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BURNOUT AMONG NURSES DURING THE COVID-19 PANDEMIC

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ABSTRACT

Burnout is a global phenomenon. The prevalence of burnout among nurses in Indonesia is around 60%. During the COVID-19 pandemic, the number of patient visits to the Public health centre has increased. This study aims to describe burnout in nurses at the Public health centre during the COVID-19 pandemic. This study uses a quantitative descriptive with a cross-sectional approach. The population is 40 health centre nurses using a sampling technique that is the total population. This study used the Maslach Burnout Inventory-Human Services Survey (MBI-HSS) as an instrument with final validity test values ranging from -0.701 to 0.966 and a reliability test of 0.83. Data analysis uses univariate analysis, which is shown in the form of a frequency distribution. Almost all respondents experienced moderate burnout, as many as 34 nurses (85%). Based on the burnout dimension show that the dimensions of emotional exhaustion are 27 nurses (67.5%), the dimension of depersonalization is 31 nurses (77.5%), and the dimension of achievement decline is 29 nurses (72.5%), mostly in the medium category. The high burnout of Public health centre nurses will affect the performance of nurses in providing nursing services to patients. The impact of the pandemic has also become a source of stress for nurses in providing services. The possibility of nurses coming into contact with asymptomatic COVID-19-infected patients is substantial. This becomes a burden for nurses in providing services.

Keywords: Burnout, Covid-19, Health Centre, Nurse, Pandemic

INTRODUCTION

Burnout is a syndrome of emotional exhaustion and cynicism involved in “serving people” that often occurs in individuals (Maslach, C., Jackson, S.E., & Leiter, 2018). The prevalence of burnout, according to World Health Organization (2019) states that classifying burnout is one of the newest international diseases, such as "chronic stress that has not been successfully managed because of work". Burnout is in the 11th revision. The WHO International Classification of Diseases (ICD-11) is categorised as an "occupational phenomenon", not a medical condition. Job burnout is a syndrome that originates from chronic stress at work. Chronic stress is caused by repeated or continuous exposure to stressors and lasts long (Cohen et al., 2012).

Burnout has three dimensions, which are as follows:

Emotional exhaustion, which is the top quality of burnout and a natural manifestation of individuals who experience this complex syndrome, depersonalization is the relationship that occurs in individual workers with their work then develops and gets a negative attitude. His work, finally, a decrease in personal achievement can be seen from the tendency to give a negative assessment of himself (personal achievement) (Maslach, C., Jackson, S.E., & Leiter, 2018)

Burnout is becoming a worldwide phenomenon, although according to statistical agencies related to the prevalence of burnout, it is challenging to obtain specifically. In the UK, 595,000 people suffered from stress at work in 2018 (Sartika, 2019). Some data shows that the prevalence of burnout in Indonesia is around 60%, while recent analysis shows that burnout is in the range of 0-80% (Wulan & Citra Apriliani, 2017). Some data shows that the prevalence of burnout in Indonesia is in the range of 60%, while the latest analysis shows that burnout is in the range of 0-80%. The difference is caused by the many different ways in which fatigue is defined, such as symptoms of reduced energy, feeling no mental attachment to work and decreased productivity at work (Maharrani, 2019). According to Duarte and Pinto-Gouveia (2017), professionals with high levels of burnout are health workers, social workers, teachers, lawyers, customer service representatives, and police officers.

The burnout that occurred during the COVID-19 pandemic among medical personnel was in the moderate category (82%), and 1% was at a severe level (Saputra, 2020). In a study conducted by a group of researchers from the University of Indonesia's Faculty of Medicine Masters Study Program, 83% of health workers in Indonesia had experienced burnout syndrome, the final results in this study were moderate and severe levels, so they already had a risk. Regarding work efficiency and psychological quality of life, 52% feel less confident, 22% feel they have lost empathy, and 41% feel emotional exhaustion (Humas FKUI, 2020). In a study related to the problem of nurse burnout at a hospital in East Kalimantan, it was found that 56% of nurses at the hospital experienced burnout (Satyawati & Soetjiningsih, 2022). Sari (2015) said that there is a relationship between workload and burnout syndrome in hospital nurses at X Hospital in Bali with a p-value of 0.006 (p-value <0.05).

The role of nurses at the Public health centre is as a provider of nursing care, health educator, case finding, collaborator and coordinator, counsellor and role model (Kozier Barbara 1995, in Mubarak, S., 2017). A nurse becomes overwhelmed or exhausted due to the heavy workload in her role. This causes a decrease in the quality of service from nurses to patients (Satyawati & Soetjiningsih, 2022).

The impact of burnout is Burnout is lost energy, which means that a nurse who is experiencing burnout will feel symptoms such as fatigue, stress and being overwhelmed. Then Burnout is Lost Enthusiasm, a desire for nurses to decrease in doing work, and various things related especially to work will become unpleasant. Finally, Burnout is Lost Confidence. That is, in doing their job, they are not optimal because they need maximum involvement and feelings to have energy. A worker also feels increasingly ineffective, and the longer it will make a worker doubt

his abilities (Maslach, C., Jackson, S.E., & Leiter, 2018). Two factors can cause burnout syndrome, namely external factors, including (the work environment consists of a work environment that is not good for the individual psychologically, opportunities for promotion are lacking, minimal family support, social support from superiors due to insufficient job demands, an insufficient reward given,, and work that is always monotonous) and internal factors include (individual factors such as self-esteem, age, gender and also personality characteristics) (Nugroho et al., 2019; Putra; 2016; Swasti et al., 2018).

Health Center X has objectives, among others, to realize quality health services, support the Health Centre's independence, and provide inpatient, outpatient, delivery and 24-hour, and emergency services. In addition, health Center X has various health services that can be accessed, including health services for children and mothers, counselling services, nutrition services, immunization and disease prevention and control, and both non-communicable and infectious diseases.

Based on the results of interviews with the Head of Public health centre X, during the COVID-19 pandemic, the number of patient visits per day at the Public health centre was more than 150 patients, sometimes reaching 200 patients. The number of visits increased by 50% more than before the pandemic. The average monthly patient visit is more than 3900 patients. All health workers, including nurses, felt exhausted from the change. Fatigue presents a different condition, but it will reduce nurses' workability and resilience. This study aims to overview burnout in Public Health Center X nurses during the COVID-19 pandemic.

LITERATURE REVIEW

Burnout

Burnout is a work-related stress syndrome caused by chronic exposure to work stress (De Hert, 2020). In addition, burnout is a psychological syndrome that is a prolonged response to chronic interpersonal stressors at work. The three main dimensions of this response are extreme fatigue, cynicism and detachment from work, and feelings of ineffectiveness and lack of accomplishment. The significance of this three-dimensional model is that it places individual stressful experiences within a social context and engages one's conception of self and others (Maslach & Leiter, 2016).

Impact of Burnout

Burnout substantially negatively impacts workers' work and personal lives (Edú-Valsania et al., 2022). In addition, burnout has an impact on the nurses themselves (T. H. Putri, 2019). Maslach, C., Jackson, S.E., and Leiter (2018) said burnout also impacted the decline in quality of care. This appears to factor in job turnover, dissatisfaction, and intention to leave work (T. H. Putri, 2019).

Nurses and Pandemi Covid-19

Nurses play an essential role in the health system's response to the COVID-19 pandemic as they are frontline health workers who are directly involved in the treatment and care of patients (Galanis et al., 2021). Nurses are under extreme and constant psychological pressure because they are particularly exposed to the threat of Covid-19 infection, and they are overcome with fear for the safety of their

health, that of their immediate family members, and their patients. (Joo & Liu, 2021).

RESEARCH METHOD

Study Design

This study was a quantitative descriptive design.

Pupulation and Sample

The population in this study were 40 nurses working at the X Health Center. The sampling technique used was the total population technique. Data analysis in this study used univariate analysis. This research was carried out at Health Centre X for one month in June 2021.

Instrument

The MBS-HSS questionnaire has been made in a translated version, which has 22 statements; each item statement has seven answer choices, namely 0 = never, 1 = several times a year, 2 = once a month or less, 3 = several times a month, 4 = once a week, 5 = several times a week, 6 = every day. The questionnaire used was the Indonesian version of the Maslach Burnout Inventory-Human Service Survey (MBI-HSS) questionnaire. This questionnaire has been tested for its validity and reliability. The results of the validity test showed -0.701 to 0.966. The reliability test with Cronbach's alpha coefficient produces a reliability coefficient of 0.83.

Data Collection

Data collection in this study was carried out by distributing questionnaires to nurses at public health centre X. The research procedure carried out by researchers used primary data collection, which was obtained directly from the respondents.

The researcher asked for the consent of the prospective respondent to be involved in this study, and the researcher used initials to keep the respondent's identity secret. This research increased the knowledge of the X Health Center nurses so that nurses could recognize and anticipate burnout events, and the researcher treated all respondents fairly without any discrimination.

The first step taken by the researcher was to visit the research respondents. After that, the researcher gave an informed consent sheet directly to the prospective respondent and explained the aims and objectives of the research to the prospective respondent in the room, which was carried out according to the health protocol while still using a mask and keeping a distance. After that, prospective respondents were allowed to ask questions related to the research.

Then the researcher asked about the respondent's willingness to cooperate in this study by signing an informed consent form. During the study, all nurses agreed to be respondents. Furthermore, the researcher explained the procedure for filling out the questionnaire. The research was conducted by filling out a questionnaire, namely the MBI-HSS questionnaire. Questionnaires were given to respondents directly and carried out according to health protocols. In this study, researchers used initials to maintain the confidentiality of the respondent's identity.

The researcher accompanied the respondents in filling out the questionnaire for 5-10 minutes while maintaining their distance. Researchers treated respondents somewhat before, during, and after participating in this study without discrimination. After the

respondent filled out the questionnaire, the researcher rechecked it to ensure its completeness. The research was carried out at Public health centre X for one month, June 2021.

Ethical Approval

This research has been approved by the ethical clearance ethical commission Padjadjaran University with letter number; 482/UN.6.KEP/EC/2021.

Data Analysis

Univariate analysis was used to determine the frequency distribution in each category's number and percentage, such as age, gender, last education, marital status, length of service and incidence of nurse burnout. The dimensions of burnout are emotional exhaustion, depersonalization, and decreased personal achievement, which is then presented in frequency and percentage. The calculation of burnout seen from the total score of all dimensions is 0-132, which is classified into 0 (no burnout), 1-44 (mild), 45-88 (moderate), and 89-132 (severe). The emotional exhaustion dimension has a score of 0-54 which is classified into 0 (none), 1-18 (mild), 19-36 (moderate), and 37-54 (severe). Depersonalization dimension scores 0 - 30 are classified as 0 (none), 1-10 (mild), 11-20 (moderate), and 21-30 (severe). Scores on the personal achievement disorder dimension 0-48 are classified as 0 (none), 1-16 (mild), 17-32 (moderate), and 33-48 (severe).

RESULTS

Table 1. Demographic Characteristics (n=40)

Karakteristik	Frequency (f)	Percentage (%)
Age (Year)		
21-30	7	17.5
31-40	22	55.0
41-50	9	22.5
> 50	2	5.0
Gender		
Male	18	45.0
Female	22	55.0
Marital status		
Married	36	90.0
Single	4	10.0
Educational Background		
Diploma	7	17.5
Bachelor	15	37.5
Registered Nurse	18	45.0
Length of work (years)		
1-5	13	32.5
6-10	19	47.5
> 10	8	20.0

Based on table 1 shows that the majority of respondents aged 31-40 years (55%) were female (55%), and almost all respondents had the status of married (90%). Almost half of the educational background respondents had a bachelor's (45%) and worked for 6-10 years (47.5%).

Table 2. Burnout Frequency Distribution among Nurses (n=40)

Category	Frequency (f)	Percentage (%)
Low	5	12.5
Moderate	34	85.0
High	1	2.5

Based on table 2 shows that almost all respondents were in the moderate category (85%).

Table 3. Frequency Distribution of Burnout Dimensions among Nurses (n=40)

Dimension of Burnout	Frequency (f)	Percentage (%)
Emotional Exhausted		
None	1	2.5
Low	3	7.5
Moderate	27	67.5
High	9	22.5
Depersonalization		
Low	8	20.0
Moderate	31	77.5
High	1	2.5
Decrease in personal achievement		
Low	7	17.5
Moderate	29	72.5
High	4	10.0

Based on dimensions (Table 3), namely the emotional exhaustion (67.5%), depersonalization dimension (77.5%), and decreased personal achievement (72.5%) found that most of the respondents were in the moderate category of burnout.

Table 4. Burnout Based on Demographic Characteristics (N=40)

Variable	*Burnout*						Total (%)
	Low		Moderate		High		
	F	%	F	%	F	%	
Age (Year)							
21-30	2	5	5	12.5	0	0	17.5
31-40	0	0	22	55	0	0	55
41-50	3	7.5	5	12.5	1	2.5	22.5
> 50	0	0	2	5	0	0	5
Gender							

Male	3	7.5	14	35	1	2.5	45
Female	2	5	20	50	0	0	55
Marital status							
Married	5	12.5	30	75	1	2.5	90
Single	0	0	4	10	0	0	10
Educational Background							
Diploma	2	5	5	12.5	0	0	17.5
Bachelor	1	2.5	14	35	0	0	37.5
Registered Nurse	2	5	15	37.5	1	2.5	45
Length of work (years)							
1-5	1	2.5	11	27.5	1	2.5	32.5
6-10	2	5	17	42.5	0	0	47.5
> 10	2	5	6	15	0	0	20

Based on table 4, it show that the majority of respondents aged 31-40 years with burnout were in the moderate category, totalling 22 nurses (55%). Based on the gender of the burnout, half of the female respondents in the moderate burnout category are 20 nurses (50%). Judging from the status of being married to burnout, almost all respondents who are married to burnout are in the moderate category, namely as many as 30 nurses (75%) and judging from their last education with burnout, almost half of the respondents have a bachelor's degree. With burnout in the moderate category totalling 15 nurses (37.5%). Based on the length of work with burnout, almost half of the respondents with a working period of 6-10 years experienced moderate burnout, namely 17 nurses (42.5%)

DISCUSSION

Based on the study results, most respondents experienced a moderate level of burnout (85%). This is in line with research (Satyawati & Soetjiningsih, 2022), which said that as many as 82% of nurses and midwives experienced moderate levels of burnout during the Covid-19 pandemic. A study Satyawati and Soetjiningsih (2022) supported by Rosdiana et al (2022) said that as many as 86.8% of respondents experienced moderate levels of burnout while working at the hospital. Many factors cause this.

Several factors can cause nurses to experience burnout while working. According to Asi (2013), the climate during work relates to nurses' stress and burnout levels. In addition, the increased workload of nurses has the potential for worse burnout rates (Mariyanti & Citrawati, 2011). Nurses who work in inpatient and outpatient rooms have the potential to experience stress due to overloaded work demands related to serving others (Nugroho et al., 2019). However, the workload mismatch is less proportional than the ratio of clients to nurses working that shift. Nurses who have emotional exhaustion in the moderate category mean fatigue triggers burnout in nurses (Putra, 2016).

Lack of recognition of the expertise possessed by nurses, the

leadership style of the head of the room, which makes nurses less able to express their abilities and expertise, and lack of intense communication between nurses, nurses and other professionals so that conflicts often occur (L. A. Z. Putri et al., 2019; Satyawati & Soetjiningsih, 2022; Tinambunan & Tampubolon, 2018). Nurses are always blamed when there are mistakes, limited learning opportunities owned by nurses, and low control over nursing services. Besides, rewards have not been proportional to nurses regardless of their workload, and unclear career development (Sari, 2015). Feelings of frustration can occur when individuals trying to achieve specific goals experience obstacles or lose the desired opportunity to achieve something (L. A. Z. Putri et al., 2019; Satyawati & Soetjiningsih, 2022; Tinambunan & Tampubolon, 2018).

Based on the results obtained, most of the respondents were aged 31-40 years, totalling 22 nurses (55%), female, with a bachelor's degree and almost all of them were married, most of whom had worked for 6-10 years and experienced moderate burnout. This is in line with Rosdiana et al. (2022) in their research, which explained that the results of the age factor analysis in nurses aged 30-40 years experienced more burnout than nurses aged 50 years and over. This is because younger people have emotional expectations, high ideals, idealism, and too many demands, so at work, sometimes they still need to adapt to the work environment, which makes them more susceptible to experiencing symptoms of burnout (Swasti et al., 2018).

Tinambunan and Tampubolon (2018) also stated that the productive age is often faced with challenges. If they are unable to manage it, they have the potential to experience stress. However, personality factors have an essential role; with the existence of stressors, individuals who are at a productive age tend to make effective coping of changes in conditions that are considered stressful. The environment they work in inpatient rooms is conducive to creating enthusiasm for work, feeling energized and energized at work because of their passion of love serving sick people. Inpatient nurses must foster better relationships between friends while providing services to patients. Female nurses dominate most nurses in the hospital compared to male nurses. This is because women prefer the nursing profession compared to men (Spence Laschinger & Fida, 2014).

Putri et al. (2019) state that there is no significant difference in marital status with burnout. However, social support from a nurse's spouse greatly influences comfort, care, self-esteem or other forms of assistance received from a spouse, unlike the results of research by Rosdiana et al. (2022), who said that burnout in nurses in inpatient rooms on marital status could be seen that most of the respondents are married.

Tinambunan and Tampubolon (2018) said that the higher the education level of a nurse, the more optimal the intellectual ability, creativity and application in providing services to patients so that stress levels are reduced because they do not experience many difficulties. The challenges faced by professionals with higher educational backgrounds tend to be vulnerable to burnout compared to those who are not highly educated (Plantiveau et al., 2018). Highly educated

professionals have ideal hopes or ideals so that when faced with a reality where there is a gap between ideals and reality, anxiety and disappointment arise, which can lead to burnout (Spence Laschinger & Fida, 2014; Swasti et al., 2018; Tinambunan et al., 2018; Tinambunan & Tampubolon, 2018; Wirati et al., 2020; Wulan & Citra Apriliani, 2017; Yenni & Mesrawati, 2016).

Respondents who have worked for more than six years experience burnout in the moderate category. The effect of long tenure is that it allows nurses to experience boredom in routine work, the expected promotion is not achieved, there needs to be a pattern of good career development, lack of appreciation from the leadership for employees who have worked. Old and new employees' salaries are disproportionately different (Rosdiana et al., 2022). This research is not in line with the research by Putri et al. (2019), namely suggesting that a work period of 0-5 years has a higher burnout rate than a work period of more than five years due to self-adjustment to work, the adaptation process, and the workplace environment which causes the individual to feel bored. Environmental conditions with colleagues support this, additional assignments, lack of support from superiors, and have made mistakes (Prakosa et al., 2021; Putra, 2016; Sari, 2015; Spence Laschinger & Fida, 2014). The more work experience a person has, the lower the level of burnout experienced by a person, and vice versa; the less experience at work, the higher the level of burnout experienced by a person (Anggraeni et al., 2021). Sari (2015) explained that there is a relationship between workload, demographic factors, locus of control and self-esteem towards burnout syndrome.

In this study, almost all the burnout categories on the depersonalization dimension were in the medium category. In this case, it is in line with research by Putri et al. (2019), which stated that nurses with depersonalization were included in the moderate and severe categories. Depersonalization is a relationship that occurs between a worker and work and results in a negative attitude towards work. Disengagement from work and lack of enthusiasm can lead to depersonalization. Nurses sometimes experience frustration and tend to keep a distance from the surrounding environment, are indifferent, and want to avoid getting involved in problems related to their work. This is a symptom of a depersonalized worker (Spence Laschinger & Fida, 2014; Tinambunan et al., 2018; Tinambunan & Tampubolon, 2018; Wirati et al., 2020; Yenni & Mesrawati, 2016).

Nurses experience a decrease in personal achievement. This is caused by several factors, such as factors in the work environment, which include a person's work environment for psychologically unfavourable attitudes, lack of family support, lack of opportunity for promotion, a reward given to someone who is inadequate or insufficient, lack of social support from superiors because of job demands, and work that feels monotonous (Nugroho et al., 2019). In line with the results of the study by Wirati et al. (2020), there is a relationship between nurse burnout and the work motivation of implementing nurses at the Hospital.

CONCLUSION

Based on the results of the study, most of the respondents in this study 85% experienced burnout with a moderate level. In addition, based on burnout dimensions showed that the dimensions of emotional exhaustion, depersonalization dimensions and dimensions of achievement decline were mainly in the moderate category (67.5%), (77.5%), and (72.5%). The high burnout of Public health centre nurses will affect the performance of nurses in providing nursing services to patients. Nurses must feel safe and comfortable in providing services and working in an environment that conforms to standards to minimize problems arising from psychological, physical and social-spiritual pressure so that sources of stress at work can be handled. The impact of the pandemic has also become a source of stress for nurses in providing services. The possibility of nurses coming into contact with asymptomatic COVID-19-infected patients is substantial. This becomes a burden for nurses in providing services.

The results of this study can be used as input for Public health centre managers to be able to manage or minimize burnout incidents by fulfilling the availability of personal protective equipment (PPE) and making various programs such as efforts to improve work systems by providing in-house training to reduce workload, holding team recreation relaxation activities thereby making a positive contribution in preventing burnout in nurses.

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