

# Psychometric Testing: Indonesian Adaptation of the Maslach Burnout Inventory-Human Services Survey (MBI-HSS) for Nurses

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## Abstract

**Aims:** This study aimed to develop a valid and reliable Indonesian version of the Maslach Burnout Inventory-Human Services Survey (MBI-HSS) Questionnaire to identify nurses experiencing burnout syndrome.

**Methods:** This research uses a methodological study approach with cross-cultural adaptation and psychometric validation through the Delphi study method. The research is conducted in two stages: adaptation through translation of the original version of the Maslach Burnout Inventory-Human Services Survey (MBI-HSS) questionnaire and testing the validity and reliability of the questionnaire. Purposive sampling included 180 samples from three hospitals in Makassar, Indonesia.

**Results:** Each statement item with a Content Validity Index (CVI) of  $\geq 0.80$  was regarded as valid. Reliability was confirmed by a Cronbach's alpha exceeding 0.70, which signifies good consistency. Most items in the questionnaire showed significant test-retest correlations ( $p < 0.05$ )

**Conclusion:** The Indonesian version of the Maslach Burnout Inventory-Human Services Survey (MBI-HSS) is valid and reliable for identifying nurses experiencing burnout syndrome.

*Keywords:* burnout, Indonesian, MBI-HSS, nurse, psychometric

## Introduction

Nurses are healthcare workers with high workloads (Holland et al., 2019). The heavy workload of nurses in hospitals can cause physical and emotional stress, potentially leading to burnout if it persists (Dubale et al., 2021; Ruga et al., 2022). Burnout syndrome occurs when psychological stress is consistently associated with ongoing stressful events. It manifests as physical, emotional, and mental exhaustion, often affecting individuals engaged in roles or situations that require emotional investment (Dubale et al., 2021; Maslach & Leiter, 2009).

Numerous studies have documented the high prevalence of burnout syndrome among nurses, including the research by Lee et al. (2015). Researchers in Taiwan reported that 54 % of 1.846 nurses experienced burnout. Similarly, a study in Brazil found that approximately 55.3% of 130 nurses, particularly those working in the ICU, experienced burnout syndrome (Silva et al., 2015). Research data from Southern Ethiopia (Lrago et al., 2018) indicate that 65.2% of participants reported

high emotional exhaustion, 85.1% experienced high depersonalization, and 91% reported low personal accomplishment. A study in Indonesia involving 900 nurses across 22 hospitals found that over half experienced stress, with 7.3% showing burnout symptoms. Additionally, approximately 1 in 100 nurses face a high risk of complete burnout (Juanamasta et al., 2024).

If burnout syndrome in nurses is not properly treated, it can result in a range of physical and psychological issues, such as physical, mental, and emotional problems (Maslach et al., 2009). Beyond its effects on individuals, burnout also influences productivity, including care quality, communication with patients, work performance, and is a major factor in turnover. Therefore, it is essential to recognize nurses experiencing burnout syndrome to evaluate their physical and mental health and support their continued productivity in the organization (Cordoba et al., 2011; Ohue et al., 2011). Psychological health issues among nurses are sometimes overlooked and not thoroughly identified; they are only expected to work optimally without considering their psychological well-being, which can negatively impact their personal lives and work environment (D'ettorre et al., 2020). Therefore, a measurement tool is needed to assess nurses' psychological conditions in the workplace so that appropriate interventions can be provided.

A valid and reliable data collection tool is essential for ensuring data accuracy. However, to date, no questionnaire has been proven valid and reliable for identifying burnout syndromes among Indonesian nurses. The Maslach Burnout Inventory-Human Services Survey (MBI-HSS) is considered the "gold standard" for measuring burnout in healthcare professionals and has been recognized as the leading tool for over 25 years, supported by extensive research since its original publication (Maslach & Jackson, 1997; Maslach et al., 2009). National and international researchers have widely used the Maslach Burnout Inventory-Human Services Survey (MBI-HSS) questionnaire (Care et al., 2025; Hong et al., 2022). This questionnaire was developed based on fatigue phenomena observed in service professions, such as nursing, medicine, and social work, and is better at measuring burnout compared to other questionnaires. The Maslach Burnout Inventory-Human Services Survey (MBI-HSS) questionnaire measures three subscales: Emotional Exhaustion, Personal Accomplishment, and Depersonalization (Maslach et al., 2009).

Although the Maslach Burnout Inventory-Human Services Survey (MBI-HSS) is regarded as the "gold standard" for measuring burnout in health service professions, it is important not to assume that the validity and reliability of translated items remain consistent. Retesting is essential to ensure linguistic accuracy and facilitate meaningful comparisons across different cultures and professions (Bassam et al., 2023). It was important to ensure that the correct psychometric properties, such as validity and reliability, were incorporated into the translated questionnaires (Borsa, 2012).

Additionally, the Maslach Burnout Inventory-Human Services Survey (MBI-HSS) was developed in a country other than Indonesia, requiring a process of adapting it to the language and culture to suit the nursing population in each country (Borsa, 2012). For example, Chen et al. (2014) conducted a pilot study of the Maslach Burnout Inventory-Human Services Survey (MBI-HSS) questionnaire in Malay. This study cannot be conducted in Indonesia. Although Malaysia and Indonesia have similar languages, they are culturally different.

## Methods

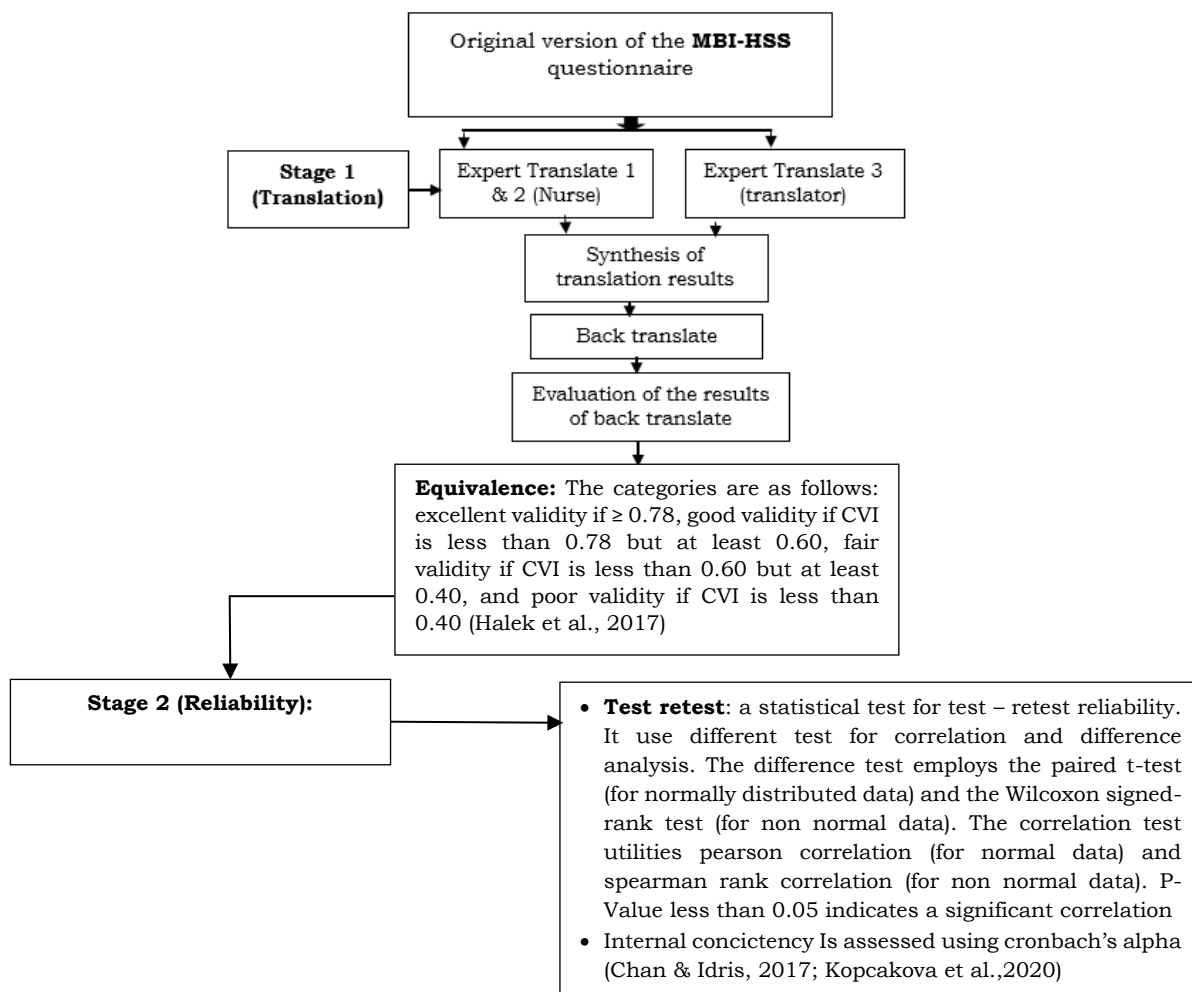
This research uses a methodological study approach with cross-cultural adaptation and psychometric validation through the Delphi study method (Trevelyan & Robinson, 2015; World Health Organization, 2016). The study was carried out in two steps: translating the original questionnaire and evaluating the validity and reliability of the Indonesian version of the MBI-HSS.

### Participants

The study was conducted across three hospitals in South Sulawesi. The sample included 180 nurses working in inpatient units, chosen through purposive sampling to meet the research criteria. The research specifically targeted nurses who had experienced burnout to gather relevant data for the questionnaires. The sample was selected to reflect the distribution of nurses in the three hospitals, representing private, regional, and referral hospitals. The inclusion criteria for validity and reliability testing in this study were as follows: nurse with a minimum of a Three-Year Diploma in Nursing education, had at least two years of work experience, and who reported physical and mental exhaustion at work. The exclusion criteria included nurses currently on leave.

### Ethics

This study was approved by the Hasanuddin University Health Research Ethics Committee approval no. 282 / H4.8.4.5.3.1/PP36-KOMETK/2018.



**Figure 1.** The Translation Process of the MBI-HSS Questionnaires

### *Procedures*

#### Research stages

##### *Step 1: Translate the original MBI-HSS questionnaire.*

The following are the stages of translation of the MBI-HSS:

##### 1. Forward translation

The original MBI-HSS questionnaire was translated into the language of the target research population (Indonesian) by a bilingual expert. Translating the questionnaires required the input of three language specialists: two nurses and a professional translator. These experts were bilingual, allowing them to translate both the original questionnaire language and the target language, Indonesian. The translations from the three experts were combined and summarized, considering semantic, idiomatic, and conceptual equivalence.

##### 2. Synthesis of translation results

The translation results were then summarized based on the questionnaire of the MBI-HSS, translated by three experts. This synthesis process involved a qualitative study through interviews, where experts evaluated the translation by sharing their opinions and modify the MBI-HSS questionnaire according to the target nurse population.

The synthesis process was carried out by considering the similarity of the meaning of the question items from the original version and the similarity of the translation results between the three experts. The language is simple and clear for the target audience. Researchers perform the synthesis with support from bilingual experts who verify that the synthesis preserves the original meaning.

##### 3. Back translation

Following the translation synthesis, a back-translation process was carried out by bilingual experts. These individuals had nursing education backgrounds and understood the subject but were not familiar with the MBI-HSS questionnaire

##### 4. Evaluation of Back Translation Results

The results of the back-translation were examined and compared with the original questionnaire. A nursing expert in instrument translation oversees this process. If the back-translation results differed in meaning from the original, the researcher discussed these differences with the language expert. Overall, back-translation indicated that the translated questionnaires accurately represented the original statements.

##### *Step 2: Test the Validity and Reliability*

##### 1. Validity Test

The content validity index (CVI) is used to evaluate validity by having 5 experts rate each questionnaire item on a Likert scale: 1=irrelevant, 2=somewhat relevant, 3=quite relevant, and 4=very relevant. Assessments of 3 and 4 are considered valid. Category: excellent validity if  $\geq 0.78$ , good validity if  $CVI < 0.78$  and  $\geq 0.60$ , *fair validity* if  $CVI < 0.60$  and  $\geq 0.40$ , and poor validity if  $CVI < 0.4$  (Halek, Holle & Bartholomeyczik, 2017). If the validity results are found to be in the poor validity category, the item will be revised and re-evaluated by experts until it has acceptable validity.

##### 2. Reliability Test

##### Test- Rest (stability)

Reliability testing involves internal consistency and test-retest methods. Test-retest reliability is measured by giving the questionnaire twice to the same respondent at different times, usually with a 6-7 day gap to identify any vulnerable period (Ch et al., 2025; Willems et al., 2023). Stability was tested using the test-retest correlation statistical test, with difference and correlation tests. A paired T-test was used for

normally distributed data, while a Wilcoxon test was applied for non-normal data to assess differences. For correlation analysis, Pearson's test was employed for normally distributed data and Spearman's test for non-normal data, with a P-value < 0.05 indicating a significant correlation and the Spearman correlation coefficients mostly  $r \geq 0.3$

#### Internal consistency

Internal consistency was evaluated using Cronbach's Alpha, a measure of average reliability across survey items. The alpha coefficient spans from 0 to 1, with 0 indicating low reliability and 1 indicating high reliability.

#### Analysis

The demographic characteristics of the sample were examined using descriptive statistics, including the mean and standard deviation (SD). The validity and reliability of the MBI-HSS were also assessed.

#### Results

Step 1: Translate the original MBI-HSS questionnaire into Indonesian and modify the MBI-HSS questionnaire according to the target nurse population (Table 1).

**Table 1.** Results of the Translation Synthesis of the MBI-HSS Instrument in Indonesian Version

| No.                      | Pernyataan                                                                                                                 |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------|
| Kelelahan Emosional      |                                                                                                                            |
| 1                        | Saya merasa pekerjaan saya menguras emosi                                                                                  |
| 2                        | Saya merasa lelah diakhir jam kerja                                                                                        |
| 3                        | Saya merasa lelah ketika bangun di pagi hari, lalu harus menghabiskan sepanjang waktu shift di tempat kerja                |
| 4                        | Saya merasa pekerjaan saya sudah di luar kemampuan saya                                                                    |
| 5                        | Saya merasa pekerjaan saya menguras fisik                                                                                  |
| 6                        | Saya merasa stres karena pekerjaan saya                                                                                    |
| 7                        | Saya merasa bekerja keras dipekerjaan saya                                                                                 |
| 8                        | Berinteraksi langsung dengan pasien saat bekerja memberikan tekanan pada saya                                              |
| 9                        | Melayani pasien sepanjang shift menjadi beban bagi saya                                                                    |
| Depersonalisasi          |                                                                                                                            |
| 1                        | Saya menjadi tidak peduli terhadap orang sekitar sejak saya mengambil pekerjaan ini                                        |
| 2                        | Saya merasa, saya memperlakukan pasien seolah-olah mereka objek yang tidak berhubungan dengan saya                         |
| 3                        | Saya khawatir pekerjaan ini membuat saya kurang peka secara emosional                                                      |
| 4                        | Saya tidak begitu peduli dengan apa yang terjadi pada beberapa pasien                                                      |
| 5                        | Saya merasa pasien menyalahkan saya atas beberapa masalah yang terjadi pada mereka                                         |
| Pencapaian Prestasi Diri |                                                                                                                            |
| 1                        | Saya merasa bersemangat di pekerjaan saya sebagai seorang perawat                                                          |
| 2                        | Saya dapat memahami bagaimana perasaan pasien saya tentang beberapa hal                                                    |
| 3                        | Saya merasa mempengaruhi kehidupan orang lain (khususnya dalam hal status kesehatan) secara positif melalui pekerjaan saya |
| 4                        | Saya mampu menangani masalah pasien saya secara efektif sesuai dengan tupoksi kerja saya sebagai seorang perawat           |
| 5                        | Saya dapat menciptakan suasana santai/nyaman dengan pasien                                                                 |
| 6                        | Saya merasa bersemangat setelah bekerja sama dengan pasien saya                                                            |
| 7                        | Saya telah mencapai banyak pengalaman berharga dalam pekerjaan ini                                                         |
| 8                        | Dalam pekerjaan saya, saya menangani masalah emosional dengan tenang.                                                      |

Step 2: Test the Validity and Reliability of the MBI-HSS Questionnaire

1. Validity Test: Content Validity Index.

All statement items across the subscales of emotional exhaustion, depersonalization, and personal accomplishment have a CVI value of  $\geq 0.80$ , confirming their validity according to expert judgment (Table 2).

**Table 2.** Indonesian Version of Maslach Burnout Inventory-Human Services Survey Questionnaires CVI

| Item                    | Relevant (3 or 4) | Not relevant (1 or 2) | I-CVI | Interpretation |
|-------------------------|-------------------|-----------------------|-------|----------------|
| Emotional Exhaustion    |                   |                       |       |                |
| EE 1                    | 5                 | 0                     | 1.00  | Valid          |
| EE 2                    | 5                 | 0                     | 1.00  | Valid          |
| EE 3                    | 4                 | 1                     | 0.80  | Valid          |
| EE 4                    | 4                 | 1                     | 0.80  | Valid          |
| EE 5                    | 5                 | 0                     | 1.00  | Valid          |
| EE 6                    | 4                 | 1                     | 0.80  | Valid          |
| EE 7                    | 5                 | 0                     | 0.80  | Valid          |
| EE 8                    | 5                 | 0                     | 1.00  | Valid          |
| EE 9                    | 5                 | 0                     | 1.00  | Valid          |
| Depersonalization       |                   |                       |       |                |
| DP 1                    | 4                 | 1                     | 0.80  | Valid          |
| DP 2                    | 4                 | 1                     | 0.80  | Valid          |
| DP 3                    | 5                 | 0                     | 1.00  | Valid          |
| DP 4                    | 4                 | 1                     | 0.80  | Valid          |
| DP 5                    | 4                 | 1                     | 0.80  | Valid          |
| Personal Accomplishment |                   |                       |       |                |
| PA 1                    | 5                 | 0                     | 1.00  | Valid          |
| PA 2                    | 4                 | 1                     | 0.80  | Valid          |
| PA 3                    | 5                 | 0                     | 1.00  | Valid          |
| PA 4                    | 5                 | 0                     | 1.00  | Valid          |
| PA 5                    | 5                 | 0                     | 1.00  | Valid          |
| PA 6                    | 5                 | 0                     | 1.00  | Valid          |
| PA 7                    | 4                 | 1                     | 0.80  | Valid          |
| PA 8                    | 5                 | 0                     | 1.00  | Valid          |

The following presents demographic characteristic nurse data involved in the validity and reliability testing process of the MBI-HSS instrument.

**Table 3.** Demographic characteristics of the respondents (n=180)

| Demographic characteristics | Mean     | SD       |
|-----------------------------|----------|----------|
| Age (Years)                 | 32.78    | 7.79     |
|                             | <b>n</b> | <b>%</b> |
| Gender                      |          |          |
| Female                      | 145      | 80.60    |
| Male                        | 35       | 19.40    |
| Education Level             |          |          |
| Postgraduate                | 2        | 1.10     |
| Bachelor                    | 116      | 64.40    |
| Diploma                     | 62       | 34.40    |
| Duration of work (years)    |          |          |
| <5                          | 55       | 30.60    |
| $\geq 5$                    | 125      | 69.40    |

Based on the demographic characteristics of the respondents, most of the respondents were female (80.60%), the average respondent had bachelor degree (64.40%), the age of the respondents showed a  $M=32.78$ ,  $SD=7.79$ , and the length of employment of the respondents was  $>5$  years (69.40 %) (Table 3).

## 2. Reliability Test

### Internal consistency

Statement items have a Cronbach's alpha above 0.75, indicating excellent internal consistency reliability for most items in the Indonesian version of the MBI-HSS (Table 4). However, three items in the Emotional Exhaustion subscale had Cronbach's alpha values of  $EE(3)=0.499$ ;  $EE(5)=0.669$  and  $EE(7)=0.669$  suggesting moderate reliability. Overall, the total item correlation coefficients for the statement items are above 0.3, indicating good statistical correlation among all items in the questionnaire (Marar et al., 2023; Onojakpor & De Kock, 2020).

**Table 4.** Internal consistency per-item statement Maslach Burnout Inventory- Human Services Survey Indonesian Version

| No.                     | Item Statement | Corrected Item-Total Correlation | Cronbach's Alpha If Item Deleted |
|-------------------------|----------------|----------------------------------|----------------------------------|
| Emotional Exhaustion    |                |                                  |                                  |
| 1.                      | EE1            | 0.532                            | 0.816                            |
| 2.                      | EE2            | 0.476                            | 0.744                            |
| 3.                      | EE3            | 0.677                            | 0.499                            |
| 4.                      | EE4            | 0.539                            | 0.799                            |
| 5.                      | EE5            | 0.513                            | 0.669                            |
| 6.                      | EE6            | 0.592                            | 0.790                            |
| 7.                      | EE7            | 0.513                            | 0.669                            |
| 8.                      | EE8            | 0.665                            | 0.776                            |
| 9.                      | EE9            | 0.557                            | 0.799                            |
| Depersonalization       |                |                                  |                                  |
| 1.                      | DP1            | 0.589                            | 0.788                            |
| 2.                      | DP2            | 0.476                            | 0.794                            |
| 3.                      | DP3            | 0.545                            | 0.785                            |
| 4.                      | DP4            | 0.464                            | 0.796                            |
| 5.                      | DP5            | 0.436                            | 0.802                            |
| Personal Accomplishment |                |                                  |                                  |
| 1.                      | PA1            | 0.607                            | 0.876                            |
| 2.                      | PA2            | 0.738                            | 0.858                            |
| 3.                      | PA3            | 0.552                            | 0.882                            |
| 4.                      | PA4            | 0.769                            | 0.859                            |
| 5.                      | PA5            | 0.768                            | 0.860                            |
| 6.                      | PA6            | 0.646                            | 0.868                            |
| 7.                      | PA7            | 0.687                            | 0.863                            |
| 8.                      | PA8            | 0.614                            | 0.871                            |

### Test-Retest Reliability

Test-retest reliability was conducted over a vulnerable period of 6-7 days between the first and second tests (Ch et al., 2025; Willems et al., 2023). The subscales of Emotional Exhaustion, Depersonalization, and Personal Accomplishment all showed  $p=0.001$ , indicating a significant item correlation between the first and second testing periods (Table 5). Most of the statement items have p-values of 0.000 ( $p<0.05$ ), indicating that the correlation between the statement items during the first and second test periods is significant. However, there are three statement items in the depersonalization subscale that are not correlated, with p-values greater than 0.05, namely  $DP(2)=0.146$ ;  $DP(3)=0.054$ ; and  $DP(4)=0.374$ . Meanwhile, the Spearman

correlation coefficient values mostly have values greater than 0.3, indicating a positive correlation with a moderate strength. However, there are three statement items in the depersonalization subscale that have weak correlations, namely DP(1)=0.167; DP(2)=0.121; DP(3)=0.16; and DP(4)=0.074.

**Table 5.** Per-item Test-retest Reliability (Correlation Test) Maslach Burnout Inventory-Human Services Survey Indonesian Version

| No.                     | Statement item | $r^a$ | $r^b$ |
|-------------------------|----------------|-------|-------|
| Emotional Exhaustion    |                |       |       |
| 1.                      | EE1            | 0.001 | 0.601 |
| 2.                      | EE2            | 0.001 | 0.509 |
| 3.                      | EE3            | 0.001 | 0.452 |
| 4.                      | EE4            | 0.001 | 0.430 |
| 5.                      | EE5            | 0.001 | 0.381 |
| 6.                      | EE6            | 0.001 | 0.524 |
| 7.                      | EE7            | 0.001 | 0.381 |
| 8.                      | EE8            | 0.001 | 0.581 |
| 9.                      | EE9            | 0.001 | 0.472 |
| Depersonalization       |                |       |       |
| 1.                      | DP1            | 0.045 | 0.167 |
| 2.                      | DP2            | 0.146 | 0.121 |
| 3.                      | DP3            | 0.054 | 0.160 |
| 4.                      | DP4            | 0.374 | 0.074 |
| 5.                      | DP5            | 0.001 | 0.600 |
| Personal Accomplishment |                |       |       |
| 1.                      | PA1            | 0.001 | 0.417 |
| 2.                      | PA2            | 0.001 | 0.328 |
| 3.                      | PA3            | 0.001 | 0.547 |
| 4.                      | PA4            | 0.001 | 0.519 |
| 5.                      | PA5            | 0.001 | 0.383 |
| 6.                      | PA6            | 0.001 | 0.384 |
| 7.                      | PA7            | 0.001 | 0.353 |
| 8.                      | PA8            | 0.001 | 0.303 |

<sup>a</sup> spearman rho

<sup>b</sup> correlation coefficient

## Discussion

The psychometric test results of the MBI-HSS questionnaire indicate that this questionnaire is accurate in measuring burnout among nurses at the healthcare service level in Indonesia. The psychometric testing process involved two stages: translation, adaptation, and instrument development, as well as validity and reliability testing, following the Delphi instrument adaptation process and World Health Organization (WHO) guidelines (Trevelyan & Robinson, 2015; WHO, 2016). The translation process involved experts. The expert used different people to compare the translation results (Borsa, 2012).

The final outcome of the translation process ensured that the translated results accurately represented the statements in the original questionnaire. Therefore, it can be concluded that these translation results are suitable for studying the target population according to Borsa (2012), Muhamad et al. (2018), and WHO (2018). Key questionnaires were translated prior to use within the target population to prevent misinterpretation of their original meaning. The translated language should be easily accepted and understood by the target group. The grammar of the translated questionnaire was clear and unambiguous for the target population. Furthermore, three language experts participated in the translation process to agree on the most appropriate version for the target audience (Gorecki et al., 2014).

The second stage involved testing for validity and reliability. Validity was measured using the Content Validity Index (CVI). Among the 22 questionnaire items, a CVI of  $\geq 0.80$  was attained, demonstrating that each statement in the Indonesian version of the MBI-HSS was appropriate for assessing nurse burnout. The CVI was determined by five experts who reviewed and refined several items until they reached an agreement, ensuring the relevance of each statement (Wang & Sahid, 2024; Wei, et al., 2025). It is recommended that CVI values not fall below 0.78. The content validity index is essential for determining whether the questionnaire accurately measures its intended constructs. Experts selected for evaluation should have relevant knowledge and experience related to the questionnaire; choosing unsuitable experts can affect their assessments and may lead to bias (Li et al., 2025).

The reliability test used test-retest reliability and internal consistency. The Spearman test was used to evaluate the correlation and strength between the first and second questionnaires. In the per-item correlation analysis, three items depersonalization subscale showed no significant correlation. Overall, the questionnaire items demonstrated meaningful total and per-item correlations. The lack of significance in some items is likely due to differences in respondents' conditions during the two tests, such as work fatigue or mood changes. Test-retest results are heavily affected by time lapses and varying situations, which can alter the measurement outcomes (Aldridge et al., 2017; Kuva & Paulo, 2023; Verster et al., 2023).

In the internal consistency test, each statement item had a Cronbach's alpha above 0.75, indicating excellent reliability for most items in the MBI-HSS (Matheson, 2019). However, three items in the Emotional Exhaustion subscale showed lower alpha values. However, this item can still be retained as an initial result on a limited basis because this research is exploratory, and the instrument used to identify the construct has a broad scope within the subscale of Emotional Exhaustion. Tavakol & Dennick, (2011) explained that a low alpha value can be influenced by a small number of statements, weak inter-item correlations, or a heterogeneous construct.

This research is expected to be used by hospital management to identify issues related to work fatigue. Some of the findings from this study identified nurses experiencing work fatigue, which serves as input for the hospital to provide appropriate interventions based on the underlying factors causing burnout, including offering counseling services for nurses experiencing fatigue at the workplace.

### **Limitations**

The sample was collected from only three hospitals in Indonesia, which does not represent the entire region of Indonesia. Further studies with a larger sample could allow Confirmatory Factor Analysis (CFA) to be conducted to confirm the factor structure.

### **Contribution to Global Nursing Practice**

Burnout syndrome is a common psychological issue among hospital nurses. Therefore, hospitals must prioritize the physical and mental well-being of their staff. The MBI-HSS questionnaire can be used by hospital management and other people who want to identify nurses at risk. The prevention and early treatment of fatigue in nurses can be further minimized. For education, burnout syndrome should be introduced more to student nurses, as it is still less familiar to nursing students in Indonesia. Especially the adverse effects caused for nurses who experience burnout syndrome, and for researchers, can be a reference questionnaire for researchers who want to identify burnout syndrome among nurses in Indonesia

## Conclusion

The current study validated the 22-item MBI-HSS for the assessment of burnout syndrome in nurses. This study produced an Indonesian version of the MBI-HSS questionnaire to identify nurses with burnout syndrome. The MBI-HSS questionnaire, which has undergone an adaptation and development process tailored to the scope of the population of nurses in Indonesia, has proven to be valid and reliable. Nursing management in hospitals or other researchers aiming to identify nurses with burnout syndrome can utilize the Indonesian version of the MBI-HSS. This version has been adapted to the nursing population in Indonesia and has demonstrated its validity and reliability.

## Author Contribution

All authors contributed to the entire content of this manuscript.

## Conflict of interest

Authors state no conflict of interest.

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