028		
Compensation	0,4063	0,5833	
Service Quality	0,5549	0,3958	0,5729

Source: *Primary Data Processed by the Researchers, 2026.*

Tabel 3. Fornell-Lacker Criterion

Variabel	**Measurement Items**	***Outer Loading***	***AVE***	***Composite Reliability***
Compensation (X1)	X1.1.1	0,758	0,71	0,877
	X1.3.2	0,872		
	X1,4.2	0,883		
Burnout (Y1)	Y1.1.2	0,825	0,75	0,901
	Y1.2.1	0,936		
	Y1.3.2	0,838		
Service Quality (Y2)	Y2.4.2	0,898	0,68	0,809
	Y2.5.1	0,745		

Source: *Primary Data Processed by the Researchers, 2026.*

Overall, the results of the outer model assessment indicate that all variables in this study namely compensation, burnout, and service quality have satisfied the requirements for convergent validity and construct reliability. This is evidenced by the fact that all outer loading values exceeded 0.70, all Average Variance Extracted (AVE) values were above 0.50, and all Composite Reliability (CR) values were greater than 0.70.

Furthermore, the Fornell–Larcker test results presented in Table 3 demonstrate that all constructs met the criteria for discriminant validity. This can be observed from the

square root of the AVE values on the diagonal, which are higher than the correlations between constructs.

For the **Burnout** construct, the Fornell–Larcker value was 0.868, which was higher than its correlations with **Compensation** (0.585) and **Service Quality** (0.799). This indicates that the Burnout construct explains its own indicators more effectively than it relates to other constructs in the model.

For the **Compensation** construct, the Fornell–Larcker value was 0.840, exceeding its correlations with **Burnout** (0.585) and **Service Quality** (0.570). These results demonstrate that the Compensation construct is empirically distinct from the other constructs included in the study.

Similarly, for the **Service Quality** construct, the Fornell–Larcker value was 0.825, which was higher than its correlations with **Burnout** (0.799) and **Compensation** (0.570). Therefore, the Service Quality construct also satisfied the discriminant validity criterion, as the square root of its AVE remained greater than its correlations with other constructs.

Overall, the Fornell–Larcker analysis confirms that the constructs of Compensation, Burnout, and Service Quality possess adequate discriminant validity. This finding indicates that each construct represents a distinct concept and that there is no excessive overlap among the measurement dimensions. Consequently, the research instrument can be considered valid and reliable for further analysis of the structural model (inner model).

Table 4. Output R-Square

Variabel	R-Square
Burnout	0,342
Service Quality	0,654

Source: *Primary Data Processed by the Researchers, 2026.*

For the **Burnout** construct, the coefficient of determination ($\mathbf{R^2}$) was 0.342, with an adjusted $\mathbf{R^2}$ value of 0.328. According to the criteria proposed by Hair et al. (2019) and Ghozali and Latan (2015), this value can be classified as **moderate**. This finding indicates that **Compensation**, as the sole predictor, explains approximately **34.2%** of the variance in **Burnout**, while the remaining **65.8%** is attributable to other factors not included in the model, such as workload, work environment, organizational support, or individual characteristics.

For the **Service Quality** construct, the **R^2** value was 0.654, with an adjusted **R^2** value of 0.640. This value also falls within the **moderate** category. The result suggests that **Compensation** and **Burnout**, when considered jointly, explain **65.4%** of the variance in **Service Quality** among employees at the Community Health Center. The remaining **34.6%** of the variance is explained by other variables not incorporated into the present model.

Overall, these findings indicate that the proposed structural model demonstrates **good predictive power**, particularly in explaining variations in **Service Quality**. The relatively high coefficient of determination for Service Quality suggests that Compensation and Burnout are important factors influencing the quality of services provided by Community Health Center employees.

Table 5. Score of F-square

	f-square
Burnout -> Service Quality	0.952
Compensation -> Burnout	0.520
Compensation -> Service Quality	0.047

Source: *Primary Data Processed by the Researchers, 2026.*

The effect of **Compensation** on **Burnout** yielded an **f^2 value of 0.520**, which is classified as a **large effect size** according to the criteria proposed by Cohen (1988) and Hair et al. (2019). This result indicates that compensation makes a substantial contribution to influencing employees' levels of burnout. In practical terms, effective compensation policies can significantly reduce employees' physical, mental, and emotional exhaustion. Therefore, compensation serves as an important organizational factor in mitigating burnout among Community Health Center employees.

The effect of **Burnout** on **Service Quality** produced an **f^2 value of 0.952**, which also falls within the **large effect size** category. This finding suggests that burnout is a highly dominant predictor of service quality. Even small changes in burnout levels can have a considerable impact on the quality of services delivered by employees. Consequently, burnout management should be considered a strategic priority for maintaining and improving service quality in Community Health Centers. Reducing employee exhaustion may directly contribute to more responsive, empathetic, and effective healthcare services.

In contrast, the direct effect of **Compensation** on **Service Quality** generated an **f^2 value of 0.047**, which is categorized as a **small effect size**. This result indicates that

compensation has only a limited direct influence on service quality when burnout is simultaneously included in the model. The finding further supports the assumption that **burnout acts as a mediating variable**, as the influence of compensation on service quality appears to operate primarily through its ability to reduce burnout rather than through a direct pathway.

In other words, increasing compensation alone may not be sufficient to substantially improve service quality unless it also contributes to lowering employees' levels of burnout. These results highlight the importance of integrating compensation policies with employee well-being initiatives to achieve meaningful improvements in healthcare service quality.

Tabel 6. Uji Hipotesis

	Original sample	***T statistics***	**P values**	**Information**
Burnout -> Service Quality	0,707	7,126	0,000	Supported
Compensation -> *Burnout*	0,585	7,264	0,000	Supported
Compensation -> Service Quality	0,156	1,506	0,132	Not Supported
Compensation -> *Burnout*-> Service Quality	0,414	4,696	0,000	Supported

Source: *Primary Data Processed by the Researchers, 2026*

The results of the first hypothesis test indicated that **burnout had a positive and significant effect on service quality** ($\beta = 0.707$; $t = 7.126$; $p < 0.001$). The positive coefficient suggests that higher levels of burnout among employees were associated with higher levels of service quality delivered to patients. This relationship was statistically significant, indicating that burnout plays an important role in explaining variations in service quality.

The second hypothesis revealed that **compensation had a positive and significant effect on burnout** ($\beta = 0.585$; $t = 7.264$; $p < 0.001$). This finding implies that better compensation was associated with higher levels of employee burnout. The result suggests that compensation may be linked to increased work demands, responsibilities, or performance expectations, which in turn contribute to higher burnout levels among employees.

The third hypothesis was **not supported**, as the direct effect of **compensation on service quality** was positive but statistically insignificant ($\beta = 0.156$; $t = 1.506$; $p = 0.132$).

This finding indicates that compensation alone does not directly improve service quality when employee burnout is taken into consideration. Therefore, financial rewards by themselves may not be sufficient to enhance service performance without addressing employees' psychological and emotional conditions.

The fourth hypothesis confirmed the presence of a significant mediating effect (indirect $\beta = 0.414$; $t = 4.696$; $p < 0.001$). Burnout significantly mediated the relationship between compensation and service quality. Statistically, this result indicates that compensation influenced service quality indirectly through burnout. Specifically, higher compensation was associated with increased burnout, which subsequently contributed to higher levels of service quality.

These findings provide evidence of a significant mediation mechanism in which burnout serves as an intermediary variable linking compensation and service quality. However, given the positive relationship between burnout and service quality observed in this study, further investigation may be necessary to understand the contextual factors underlying this unexpected finding, as previous literature generally reports a negative association between burnout and service quality. Such a result may reflect unique organizational conditions, cultural factors, or employee characteristics within the study setting.

Discussion

The Effect of Burnout on Service Quality

The findings indicate that compensation does not have a significant direct effect on service quality. This lack of significance can be understood in light of the descriptive data. First, employees generally perceived compensation to be satisfactory, meaning that additional increases in compensation may not generate substantial differences in service quality. Second, service quality was already rated highly, resulting in limited variability in both variables and making direct effects more difficult to detect statistically.

More importantly, these findings suggest that employees at Kabuh Community Health Center provide high-quality services not merely because of compensation but also due to factors such as professionalism, organizational commitment, and job responsibilities (Hendrik et al., 2016). In this context, compensation functions primarily as a **hygiene factor**, maintaining job satisfaction rather than directly motivating higher performance.

This result supports the argument that the relationship between compensation and service quality in public-sector organizations is often indirect and may require mediating variables to fully explain the underlying mechanism.

The Effect of Compensation on Service Quality Through Burnout

The path analysis results indicate that compensation has a significant indirect effect on service quality through burnout (indirect $\beta = 0.414$, $p < 0.001$). Since the direct effect of compensation on service quality was not significant, while the indirect effect was significant, the findings support the presence of full mediation. Interestingly, all path coefficients in the mediation model were positive: compensation increased burnout, and burnout subsequently increased service quality.

This pattern should be understood as a context-specific dynamic within Kabuh Community Health Center. Substantively, higher compensation—often associated with greater responsibility or higher organizational positions—appears to increase work pressure and exhaustion. At the same time, employees who receive higher compensation may feel more valued and develop a stronger sense of moral responsibility to maintain both their personal reputation and the reputation of the organization.

Consequently, despite experiencing burnout, these employees may become even more motivated to demonstrate their commitment by providing high-quality services. In this study, burnout does not function as a weakening mechanism; rather, it acts as a "bridge" that reflects how higher compensation is accompanied by greater psychological sacrifice, through which service quality is maintained.

These findings are consistent with those reported by Musdalifah et al. (2024), who suggested that among healthcare workers, both burnout and compensation may positively influence service quality because they interact within a context characterized by high professional demands. Nevertheless, the sustainability of this pattern remains questionable. Chronic burnout without adequate recovery is likely to result in declining health, reduced well-being, and deteriorating performance over time (Bakker & Demerouti, 2017).

Therefore, these findings should encourage the management of Kabuh Community Health Center not to rely solely on compensation as the primary mechanism for improving service quality. Instead, compensation policies should be complemented by workload management strategies, psychological support programs, and employee recovery initiatives

to ensure that service quality can be sustained and enhanced without compromising employee well-being.

D. Conclusion

This study confirms that burnout serves as a full mediator in the relationship between compensation and service quality at Kabuh Community Health Center, Jombang. The findings reveal a unique pattern in which better compensation is associated with higher levels of employee burnout, while increased burnout, in turn, contributes to higher service quality. This phenomenon reflects the strong professional dedication of healthcare employees who continue to maintain high service standards despite experiencing psychological exhaustion.

Interestingly, the direct effect of compensation on service quality was found to be insignificant, indicating that compensation alone does not automatically improve service quality without considering employees' well-being and psychological conditions. The proposed model explained 65.4% of the variance in service quality**,** demonstrating good predictive power. Overall, this study highlights that effective service quality management in community health centers requires a holistic understanding of the interplay among compensation, job burnout, and professional commitment.

References

Bakker, A. B., & Demerouti, E. (2017). Job demands-resources theory: Taking stock and looking forward. *Journal of Occupational Health Psychology*, *22*(3), 273–285. https://doi.org/10.1037/ocp0000056

Eriswanto, D., & Sudarma, K. (2017). Hubungan kompensasi dengan mutu layanan tenaga kesehatan. *Jurnal Manajemen Kesehatan Indonesia*, *4*(1), 45–56.

Ghozali, I., & Latan, H. (2015). *Partial least squares, konsep, teknik dan aplikasi menggunakan program SmartPLS 3.0 untuk penelitian empiris*. Badan Penerbit Universitas Diponegoro.

Hair, J. F., Hult, G. T. M., Ringle, C. M., & Sarstedt, M. (2019). *A primer on partial least squares structural equation modeling (PLS-SEM)* (2nd ed.). SAGE Publications.

Hair, J. F., Jr., Matthews, L. M., Matthews, R. L., & Sarstedt, M. (2017). PLS-SEM or CB-SEM: Updated guidelines on which method to use. *International Journal of Multivariate Data Analysis*, *1*(2), 107–123. https://doi.org/10.1504/ijmda.2017.10008574

Halbesleben, J. R. B., & Rathert, C. (2008). Linking physician burnout and patient outcomes: Exploring the dyadic relationship between physicians and patients. *Health Care Management Review*, *33*(1), 29–39. https://doi.org/10.1097/01.HMR.0000304496.23046.8c

Haryanto, A., Prasetyo, B., & Wibowo, C. (2018). Kompensasi dan kualitas pelayanan: Studi pada puskesmas di Jawa Tengah. *Jurnal Kesehatan Masyarakat*, *10*(3), 200–211.

Hendrik, R., Tulusan, F., & Rompas, S. P. I. (2016). Pengaruh kompensasi terhadap kualitas pelayanan publik (Suatu studi di Dinas Kependudukan dan Catatan Sipil Kabupaten Halmahera Utara). *Jurnal Administrasi Publik*, *36*(1).

Kurniawan, D., & Widodo, A. (2019). Persepsi ketidakadilan kompensasi dan burnout pada tenaga kesehatan puskesmas. *Jurnal Psikologi dan Kesehatan Mental*, *4*(1), 18–31.

LePine, J. A., LePine, M. A., & Jackson, C. L. (2004). Challenge and hindrance stress: Relationships with exhaustion, motivation to learn, and learning performance. *Journal of Applied Psychology*, *89*(5), 883–891. https://doi.org/10.1037/0021-9010.89.5.883

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Organizational Behavior*, *2*(2), 99–113. https://doi.org/10.1002/job.4030020205

Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry*, *15*(2), 103–111. https://doi.org/10.1002/wps.20311

Mbindyo, P., Blaauw, D., Gilson, L., & English, M. (2009). Developing a tool to measure health worker motivation in district hospitals in Kenya. *Human Resources for Health*, *7*(1), Article 40. https://doi.org/10.1186/1478-4491-7-40

Musdalifah, Puspitasari, Y., & Prasetyo, J. (2024). Kompensasi, burnout syndrome dan stres kerja sebagai determinan kualitas layanan kebidanan di rumah sakit. *Jurnal Penelitian Kesehatan Suara Forikes*, *15*(3), 507–511.

Nursalam. (2016). *Metodologi penelitian ilmu keperawatan: Pendekatan praktis* (Ed. 4). Salemba Medika.

Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1985). A conceptual model of service quality and its implications for future research. *Journal of Marketing*, *49*(4), 41–50. https://doi.org/10.2307/1251430

Poghosyan, L., Clarke, S. P., Finlayson, M., & Aiken, L. H. (2010). Nurse burnout and quality of care: Cross-national investigation in six countries. *Research in Nursing & Health*, *33*(4), 288–298. https://doi.org/10.1002/nur.20383

Pratiwi, L., Susanto, T., & Rahayu, S. (2022). Kompensasi, burnout, dan kinerja perawat puskesmas selama pandemi. *Jurnal Keperawatan Indonesia*, *25*(1), 40–55.

Putri, D. P. (2019a). Hubungan burnout dengan kualitas pelayanan keperawatan di puskesmas. *Jurnal Ilmiah Kesehatan*, *12*(1), 45–56.

Putri, D. P. (2019b). *Pengaruh stres kerja terhadap burnout pada perawat ruang rawat inap di RSUD Kota Madiun* [Skripsi]. STIKES Bhakti Husada Mulia Madiun.

Rahmawati, I., Setiawan, H., & Dewi, A. K. (2021). Burnout pegawai puskesmas dan dampaknya terhadap kepuasan pasien. *Jurnal Manajemen Pelayanan Kesehatan*, *14*(2), 75–89.

Ringle, C. M., Wende, S., & Becker, J.-M. (2015). *SmartPLS 3* [Computer software]. SmartPLS GmbH. http://www.smartpls.com

Rizki, M., Fauziah, N., & Handayani, S. (2022). Peran mediasi burnout antara beban kerja dan kualitas layanan di rumah sakit. *Jurnal Manajemen dan Pelayanan Kesehatan*, *15*(3), 120–135.

Safitri, R., & Nugroho, F. (2020). Peran kesejahteraan psikologis dalam memoderasi pengaruh kompensasi terhadap kualitas pelayanan di puskesmas. *Jurnal Psikologi Kesehatan*, *7*(1), 33–48.

Shah, M. K., Gandrakota, N., Cimiotti, J. P., Ghose, N., Moore, M., & Ali, M. K. (2021). Prevalence of and factors associated with nurse burnout in the US. *JAMA Network Open*, *4*(2), Article e2036469. https://doi.org/10.1001/jamanetworkopen.2020.36469

Sihombing, P. R., & Arsani, A. M. (2022). *Aplikasi SmartPLS untuk penelitian manajemen*. Inkuiri.

Sinambela, L. P. (2021). *Manajemen sumber daya manusia: Membangun tim kerja yang solid untuk meningkatkan kinerja*. Bumi Aksara.

Sukawati, N. (2016). Pengaruh kompensasi terhadap kualitas pelayanan publik di Dinas Kesehatan. *Jurnal Administrasi Publik*, *5*(2), 112–123.