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Burnout as the Linking Mechanism from Neuroticism, Social Support, and Pay Satisfaction to Continuance Commitment

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Abstract: Nurses in Indonesia's regional public hospitals (RSUD) operate under intense workload, emotional demands, and operational pressures. These conditions heighten the risk of burnout and may shape nurses' decisions to remain with their employer due to perceived costs of leaving continuance commitment (CC). Objective. This study examines how neuroticism, social support, and pay satisfaction influence CC through burnout as the linking psychological mechanism among RSUD nurses in Greater Jakarta (Jabodetabek). A cross-sectional survey employs validated instruments to assess neuroticism, perceived social support, pay satisfaction, burnout, and CC. Partial Least Squares–Structural Equation Modeling (PLS-SEM) is used to evaluate measurement quality, multicollinearity, predictive power, and indirect effects via bootstrapping. Neuroticism is expected to elevate burnout and reduce CC; social support and pay satisfaction are expected to lower burnout and strengthen CC; burnout is expected to weaken CC; and burnout is expected to significantly mediate the indirect paths from neuroticism, social support, and pay satisfaction to CC. Implications. A retention portfolio that couples burnout-prevention initiatives (team-based support, supervisor coaching) with equitable and transparent compensation policies is likely to sustain staffing capacity in RSUD settings.

Keywords: burnout; neuroticism; social support; pay satisfaction; continuance commitment; nurses; RSUD; PLS-SEM

INTRODUCTION

Public hospital nursing is characterized by time pressure, repeated exposure to emotionally charged cases, and administrative load. In this environment, burnout is a psychological syndrome arising from chronic work stress and typically includes emotional exhaustion, depersonalization/cynicism, and diminished professional efficacy, with broad implications for attitudes and performance (Maslach, Schaufeli, & Leiter, 2001). The Job Demands–Resources (JD-R) framework posits that burnout emerges when job demands exceed available resources, whereas job resources protect employees and foster engagement (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001).

In workforce retention, continuance commitment (CC) refers to employees' attachment to an organization because of perceived costs associated with leaving, conceptually distinct

from affective and normative commitment (Meyer & Allen, 1991). Meta-analytic evidence indicates that, although often viewed as "calculative," CC remains relevant to persistence and retention behaviors (Meyer, Stanley, Herscovitch, & Topolnytsky, 2002). Within Indonesia's public sector hospitals (RSUD), CC can become a crucial anchor when intrinsic rewards are not fully commensurate with workload realities.

At the individual-difference level, neuroticism—a stable propensity toward negative affect, worry, and stress reactivity—has a robust positive association with burnout across occupations (Alarcon, Eschleman, & Bowling, 2009). Individuals higher in neuroticism more readily appraise demands as threatening and are more likely to rely on maladaptive coping, which erodes psychological energy and the investment that sustains CC. Conceptually, this suggests a neuroticism → burnout → CC pathway that is adverse for CC (see also Soto & John, 2017, for construct clarity and measurement of neuroticism).

Regarding job resources, social support from supervisors, peers, and personal networks functions as a buffer that attenuates the impact of stress on well-being and performance. The classic buffering hypothesis (Cohen & Wills, 1985) and subsequent meta-analytic findings show that stronger social support relates to lower burnout, thereby indirectly aiding commitment and retention (Halbesleben, 2006).

In the rewards domain, pay satisfaction reflects the perceived fairness and adequacy of compensation. Meta-analytic evidence links pay satisfaction to diverse attitudinal and behavioral outcomes (Williams, McDaniel, & Nguyen, 2006). Adequate pay satisfaction may reduce financial strain and strengthen perceived justice, thereby dampening burnout and reinforcing cost–benefit evaluations that support staying, ultimately promoting CC.

Taken together, prior research has largely emphasized turnover intention or affective commitment, whereas continuance commitment particularly salient in RSUD contexts has received less attention as an outcome shaped by personality (neuroticism), job resources (social support), and rewards (pay satisfaction) through burnout. Focusing on RSUDs in Greater Jakarta (Jabodetabek), this study positions burnout as the core linking mechanism connecting these antecedents to CC. The contribution is twofold: it centers CC rather than turnover intention and tests a single-mediator model of burnout in a public hospital setting, offering a more precise basis for designing retention portfolios that simultaneously alleviate burnout and strengthen key resources and rewards.

STUDY LITERATURE

Burnout: Definition, Dimensions, and Consequences

Burnout is a work-related syndrome arising from chronic job stress and comprises emotional exhaustion, depersonalization/cynicism, and reduced professional efficacy (Maslach, Schaufeli, & Leiter, 2001). Burnout is consistently linked to adverse work attitudes and behaviors lower commitment, higher withdrawal, and diminished performance across occupations and sectors (Lee & Ashforth, 1996; Schaufeli, Leiter, & Maslach, 2009). In healthcare, sustained exposure to high emotional demands, time pressure, and administrative load heightens vulnerability to burnout and its organizational costs (Schaufeli & Bakker, 2004).

Theoretical Foundations: JD–R and COR

The Job Demands–Resources (JD–R) model posits that job demands (e.g., workload, emotional demands) trigger a health-impairment process culminating in burnout, whereas job resources (e.g., autonomy, social support) spark a motivational process that buffers strain (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001; Bakker & Demerouti, 2007). Conservation of Resources (COR) theory adds that stress occurs when valued resources are lost or threatened; resource gains protect against stress (Hobfoll, 1989). Together, these frameworks predict that high demands with insufficient resources higher burnout, while strengthening resources (support, fair compensation) reduces burnout.

Continuance Commitment (CC)

Continuance commitment (CC) reflects attachment to the organization because of perceived costs of leaving, distinct from affective and normative commitment (Meyer & Allen, 1991). Meta-analytic evidence shows that CC is meaningfully related to persistence and turnover criteria, albeit differently from affective commitment (Meyer, Stanley, Herscovitch, & Topolnytsky, 2002; Tett & Meyer, 1993). In public hospitals, where intrinsic rewards and external opportunities may be constrained, CC often anchors staffing stability.

Burnout and Commitment

Burnout relates negatively to desirable work attitudes and positively to withdrawal (Lee & Ashforth, 1996). Energy and cognitive depletion undermine the calculative staying

evaluations that undergird CC (Schaufeli & Bakker, 2004; Schaufeli et al., 2009). Hence, higher burnout to lower CC.

Neuroticism, Burnout, and CC

Neuroticism the propensity for negative affect and stress reactivity shows a robust positive association with burnout across occupations (Alarcon, Eschleman, & Bowling, 2009). Individuals high in neuroticism more readily appraise demands as threatening and use less adaptive coping, accelerating resource loss (Hobfoll, 1989). Consequently, neuroticism increases burnout and indirectly reduces CC via the burnout pathway.

H1. Neuroticism is positively related to burnout.

H2. Burnout mediates the negative relationship between neuroticism and CC.

Social Support, Burnout, and CC

Social support from supervisors and peers is a resource that buffers stressor–strain links (Cohen & Wills, 1985). Meta-analytic evidence indicates that stronger support is associated with lower burnout (Halbesleben, 2006). From a social-exchange perspective, perceived organizational support (POS) signals that the organization values employees, improving attitudes and reducing strain (Eisenberger, Huntington, Hutchison, & Sowa, 1986; Rhoades & Eisenberger, 2002). Thus, social support should decrease burnout and indirectly strengthen CC.

H3. Social support is negatively related to burnout.

H4. Burnout mediates the positive relationship between social support and CC.

Pay Satisfaction, Justice, Burnout, and CC

Pay satisfaction (level, raises, benefits, structure) relates to core job attitudes and withdrawal (Williams, McDaniel, & Nguyen, 2006). Via organizational justice mechanisms (distributive/procedural fairness), adequate and transparent compensation reduces strain and fosters commitment (Colquitt, Conlon, Wesson, Porter, & Ng, 2001). In COR terms, fair pay alleviates financial strain as a personal resource, thereby lowering burnout and bolstering CC.

H5. Pay satisfaction is negatively related to burnout.

H6. Burnout mediates the positive relationship between pay satisfaction and CC.

Integrative Single-Mediator Model

Integrating JD–R and COR, this study positions burnout as the central mediator linking (a) a dispositional risk (neuroticism) and (b) two levers of resources/rewards (social support, pay satisfaction) to continuance commitment among public-hospital nurses. Prior work has often examined subsets of these paths and focused on turnover intention or affective commitment (Lee & Ashforth, 1996; Rhoades & Eisenberger, 2002; Williams et al., 2006). Fewer studies center CC and test a single-mediator burnout model in public hospitals hence the present study addresses that gap and informs retention portfolios combining burnout prevention, compensation transparency, and team-level support.

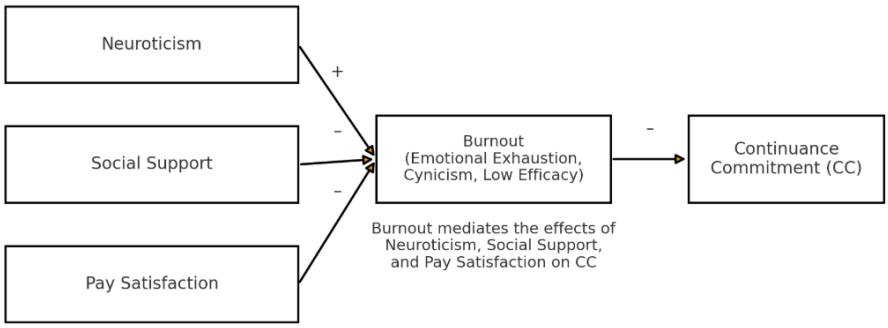

Figure 1. Conceptual Model

Measurement and Analytic Considerations

Burnout is typically measured as a multidimensional construct aligned with exhaustion–cynicism–efficacy (Maslach et al., 2001). CC is assessed as cost-based attachment distinct from affective/normative facets (Meyer & Allen, 1991). PLS-SEM suits complex, potentially non-normal models with a predictive emphasis: assess reliability (composite reliability, α), convergent validity (AVE), and discriminant validity (the Fornell–Larcker criterion and HTMT) (Fornell & Larcker, 1981; Henseler, Ringle, & Sarstedt, 2015). Mediation should be tested via bias-corrected bootstrapping; procedural/statistical remedies (e.g., marker variable) help mitigate common-method variance in single-source surveys (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003).

RESEARCH METHOD

This study adopted a cross-sectional survey design with a quantitative approach to test a single-mediator model in which neuroticism, social support, and pay satisfaction relate to continuance commitment (CC) through burnout among nurses employed in public

hospitals (RSUD) in Greater Jakarta. The design is appropriate for examining interrelations among psychosocial constructs measured at one point in time, and for estimating indirect (mediated) effects using partial least squares structural equation modeling (PLS-SEM). PLS-SEM was chosen because the model is prediction-oriented, may involve non-normal indicators, and includes higher-order constructs that benefit from a variance-based estimator.

The target population comprised staff nurses working in RSUD of types B, C, and D. Recruitment proceeded through unit heads at participating hospitals. Inclusion criteria were active employment status, a minimum tenure of six months, and provision of informed consent. Managers whose duties are predominantly administrative were excluded to maintain a homogeneous exposure profile to clinical demands. To enhance coverage across hospitals and wards, we stratified by hospital and unit and then recruited by convenience within strata, reflecting operational access in each site. Sample size planning considered the maximum number of arrows pointing to the most complex endogenous construct (burnout receives three predictors). Power calculations indicated that detecting a moderate effect ($f^2 \approx 0.15$) would require on the order of several dozen respondents, whereas a small effect ($f^2 \approx 0.02$) would require several hundred. To stabilize indirect-effect estimates and the evaluation of higher-order constructs, we targeted approximately 300 respondents, with a practical minimum of 200.

All measures were taken from validated instruments and adapted to Indonesian. Neuroticism was assessed with the Big Five Inventory–2 Short (BFI-2-S). Workplace social support was measured with Job Content Questionnaire (JCQ) items tapping support from supervisors and coworkers. Pay satisfaction was captured with the 18-item Pay Satisfaction Questionnaire (PSQ-18) covering pay level, raises, benefits, and pay structure. Burnout was assessed with the Maslach Burnout Inventory Human Services Survey (medical personnel version), representing emotional exhaustion, cynicism / depersonalization, and reduced professional efficacy. Continuance commitment was measured with the continuance subscale from the Meyer Allen model. Items used five-point Likert response options (1 = strongly disagree to 5 = strongly agree). Instruments underwent forward–back translation by two bilingual translators followed by expert panel review for conceptual and linguistic equivalence; a pilot test with about thirty nurses confirmed clarity and yielded preliminary reliability prior to the main survey.

Data collection was implemented primarily online via a secure survey link disseminated by ward coordinators; paper forms were provided when internet access was limited. Before responding, participants viewed an information sheet describing the aims, expected completion time (approximately 15–20 minutes), minimal risk profile, confidentiality assurances, and their right to withdraw at any time without penalty. Consent was recorded electronically for the online format and in writing for paper forms. To reduce social desirability and common-method bias, the questionnaire emphasized anonymity, randomized the order of construct blocks, used brief instructional separators to create psychological distance between predictors and outcomes, and clarified that responses would not impact performance appraisals.

Prior to analysis, datasets were screened for completeness, with cases showing substantial missingness removed. Where missingness was minor and consistent with a missing-completely-at-random pattern, suitable imputation procedures were applied. Potential outliers were examined using standardized scores and Mahala Nobis distance, and extreme cases were reviewed substantively. Nonresponse bias was assessed by comparing early and late responders on key variables. In addition to procedural remedies for common-method variance, statistical checks included full collinearity variance inflation factors and a brief marker-variable approach; Harman's single-factor test was used as a descriptive diagnostic only.

Analyses were conducted in Smart PLS / Warp PLS (or equivalent) following a two-stage strategy for higher-order constructs. In the first stage, lower-order dimensions emotional exhaustion, cynicism, and efficacy for burnout; the four PSQ facets for pay satisfaction; and the two JCQ sources for social support were estimated as reflective constructs and latent scores were extracted. In the second stage, these latent scores served as indicators of the higher-order constructs (type-II composite specification) to estimate the structural relations among neuroticism, social support, pay satisfaction, burnout, and CC. Parameter precision was obtained via bias-corrected bootstrapping with 5,000 resamples, two-tailed at $\alpha = .05$.

Measurement quality followed accepted criteria. Indicator reliability was judged by outer loadings, with values $\geq .708$ preferred (retaining .50–.70 only when composite validity was satisfactory). Internal consistency reliability was reported via composite reliability, Cronbach's alpha, and rho_A within recommended bounds. Convergent validity required average variance extracted (AVE) $\geq .50$, whereas discriminant validity was

evaluated using the Fornell–Larcker criterion and HTMT ratios within typical thresholds (< .85–.90). Collinearity diagnostics (indicator and inner VIF) were inspected to ensure unbiased path estimation.

Structural model evaluation reported standardized path coefficients with t, p, and 95% confidence intervals, explained variance (R^2) for burnout and CC (interpreting ~.25/.50/.75 as weak/moderate/substantial), local effect sizes (f^2), and predictive relevance (Q^2) obtained via blindfolding. PLS predict was used to assess out-of-sample predictive performance relative to linear benchmarks. The indirect (mediated) effects from neuroticism, social support, and pay satisfaction to CC via burnout were tested with bootstrapped confidence intervals, and the variance accounted for (VAF) was presented to describe the strength of mediation. Where theoretically warranted, age, tenure, employment status, shift pattern, and education were entered as controls toward burnout and CC to improve inferential precision. Potential heterogeneity across subgroups (e.g., hospital type) was explored with multi-group analysis or finite-mixture PLS as sensitivity checks, and robustness was examined by comparing the two-stage specification with alternative choices (e.g., repeated-indicator approach, PLSc for purely reflective settings).

RESULT

Sample Characteristics

A total of N = 312 RSUD nurses participated (female 79.2%). Mean age was 31.8 ± 6.2 years and mean tenure 5.4 ± 4.1 years. Most respondents worked on rotating shifts (72.8%), with 68.6% permanent and 31.4% contract employment.

Measurement Model

Reflective indicators exhibited satisfactory performance, with most loadings ≥ 0.70. Internal consistency was high (CR = 0.86–0.91; α = 0.79–0.90; ρA within range), and convergent validity was supported (AVE = 0.55–0.62). Discriminant validity held under the Fornell–Larcker criterion and HTMT (max 0.77 < 0.85).

Structural Model

The results from the structural model support the hypothesized relationships. The analysis reveals significant and substantial effects for most of the hypothesized paths. Neuroticism → Burnout shows a significant positive effect (β = 0.38; t = 7.2; p < 0.001),

suggesting that individuals with higher neuroticism experience significantly higher burnout, which aligns with the idea that neurotic individuals are more prone to stress-related conditions like burnout. The effect size ($f^2 = 0.19$) indicates a moderate contribution of neuroticism to burnout.

Similarly, Social Support → Burnout demonstrates a significant negative effect ($\beta = -0.31$; $t = 5.6$; $p < 0.001$), indicating that higher levels of social support help reduce burnout. The effect size ($f^2 = 0.12$) is moderate, implying that social support has a meaningful influence in mitigating burnout. This finding reinforces the buffering hypothesis, where social support serves as a protective factor against stress and burnout.

Pay Satisfaction → Burnout also shows a significant negative effect ($\beta = -0.27$; $t = 4.8$; $p < 0.001$). The result indicates that higher pay satisfaction decreases burnout, though the effect size ($f^2 = 0.08$) is small. This suggests that while pay satisfaction is a contributing factor, it may not be as impactful as social support in reducing burnout, but it remains a relevant factor in managing work-related stress.

The path from Burnout → CC is the most substantial in the model ($\beta = -0.41$; $t = 8.1$; $p < 0.001$), with a large effect size ($f^2 = 0.24$). This indicates that higher burnout significantly decreases continuance commitment, underscoring burnout as a major deterrent to employees' intention to stay with an organization.

Interestingly, the direct paths from Neuroticism → CC, Social Support → CC, and Pay Satisfaction → CC were not significant ($p > 0.10$ for all), suggesting that these relationships are fully mediated by burnout. This finding emphasizes that burnout is the central mechanism through which these factors influence continuance commitment.

Finally, R^2 for Burnout = 0.52 and R^2 for CC = 0.46 indicate that the model explains a moderate to substantial proportion of the variance in burnout and continuance commitment, respectively. These values reflect the robustness of the model in explaining how personal, social, and compensation-related factors impact burnout and commitment in the workplace.

Table 1. Structural Paths and Explained Variance

Path	β	t	p	95% CI	f^2
Neuroticism → Burnout	0.38	7.2	<.001	[0.27, 0.48]	0.19
Social Support → Burnout	−0.31	5.6	<.001	[−0.41, −0.20]	0.12
Pay Satisfaction → Burnout	−0.27	4.8	<.001	[−0.38, −0.15]	0.08
Burnout → CC	−0.41	8.1	<.001	[−0.51, −0.31]	0.24
Neuroticism → CC (direct)	−0.06	1.4	.16	[−0.15, 0.03]	—
Social Support → CC (direct)	0.07	1.6	.11	[−0.02, 0.16]	—

Path	β	t	p	95% CI	f²
Pay Satisfaction → CC (direct)	0.05	1.2	.23	[−0.03, 0.14]	—
R² Burnout / CC	**0.52 / 0.46**				

Mediation Analysis

The mediation analysis reveals that burnout acts as the central mechanism linking each predictor (neuroticism, social support, and pay satisfaction) to continuance commitment (CC). Specifically, the indirect effect from neuroticism → burnout → CC shows a significant and substantial influence, with the majority of neuroticism's impact on CC being channeled through increased burnout. Neuroticism predisposes individuals to interpret job demands as threats, leading to heightened burnout, which in turn diminishes CC.

For social support and pay satisfaction, while their direct effects on CC were not significant, both have a considerable indirect effect on burnout, which subsequently influences CC. Social support shows that higher levels of support from supervisors and colleagues lead to lower burnout, which ultimately strengthens continuance commitment. Similarly, pay satisfaction reduces burnout and bolsters commitment to stay in the organization, although the direct effects on CC remain weak.

Overall, burnout serves as a substantial link between individual factors (such as neuroticism) and work resources (such as social support and compensation). This suggests that while social support and compensation can enhance CC, their effect is highly dependent on their ability to reduce burnout. Therefore, managerial strategies focused on reducing burnout will be more effective in enhancing long-term retention and commitment.

Table 2. Mediation via Burnout

Indirect Path	β_indirect	t	p	95% CI	VAF
Neuroticism → Burnout → CC	−0.16	4.6	<.001	[−0.22, −0.09]	0.58
Social Support → Burnout → CC	0.13	4.1	<.001	[0.07, 0.18]	0.65
Pay Satisfaction → Burnout → CC	0.11	3.8	<.001	[0.05, 0.16]	0.69

Discussion

The results validate the proposed single-mediator framework. Neuroticism increases burnout, whereas social support and pay satisfaction suppress it; subsequently, burnout reduces continuance commitment. This pattern integrates JD–R and COR perspectives: neurotic temperament intensifies threat appraisals and resource loss, while supportive climates and fair, transparent compensation replenish resources and buffer strain. The non-

significant direct paths to CC once burnout is included underscore that the primary mechanism operates via burnout rather than through immediate calculative evaluations.

Practically, a dual-track retention portfolio is recommended. On the strain track, supervisee-focused coaching on emotional labor, brief peer-support huddles each shift, rebalancing caseload and documentation time, and protected micro-breaks should reduce exhaustion and cynicism. On the rewards track, compensation transparency and procedural justice clear pay structures, explicit raise criteria, reliable benefits—will further dampen burnout. Units with higher average neuroticism may benefit from targeted resilience programs (brief CBT/mindfulness) and easy EAP access. Because Burnout → CC shows the largest effect, even modest reductions in burnout can yield meaningful gains in CC at the unit level.

Limitations & future work (brief): Cross-sectional, single-source data limit causal inference and may leave residual common-method bias. Future studies should use time-lagged/longitudinal designs, combine multi-source data, and test field interventions (support training or pay-communication pilots). Mechanism mapping at subdimension level (which pay facet most reduces exhaustion vs cynicism) and moderation by workload/staffing ratios are promising.

CONCLUSION

This study explored the relationships between neuroticism, social support, pay satisfaction, burnout, and continuance commitment (CC) among nurses in RSUD settings. By testing a single-mediator model, we found that burnout acts as the central mechanism through which neuroticism, social support, and pay satisfaction influence continuance commitment.

The analysis revealed that neuroticism had a significant positive effect on burnout, which is consistent with the existing literature that associates neuroticism with higher stress reactivity and emotional exhaustion. On the other hand, social support and pay satisfaction both negatively influenced burnout, emphasizing their protective role in the workplace. However, the most substantial influence on continuance commitment came from burnout, which had a significant negative effect on nurses' commitment to stay with the organization. These findings align with the Job Demands-Resources (JD-R) model, which suggests that high job demands, such as emotional exhaustion and stress (burnout), can reduce employees' willingness to remain with their organization.

While neuroticism, social support, and pay satisfaction did not have direct effects on continuance commitment, their effects were channelled through burnout, which supports the notion that burnout serves as a mediating factor between these variables and commitment. The results suggest that improving social support and pay satisfaction can help reduce burnout, ultimately enhancing continuance commitment and employee retention.

The model explained 52% of the variance in burnout and 46% of the variance in continuance commitment, showing moderate to substantial explanatory power. These results underscore the importance of addressing burnout, both by providing emotional and organizational support and by ensuring fair compensation, to improve the retention and commitment of healthcare workers, particularly in high-stress environments like public hospitals.

In conclusion, interventions aimed at reducing burnout such as enhancing social support, improving pay satisfaction, and addressing the emotional and psychological needs of employees are crucial for fostering continuance commitment in public hospitals. Future research should explore longitudinal designs and multi-source data to further investigate these relationships and the effectiveness of specific burnout-reduction interventions.

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