# Factors Related To The Burnout Of Heart Hospital Nurse Hasna Medika Cirebon During The Covid-19 Pandemic

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Abstract: *The current Covid-19 pandemic is still occurring in Indonesia causing health workers, one of whom is a nurse who intervenes directly in the hospital at high risk of contracting the Covid-19 virus. Burnout in nurses occurs when faced with difficulties, workload, and high stress. The impact of burnout on nurses is emotional distress, dissatisfaction at work, life-threatening and safety, and can be a consequence of mental illness such as depression and even suicide. The purpose of study was to identify burnout-related factors in nurses of Hasna Medika Cirebon Heart Hospital during the Covid-19 pandemic. The study was conducted from August 4 to August 30, 2021, and is a descriptive study using a google form that is distributed to all nurses of Hasna Medika Cirebon Heart Hospital. A total of 65 nurses were involved in the study. The research instrument is the Maslach Burnout Inventory (MBI). The results showed that burnout in Hasna Medika Cirebon Heart Hospital nurses was in a low category by 33.8% and the moderate category by 66.2%. Age, gender, education and length of work are factors that cause burnout in nurses. In conclusion, most nurses show burnout at moderate levels and several factors were found to correlate with burnout. Prevention efforts are needed to reduce the risk of burnout in nurses of Hasna Medika Cirebon Heart Hospital.*

## 1. INTRODUCTION

Indonesia is still fighting the coronavirus or what is also known as Covid-19, not only in Indonesia, other countries are the same. Every day, the number of cases exposed to the Covid-19 virus continues to grow with several reports of recovery but it is also stated that not a few have died. This is even more so for health workers around the world who are currently facing more challenging conditions than usual due to the Covid-19 pandemic. Health workers experience stress due to work due to the high number of patients, inadequate hospital facilities and the high risk of exposure to disease. One of the professions that are high risk, full of pressure and tends to have a high workload is nurse. The entry of the Covid-19 virus is new and unexpected for hospitals around the world and challenges various aspects of hospital care (Zerbini et al., 2020). Employees working in the health sector who are currently on the front line to fight the Covid-19 virus, both in all fields and specialities, are facing unprecedented challenges, this poses a risk of transmission and psychological stress (Firew et al., 2020). According to Lai et al., (2020) health workers who directly intervene in hospitals face difficulties and workloads, as well as a large number of high stresses, that cause health workers prone to burnout (fatigue).

Burnout occurs due to time pressure and high workload, high work stress and poor organizational support (Dugani et al., 2018). According to Maslach, burnout is a psychological syndrome that has characteristics in the form of emotional exhaustion, depersonalization and a decrease in personal accomplishment (Chemali et al., 2019). Various professions that work in the fields of health, social and educational services are at great risk of experiencing burnout. Burnout can be experienced by individuals who have professional relationships with other people, one of which is health workers, especially nurses. One study reported that 40% of nurses experienced high levels of burnout (Ramirez et al., 2019). If the nurse experiences burnout, then the nurse can provide less efficient care to patients compared to nurses who are far from burnout. In addition, nurses who experience burnout can also harm patients with their mistakes. Therefore, during thev pandemic, it is important to recognize and detect burnout immediately (Sahin et al., 2020). The factors related to burnout include intensive patient care, high

patient mortality, high workload, role conflict and lack of time to meet patient needs (Khamisa et al., 2013).

Based on study data in Singapore, burnout followed by anxiety and depression has a fairly high value, namely 67% of employees working in hospitals (Denning et al., 2021), especially health workers during the Covid-19 pandemic. Supported by research data by Kisely et al., (2020) a high workload and fear of being infected with a virus can increase burnout, anxiety and emotional stress on health workers who work during a pandemic. Health workers who experience burnout can lead to the consequences of mental illness and even suicide. Based on several research results, it shows that burnout will have an impact on the quality of life of workers. These impacts will result in mental health disorders, feeling depressed and lethargic and dissatisfied at work, so that all will affect the work performance of the employees themselves (Amin, 2011). Supported by research by Deying Hu et al., (2020) as many as 35% of nurses reported not wanting to practice because they experienced burnout. According to Huarcaya and Calle (2021), burnout that occurs in service workers is triggered by low ability to manage stress, lack of self-confidence and difficulty adapting so that it can cause anxiety and prolonged stress which then leads to burnout. Added to the research of Swasti et al., (2018) that burnout that occurs in most individuals is caused by emotional exhaustion and prolonged stress that triggers burnout. In addition, according to Muna (2020) that burnout occurs in a person due to a lack of relationships with family, work friends and the work environment. Because if someone has a lack of role from the environment, it will make them feel bored, easily tired and underappreciated, thus triggering burnout.

The increased burden on the health care system during the Covid-19 pandemic includes increasing the burden on health workers. This poses the heaviest risk to the safety of the health workers themselves because the Covid-19 virus spreads very quickly and it can threaten the lives and safety of health workers in hospitals during a pandemic. In addition to threatening the health and personal safety of health workers, it also has the potential to affect mental health which can be at risk of mental fatigue or also known as burnout syndrome (FKUI, 2020). According to research from the Faculty of Medicine, the University of Indonesia, 83% of doctors and other health workers experience burnout syndrome due to working during the Covid-19 pandemic. The details show that 17% light burnout, 82% moderate burnout and 1% heavy burnout. When viewed from the type of profession, 81% of general practitioners experienced burnout, 80% of specialists experienced burnout, 82% of dentists experienced burnout, 84% of nurses experienced burnout, 83% of midwives experienced burnout, 87% of laboratory workers experienced burnout and 84% of pharmacists. experience burnout (CNN, 2020). In the research of Maben and Bridges (2020), it is said that not a few medical personnel work more than the shift they should have. Because of this, not a few medical personnel are placed in new specialities, even those with higher difficulties than before. Therefore, of course, it becomes a burden for medical personnel who experience it.

Burnout is a serious problem in hospitals because it can cause various negative impacts both for nurses, patients and the workplace. Burnout in high-intensity workers such as health workers illustrates the symptoms that arise due to chronic stress (Katsounari, 2015). According to research by Chou et al., (2014) nurses and physician assistants are believed to suffer from the highest fugitives when compared to doctors, administrative staff and medical technicians in hospitals. It was found that research that discussed the condition of nurses during the Covid-19 pandemic, that nurses experienced acute stress with a prevalence rate of around 57% (Shechter et al., 2020). This is due to concerns for personal safety, concerns about transmitting the virus to family members and the high mortality rate of patients who have been exposed to hospitalization. In addition, they feel tired due to increased working hours, lack of personal protective equipment while caring for patients and nervous because they are afraid of being infected while in the treatment room (Cai et al., 2020). From the results of interviews with some nurses at the Hasna Medika Cirebon Heart Hospital, it can be seen that they also show symptoms of burnout. Worries about the rapid transmission of Covid-19, feeling that the workload is too heavy, stress due to the ongoing Covid-19 cases, the use of personal protective equipment (PPE) and the number of nurses who are not proportional to the number of patients who can make fatigue and make stress levels higher because eating and drinking are sometimes postponed if there is a buildup of work demands.

Hasna Medika Cirebon Heart Hospital is the only heart hospital located in Region III Cirebon. Cirebon District, Cirebon City, Indramayu District, Majalengka District and Kuningan District are included in Region III Cirebon (Sekilas Jabar, 2017). During the Covid-19 pandemic, Hasna Medika Cirebon Heart Hospital became a referral hospital for Covid-19 patients due to the soaring number of

exposed patients (Baihaqi, 2021). Because it is a referral hospital, it becomes a challenge for employees who work in hospitals and patient vigilance, where patients who visit must have a history of heart disease. People with a history of heart disease are more likely to experience worse Covid-19 symptoms. Reporting from detikHealth, heart health and its relation to the Covid-19 virus are related to the tendency of blood vessel clots in patients. If blood clots occur in patients who already have a history of heart disease, it will result in an increased risk of heart problems, so they will be more susceptible to worsening and even death (Azizah, 2020). Data obtained from one of the employees of the Hasna Medika Cirebon Heart Hospital, there are approximately 20 nurses who have been exposed to the Covid-19 virus. According to the research of Shiao et al., (Utama et al., 2020) it is said that nurses are health workers who have the most frequent contact with patients. This has a high risk of contracting the Covid-19 virus. The high risk of contracting the Covid-19 virus can cause nurses to be afraid to make direct contact and treat patients. This shows that nurses in charge of caring for Covid-19 patients are faced with difficult situations where they can experience stress, anxiety which can lead to burnout.

Based on the background explanation above, burnout is a syndrome that involves emotional exhaustion, depersonalization and a reduced sense of personal achievement. Burnout can affect the endurance of health workers during a pandemic like this, which is nurses. Nurses who experience burnout will feel frustrated, feel a sense of loss of control and decreased morale and can cause consequences for mental illness. This research was conducted because the Covid-19 pandemic still happening has made nurses who directly intervene in hospitals face high workloads, difficulties and stress and are prone to burnout. Therefore, the purpose of this study was to identify factors related to burnout in nurses at the Hasna Medika Cirebon Heart Hospital during the Covid-19 pandemic.

## 2. METHODS

This study uses descriptive quantitative research methods. The population in this study were 65 nurses of the Hasna Medika Heart Hospital, Cirebon. The sampling technique used in this study is total. According to Sugiyono (2013), total sampling is a sampling technique if all members of the population are used as samples. The data collection technique in this study was obtained by using a survey using The Maslach Burnout Inventory (MBI) scale to measure burnout in the Hasna Medika Heart Hospital nurses. The study was conducted from August 4 to August 30, 2021, researchers distributed questionnaires to respondents using a google form after obtaining permission from the Hasna Medika Cirebon Heart Hospital. MBI is a questionnaire whose use has been widely used to measure burnout in a person (Antari et al., 2021). The MBI consists of 22 items that include three subscales, namely Emotional Exhaustion (EE) consisting of 9 items, Depersonalization (DP) consisting of 5 items and Personal Accomplishment (PA) consisting of 8 items. Each item has a 7-point Likert scale with a detailed score of 0 (never), a score of 1 (at least a few times a year), a score of 2 (at least once a month), a score of 3 (a few times a month), a score of 4 (once a week), a score of 5 (several times a week) and a score of 6 (every day). The technique used to analyze MBI data is by using the percentage technique (%) because the data used are ordinal and quantitative. And the data were analyzed using crosstab analysis which displays cross-tabulation to identify factors related to nurses at the Hasna Medika Heart Hospital Cirebon. The software used in this research is SPSS 16.0. Before being used, the research instrument was tested for validity and reliability to the extent to which the instrument could be trusted. The reliability test in this study using the Cronbach's Alpha coefficient formula got a value of 0.772 which means high reliability according to the criteria for the reliability level of Sugiyono (2013). According to Azwar (2012) the higher the reliability coefficient, which is close to 1.00, the better.

## 3. RESULT

This research was conducted in the Hasna Medika Cirebon Heart Hospital, to see factors related to burnout among nurses at the Hasna Medika Cirebon Heart Hospital during the Covid-19 pandemic. The results obtained are as follows.

Table 1: Characteristics of Respondents

| | | N | % |
|---|---|---|---|
| Age | 22 – 28 | 35 | 53.8% |
| | 29 – 35 | 28 | 43.1% |
| | 36 – 42 | 2 | 3.1% |
| Gender | Male | 12 | 18.5% |
| | Female | 53 | 81.5% |
| Education | Diploma | 45 | 69.2% |
| | Bachelor | 10 | 15.4% |
| | Nurse Profession | 10 | 15.4% |
| Length of Work | < 1 Year | 10 | 15.4% |
| | 1-5 Year | 32 | 49.2% |
| | 6-10 Year | 17 | 26.2% |

| | | | |
|---|---|---|---|
| | >10 Year | 6 | 9.2% |

Respondents in this study were nurses from the Hasna Medika Heart Hospital, Cirebon. It can be seen from Table 1 that the majority of respondents are female as many as 53 people (81.5%) with the highest age group being 22 to 28 years (53.8%), this age includes early adulthood. This shows that respondents already can decide what their goals are in life. The most recent education of respondents is Diploma (69.2%). Diploma Education (D-3) Nursing is the first level of vocational nursing education that can be recognized as an implementing nursing profession which is by the standards of the Nursing Directorate of the Ministry of Health of the Republic of Indonesia in 2004 (Asi, 2014). The respondent's length of service is at most 1 – 5 years (50%).

Table 2: Categorization of Burnout Score

| Description | Frequency | Percentage |
|---|---|---|
| Low | 22 | 33.8 % |
| Moderate | 43 | 66.2 % |

Burnout scores in this study obtained results that were divided into two categories, namely low and moderate. The classification of burnout levels is divided into three categories. The low category has an interval value of 0 – 44, the moderate category has an interval value of 45 – 88 and the high category has an interval value of 89 – 132 (Nurjanah, 2018). It can be seen from Table 2 that 43 people (66.2%) have a moderate burnout level and 22 people (33.8%) have a low burnout level.

Table 3: Cross Tabulation of Age with Burnout

| | | Burnout | |
|---|---|---|---|
| | | Low | Moderate |
| Age | 22 – 28 year | 8 | 27 |
| | | 12.3% | 41.5% |
| | 29 – 35 year | 14 | 14 |
| | | 21.5% | 21.5% |
| | 36 – 42 year | 0 | 2 |
| | | 0% | 3.1% |

Table 3 is a cross-tabulation that describes the age of nurses at the Hasna Medika Cirebon Heart Hospital with burnout. The burnout condition in the moderate category was experienced by subjects aged 22 – 28 years, 29 – 35 years and 36 – 42 years. However, the number of people aged 22-28 years is more, namely 27 people (41.5%). While in the age range 29-35 years, there are 14 people (21.5%) and in the age range 36-42 years there are 2 people (3.1%).

Table 4: Cross Tabulation of Gender with Burnout

| | | Burnout | |
|---|---|---|---|
| | | Low | Moderate |
| Gender | Male | 4 | 8 |
| | | 6.2% | 12.3% |
| | Female | 18 | 35 |
| | | 27.7% | 53.8% |

Table 4 is a cross-tabulation that presents burnout data by gender of nurses at the Hasna Medika Heart Hospital, Cirebon. Burnout conditions in the moderate category were experienced by male and female subjects. However, the number of female subjects was more, namely 35 people (53.8%). While male subjects amounted to 8 people (12.3%).

Table 5. Cross Tabulation of Education with Burnout

| | | Burnout | |
|---|---|---|---|
| | | Low | Moderate |
| Education | Diploma | 20 | 25 |
| | | 30.8% | 38.5% |
| | Bachelor | 2 | 8 |
| | | 3.1% | 12.3% |
| | Ners Profession | 0 | 10 |
| | | .0% | 15.4% |

Table 5 is a cross-tabulation that presents burnout data with the education of nurses at the Hasna Medika Heart Hospital, Cirebon. The burnout condition in the moderate category is experienced by subjects with diplomas, bachelor degrees and nursing professions. However, the number of subjects with diploma graduates is more, namely 25 people (38.5%). While the subject of undergraduate graduates amounted to 8 people (12.3%) and the subject of nursing profession graduates amounted to 10 people (15.4%).

Table 6. Cross Tabulation of Length of Work with Burnout

| | | Burnout | |
|---|---|---|---|
| | | Low | Moderate |
| Length of Work | < 1 Year | 0 | 10 |
| | | .0% | 15.4% |
| | 1-5 Year | 12 | 20 |
| | | 18.5% | 30.8% |
| | 6-10 Year | 8 | 9 |

| | | | |
|---|---|---|---|
| | | 12.3% | 13.8% |
| | >10 Year | 2 | 4 |
| | | 3.1% | 6.2% |

Table 6 is a cross-tabulation that presents burnout data with the length of work nurses at the Hasna Medika Heart Hospital Cirebon. The burnout condition in the moderate category was experienced by subjects whose length of work was < 1 year, 1 – 5 years, 6 – 10 years and > 10 years. However, the number of subjects who worked longer was 20 people (30.8%). Meanwhile, 10 people (15.4%) for subjects with less than 1 year of work, 9 (13.8%) subjects with 6-10 years working, and 4 (6.2%) subjects.

## 4. DISCUSSION

Most of the nurses in this study had a moderate burnout level. Ema (Hamami and Noorrizki, 2021) says that a condition caused by unsupportive work conditions and not by what is expected and needed is called burnout. Burnout is considered prone to occur in work related to helping others. It can be seen that burnout can be experienced by nurses at the Hasna Medika Cirebon Heart Hospital because they are one of the professions that serve others in the face of this unexpected pandemic condition. When nurses work in this Covid-19 pandemic situation, the excess workload can be seen from demands that are different from reality. The high workload can cause fatigue both physically and psychologically for nurses, where they can do more shifts than usual. Nurses should also always be vigilant and wear personal protective equipment (PPE). In addition, emotional exhaustion can arise from working in a hospital to treat Covid-19 patients who do not subside resulting in separation from family members (Artiningsih and Chisan, 2020). In the study of Sunjaya et al., (2021) employees at hospitals who treat and have direct contact with Covid-19 patients experience higher depression, anxiety and burnout due to having a higher risk of psychological trauma than their usual job. Many types of professions are more likely to experience burnout, but the types of work professions in hospitals, especially doctors and nurses, have higher burnout rates. Because, in general, doctors and nurses are professions that have duties and responsibilities to be involved with patients.

In this study, age is a factor in the occurrence of burnout, which has a moderate level of burnout, namely nurses aged 22-28 years. According to Maslach & Jackson (Santoso, 2021) that high burnout occurs in younger workers than older workers. Because at a young age a person is more filled with expectations that are sometimes unrealistic. Unlike the case with someone older, in general, someone who is older will be more mature, more stable, more determined so that they will have a more mature and realistic point of view (Diatry and Dwityanto, 2018). In line with the research of Al-Hanawi et al., (2020) that it was found that young people had a higher burnout. This is because young people are still less mature in managing stress better, in the form of knowledge and attitudes towards the Covid-19 pandemic.

According to Sunbul (Suwanto and Fitriyadi, 2019) that young workers tend to show higher anxiety and burnout scores than older workers. Suwanto and Fitriyadi's research (2019) showed that older workers were considered more capable of dealing with burnout. Maslach (Fatmawati, 2018) found a relationship between age and burnout, it was found that young people had a greater likelihood of experiencing burnout than older people. The age factor shows that the high experience in life makes a person have a greater ability to deal with pressure or problems that will later lead to burnout. In Hou's study (2021) younger medical employees faced with severe illnesses such as people exposed to Covid-19 had a more severe burnout syndrome because these employees were afraid to be close to infected people.

In this study, gender is a factor in the occurrence of burnout, which has a moderate level of burnout, namely female nurses. In line with the research of Kavurmaci et al., (2014) that female have a higher risk of experiencing burnout levels than male. When female and male work in a profession or job that is considered feminine or masculine, that is where they will experience pressure to adjust. In the process, female will experience more burnout events, because female often experience emotional exhaustion than male (Dewi and Paramitha, 2013). The demands of work also make female and male forced to adapt to behaving and behaving according to their work, which can cause them to get pressured. A worker who cannot cope with the existing pressure will be vulnerable and prone to burnout (Hamama, 2012).

Schultz (Eliyana, 2018) states that female have a greater frequency than male to experience burnout. Because in dealing with problems, female and male are also different socially and psychologically and that makes them have different perspectives. The study of Sriharan et al., (2021) also said that the female sex had a higher burnout rate than male during the Covid-19 pandemic. Both at home and work female must be able to adjust what they should be doing, this makes a female have multiple roles. So that it increases the workload for a person (Duarte et

al., 2020). In contrast to the research conducted by Eliyana (2018), most of the respondents were female (57.4%) who had a low burnout rate of 87% but fewer than male who had a moderate burnout rate of 12.9%. In conclusion, male nurses experience moderate burnout because they are more reliable in treating patients. It also happened in a study conducted by Farber (Fatmawati, 2018) regarding burnout and stress among teachers, that male are proner to burnout and stress than female. Because male are expected to be straightforward, firm, tough and unemotional. In contrast to female who are expected to have an attitude of guiding, affectionate, helpful, empathetic and gentle. These differences have a different impact on male and female in overcoming and dealing with burnout. In Garner's research (Suwanto and Fitriyadi, 2019) burnout is more common in female, a number of male and female. Therefore, the results of research on the level of burnout by gender tend to be varied and inconsistent.

In this study, education was a factor in the occurrence of burnout, which had a moderate level of burnout, namely nurses whose education was a diploma. It is said in Eliyana's research (2018) that the implementing nurses at the West Kalimantan Provincial Hospital who have a D3 Nursing education background experience burnout because D3 graduates have deficiencies in patient handling skills.

In this study, length of work is a factor in the occurrence of burnout, which has a moderate level of burnout, namely nurses whose length of work is from 1 to 5 years. It is the same with Eliyana's research (2018) on nurses in the Mental Hospital of West Kalimantan Province, where data obtained for a length of work under 4 years experienced moderate burnout (28.2%). In Tumpitsteed's research (Eliyana, 2018) it was previously said that workers who have worked for a long time have realistic views when faced with the existing situation. In other words, workers who had worked longer hours showed lower levels of emotional exhaustion. In addition, according to Lee (Eliyana, 2018) nurses who lack experience can result in easy burnout. Working in a hospital during a pandemic situation like this is of course different from usual. The patients faced are patients who are exposed to the virus where it can threaten the safety of the nurses themselves.

Maharani and Triyoga (2012) say that burnout tends to occur in workers with a minimum working period. Because nurses are just starting to learn to adapt to their work and environment. That becomes a workload for nurses and will have an impact on decreasing nurse performance. In contrast to the research conducted by Siagian (Santoso, 2021), the longer a person works, the more at risk of experiencing burnout. Because the length of time someone works makes them accustomed to their work and it can be a cause of boredom due to monotonous work.

## 5. CONCLUSIONS AND SUGGESTIONS

The results showed that the burnout of the Hasna Medika Cirebon Heart Hospital nurses based on the MBI (Maslach Burnout Inventory) instrument in the low category was 33.8% and the moderate category was 66.2%. Most nurses experience burnout caused by various factors, namely age, gender, education and length of work. Nurses aged 22-28 years are greater (41.5%) experiencing moderate burnout because a person's younger age is more fulfilled with expectations that are sometimes unrealistic. Nurses who are female are larger (53.8%) experiencing moderate burnout because in dealing with problems, female and male have different points of view, where female often use their feelings. Nurses whose education was D3 nursing were greater (38.5%) experienced moderate burnout due to lack of skills and skills in dealing with patients. Nurses whose length of work spanned 1-5 years were greater (30.8%) experienced moderate burnout because nurses were just starting to learn to adapt to their work and environment, as well as the lack of ability and skills in dealing with patients.

In the Covid-19 pandemic situation, an effort and policy to facilitate health management in determining preventive, curative and rehabilitative steps for burnout is a must for the health professional who is at the forefront. Maintaining health by eating nutritious foods, exercising regularly, getting enough sleep and enjoying favourite hobbies as well as increasing self-competence in handling patients are ways to prevent the spread of Covid-19 and prevent the risk of burnout during the Covid-19 pandemic.

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