

RELATIONSHIP OF BURNOUT LEVEL WITH NURSE CARING PERCEPTION IN EMERGENCY DEPARTMENTS

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ABSTRACT

Emergency departments nurses are prone to burnout because they are dealing with emotional patients and families, and the number of visits is more than the number of nurses on duty. The purpose of this study was to identify the relationship between burnout levels and perceptions of caring for nurses in the emergency departments. The research design used a descriptive correlational. The research instrument used 2 questionnaires, namely the Maslach Burnout Inventory-Health Service Survey, to measure the level of burnout (low, medium, and high) and the Caring Behavior Inventory-24 to measure perceptions of caring (good and poor). The study population consisted of nurses in the Emergency Departments in Dr. Hasan Sadikin Bandung Hospital with a sample size using a total sampling technique of 50 nurses. Univariate analysis for each variable is presented with a frequency distribution table and bivariate analysis using the Rank Spearman test. The results showed that nurses' burnout level was in a low category (60%), and the perception of nurses caring was in a good category (64%). The relationship test results obtained a negative correlation ($p\text{-value} = 0.000$; $r = -0.607$), which means that the higher the burnout level, the lower the caring perception that is owned. The study concludes that most nurses have a low level of burnout and a good perception of caring. Hospitals are advised to maintain or eliminate low burnout by carrying out a sharing program between nurses or counseling and maintaining good caring by conducting caring simulation training.

Keywords: Burnout, caring, emergency departments.

Introduction

The Emergency Departments (ED) is one part of the hospital that provides initial treatment for sick or injured patients that can threaten their survival. The ED's operational nature must be fast, precise, and not limited by time so that the ideal ED performance is needed (IDAI, 2017). The main factor that must be considered is the human resources in the hospital. Nurses are the workforce who most often meet patients (Kemenkes RI, 2009). As an integral part of emergency services, nursing services prioritize access to health services for patients to prevent and reduce morbidity, mortality, and disability. ED nurses are expected to perform triage, resuscitate with or without tools, know the principles of stabilization and definitive therapy, work in teams, and communicate well with the team, patients, and patient's families (Kemenkes RI, 2011).

One of the nursing services supports is a caring attitude, which includes several things, such as communication, positive responses, support, or physical intervention by nurses. Caring can increase self-actualization, support individual growth, maintain human dignity and value, help self-healing, and reduce distress (Kozier, 2010). Based on ED nurses' perceptions in Canada, caring can be influenced by workload, lack of rest time, staffing problems, shift work systems, lack of self-care, and lack of management support (Enns, 2016). Emergency conditions full of pressure and many visits can cause nurses to experience work fatigue in physical, mental, and behavioral changes due to work (burnout). Burnout is often found in human service professions such as police, nurses, doctors, counselors, and social workers. This is supported by Schaufeli's research (2007), which states that health professions and social workers rank first with the most burnout, which is around 43%. Among the health professions, nurses have a higher stress level, making them prone to burnout symptoms (Eviaty & Setiadarma, 2005).

Dr. Hasan Sadikin Bandung Hospital is one of the national referral hospitals. Based on Dr. Hasan Sadikin Bandung Hospital medical record data in 2018 from January to April, the number of patient visits to the

emergency department was 12,984 people with a more complex problem complexity than patients admitted to other public hospitals. Meanwhile, the number of nurses in ED Dr. Hasan Sadikin Bandung Hospital based on data from the List of Nursing Services in May 2018 was 60. The number of visits to the number of nurses on duty is 1 in 3, and the average patient per day is 108 patients. Sometimes several patients come simultaneously to the ED at unexpected times. Seeing the high workload, nurses can experience burnout. When a burnout nurse treats a patient, the treatment received is cold and heartless, resulting in a lack of nursing care filled with the warmth, caring, empathy, and respect that every patient expects when hospitalized. It has a detrimental effect on nurses' interaction with patients and harms the affected nurse and their closest colleagues (Evans, 2017). The purpose of this study was to identify the relationship between burnout level and caring perceptions of nurses in the ED Dr. Hasan Sadikin Bandung Hospital.

Methods

This research uses a descriptive correlational method with quantitative research to determine how much the relationship between two or more variables is based on the correlation coefficient. The study population was all nurses in the Emergency Department in Dr. Hasan Sadikin Bandung Hospital, totaling 60 people. Sampling was taken using total sampling technique, but at the time of implementation, ten of them dropped out because three people were supervisors who did not directly handle the patient, four people were continuing the study, one person refused to participate, and two people did not return the questionnaire so that the number of respondents in this study was 50 people.

The research instrument used two questionnaires, namely the Maslach Burnout Inventory-Health Service Survey (MBI-HSS), to measure burnout levels categorized as low, medium, high and Caring Behavior Inventory-24 (CBI) to measure perceptions of caring, which were categorized as good and poor. The instrument's reliability and validity use the results of previous studies because the two questionnaires are standardized and

internationally recognized questionnaires. The reliability of the MBI-HSS questionnaire was conducted by Nugraha (2014) with a Cronbach alpha value of 0.92. Meanwhile, the CBI questionnaire's reliability test was conducted by Wu et al. (2006) with the results of Cronbach's alpha values ranging from 0.92 to 0.96. The results of the validity of the MBI-HSS questionnaire have been conducted by Nugraha (2014) with results of 0.4 to 0.8, and the CBI validity test has been conducted by Wu et al. (2006) with a result of 0.82 (for nurses).

Data collection was carried out using two questionnaires (MBI-HSS and CBI-24), filled indirectly by the research sample. The researcher distributed a questionnaire and explained the research objectives, informed consent, and how to fill the questionnaire to the team head during the morning and afternoon service, and given a questionnaire according to the number of team members. Then the researcher took back the questionnaire that had been filled in at the

end of service hours or the next day so that it did not interfere with the nurse's activities because they could fill out the questionnaire during their spare time. Data were analyzed using univariate and bivariate analysis, where the results of the univariate analysis were presented in the form of a frequency distribution table. Bivariate analysis was performed by calculating the correlation coefficient using the Rank Spearman test. This study has received ethical approval from the Health Research Ethics Committee of Dr. Hasan Sadikin Bandung Hospital with number: LB.04.01/A05/EC/104/IV/2018.

Results

Data collection was carried out in Dr. Hasan Sadikin Hospital in Bandung. The results of this study were analyzed by univariate analysis and bivariate analysis. Univariate analysis is used to see an overview of each variable. In contrast bivariate analysis to see the correlation between two variables.

Table 1 Frequency Distribution and Percentage of Nurse Burnout Level in Emergency Department (n= 50)

Dimensions	Category	Frequency (f)	Percentage (%)
Burnout	Low	30	60
	Medium	12	24
	High	8	16
Emotional Exhaustion	Low	12	24
	Medium	20	40
	High	18	36
Depersonalization	Low	36	72
	Medium	10	20
	High	4	8
Reduced Personal Accomplishment	Low	28	56
	Medium	10	20
	High	12	24

Table 1 shows that the burnout level of nurses tends to be in a low category (60%), but there is also a high category (16%). At the same time when viewed based on the dimensions, it is found that emotional exhaustion is in

the medium (40%) and high (36%) category, depersonalization is at a low level (72%), and reduced personal accomplishment at a low level (56%).

Table 2 Frequency Distribution and Percentage of Nurse Caring Perceptions in Emergency Department (n=50)

Perception of Caring	Frequency (f)	Percentage (%)
Poor	18	36
Good	32	64

Table 2 shows nurses' perception more in the good category (64%), but there are still poor categories (36%).

Table 3 The Relationship between Burnout Level and Caring Perception Emergency Department Nurse (n=50)

Department Nurse (n = 37)								
Burnout Level	Caring Perception						p-Value	R
	Poor		Good		Total			
	f	%	f	%	f	%		
	4	13.3	26	86.7	30	100		
	7	58.3	5	41.7	12	100	0.000	0.607
	7	87.5	1	12.5	8	100		

Table 3 shows the Rank Spearman test results with a p-value = 0.000 and a value of α 0.05. The value was obtained between the burnout level and the nurses' perceptions of caring, namely $r = -0.607$, which means that the higher the burnout level, the lower the perception of caring that is owned.

Discussion

This study indicates that emergency department nurses' burnout level is mostly at a low level, as many as 30 people (60%). This means that nurses still receive positive feedback from their work and can do their job well (Maslach, 1981). Low burnout level in nurses in the ED Dr. Hasan Sadikin Bandung Hospital can occur because the nurses there are dominated by women, wherein Djara's research (2013) there were differences in coping strategies between men and women. In facing problems, women will be more flexible and able to cope with big pressures at work than men who are more rigid and serious in dealing with work problems. However, the nurse at the ED Dr. Hasan Sadikin Bandung Hospital also has a high burnout level for 8 people (16%). One of these can be caused by external factors, namely workload, in which Dr. Hasan Sadikin Bandung Hospital is one of the national referral hospitals that accept more patients per day and more complex patient complaints than other public hospitals.

Based on the dimensions, there are three dimensions in burnout: emotional exhaustion, depersonalization, and reduced personal accomplishment. In the emotional exhaustion dimension, 36% of nurses have high burnout

levels. This can happen because workers who have to interact directly with other people in carrying out their work activities tend to have higher emotional exhaustion scores (Maslach, 1981). High emotional exhaustion can occur in nurses in the ED because sometimes several emergency patients come simultaneously and at unexpected times so that nurses are required to provide fast and precise help and have to face the patient's family who tends to experience emotional changes due to one member the family is sick. Nurses often experience verbal and physical violence when dealing with patients and their families (Abdo et al., 2016).

In the depersonalization dimension, most nurses were in the low burnout level category as much as 72%, which means that they still understand that their work is significant and useful (Maslach, 1981). This is following Abdo's et al. (2016) study, which found that 48.2% of nurses had low depersonalization. However, this study also found that four nurses (8%) were included in high depersonalization. If a person experiences high depersonalization, he will limit himself to the surrounding environment so that in interacting with other people, the attitude displayed will tend to be negative

to avoid disappointment (Widjaja, 2017). When nurses experience high emotional exhaustion, there will be a tendency to experience high depersonalization because when someone experiences high emotional exhaustion, it will affect others' attitudes. However, nurses who experience high emotional exhaustion are more than nurses who experience high depersonalization. Researchers assume that the nurses in the ED Dr. Hasan Sadikin Bandung Hospital, can still work professionally so that even though he experiences high emotional exhaustion, the attitude shown to patients and his colleagues is still positive.

On the dimension of reduced personal accomplishment, it was found that part of it was in the low burnout level category as much as 56%, which means that nurses felt that their work had a big impact on the lives of others (Maslach, 1981). However, in this study, 12 people (24%) were included in the high burnout level category. If reduced personal accomplishment is high, there will be a tendency for someone to assess their work negatively (Widjaja, 2017). When a nurse has high burnout, the patient will feel less satisfied with hospital services (Aiken, 2012).

One of the efforts that can be made to maintain a low level of burnout is by doing routine sharing between nurses and improving working conditions in the hospital to improve patient safety and quality in providing nursing care so that services can be maximized to increase patient satisfaction (Aiken, 2012). A special stress management program can also be implemented to reduce burnout in nurses in the hospital. Such activities as counseling, raising awareness, and nurse stress management skills through training and education activities are among the options for preventing and reducing high burnout levels (Bagaajav et al., 2011).

Meanwhile, the perception of caring shows that 32 nurses (64%) have a good perception of caring. This can be seen from the fairly good way of communicating between nurses and patients and their families, and nurses still showing a friendly attitude towards patients and their families even though the emergency department is quite busy. This means that nurses perceive that doing their

job is still following good nursing practice and provides pleasant treatment to patients (Potter, 2009). Caring can facilitate nurses' ability to recognize patients, find outpatient problems, and find and implement solutions (Potter, 2009). Perceptions of good caring in nurses are influenced by several factors, including age, where young nurses have lower levels of caring because they are influenced by developmental factors, and the ability to control personal emotional levels is low.

The most common barriers to quality caring are lack of time, resources, continuity of care, economic pressure, staff shortages, difficulty communicating with patients, lack of available beds, poor transitions on entry and exit from the emergency department, and an environment that compromises safety patients (Taylor, 2015). One of the efforts that can be made to maintain a good perception of caring is by conducting caring simulation training. Sutriyanti's research (2009) shows a significant effect between caring simulation training and patient satisfaction with the nurse caring. The opinion of Notoatmojo supports this that the training attended by participants is expected to improve their abilities, both in knowledge, skills, and attitudes (Mulyaningsih, 2013).

The bivariate analysis results found a negative correlation between the level of burnout and the perception of nurse caring, where high burnout would reduce the perception of nurse caring and vice versa, with a value of $r = -0.607$. According to research, this is also found in a relationship between burnout and caring (Agustina, 2016). The crosstab results between the two variables showed that 86.7% of nurses with low burnout levels had good caring perceptions, and 13.3% of nurses with low burnout levels had poor caring perceptions. Perceptions of good caring in nurses require motivation and awareness from the nurses themselves to do it (Talenta, 2016). Then it was found that 87.5% of nurses with high levels of burnout had poor perceptions of caring due to the high workload, which could reduce the motivation of nurses to provide good caring to patients (Sobirin, 2006). However, it was also found that 12.5% of nurses with high burnout levels had a good perception of caring, which occurred because good interpersonal

relationships among health workers would increase support systems that could balance the burnout in the work environment. Young nurses with poor caring perceptions and high burnout need to self-actualize to have a better caring perception (Hall, 2004).

Conclusion and Recommendations

This study indicates that nurses' level of burnout is in the category of low burnout levels, and the perception of nurse caring is good. However, some nurses have high burnout rates and poor perceptions of caring. The implication of this research can be used as an evaluation material for the hospital to be able to seek further intervention by conducting sharing programs between nurses or counseling so that each nurse can maintain or eliminate low burnout levels and avoid high burnout, and to maintain good caring by doing caring simulation training. The analysis of the relationship between the two variables shows a negative correlation between the level of burnout and the perception of caring for nurses in the emergency department, which means that the higher the burnout level of a person, the lower the perception of caring they have. The direct filling of the CBI-24 questionnaire by respondents is a limitation of this study because the results obtained are less objective so that respondents can judge themselves without knowing the truth. This research can be developed by direct observation of nurses' treatment of patients in the ED.

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