

FACTORS RELATED TO BURNOUT ON NURSES IN THE CITY OF TANGERANG SOUTH HOSPITAL IN 2023

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ABSTRAK

Data Kementerian Kesehatan per 4 Januari 2023, tercatat ada 524.508 perawat. Selain itu, perawat juga mempunyai tanggung jawab yang tinggi, dan tuntutan pekerjaan menyebabkan perawat rentan mengalami burnout. Untuk mengetahui faktor-faktor yang berhubungan dengan burnout pada perawat di rumah sakit umum kota tangerang. Penelitian ini menggunakan metode dengan desain studi cross-sectional sebanyak 55 sampel. Pengambilan sampel dilakukan dengan teknik stratified random sampling, kemudian pemilihan sampel menggunakan metode simple random sampler. Pengumpulan data dilakukan dengan menggunakan kuesioner. Penelitian dilakukan dengan menggunakan uji Chi-square. Ada hubungan dengan burnout pada perawat, seperti tingkat pendidikan ($p=0,028$), status pernikahan ($p=0,000$), masa kerja ($p=0,050$), dukungan sosial ($p=0,022$), konflik ($P=0,000$), gangguan sistem masyarakat dalam bekerja ($p > 0,012$), dan isolasi ($0,010$). Sedangkan jenis kelamin ($p=0,686$), dan usia ($p=0,039$) tidak berhubungan dengan burnout pada perawat. Penelitian ini menyimpulkan bahwa faktor yang berhubungan dengan burnout pada perawat adalah tingkat pendidikan, status perkawinan, waktu kerja, dukungan sosial, konflik, gangguan sistem komunitas dalam bekerja, dan isolasi. Sedangkan jenis kelamin dan usia tidak berhubungan dengan burnout pada perawat.

Kata Kunci: *Burnout, faktor individu, faktor organisasi*

ABSTRACT

The Ministry of Health data as of 4 January 2023, recorded there were 524.508 nurses. In addition, nurses also have high responsibilities, and job demands cause vulnerable nurses to burnout. To determine the factors associated with burnout among nurses in the public hospital city of Tangerang. This study used the method with a cross-sectional study design of 55 samples. Sampling is done using a stratified random sampling technique, then sample selection using the method of simple random sampler. Data collection is done using a questionnaire. The study was conducted using the Chi-square test. There was a relationship with burnout in nurses, as the level of education ($p = 0,028$), marriage status ($p = 0.000$), working time ($p=0,050$), social support ($p= 0,022$), conflict ($P = 0,000$), disturbance of the community system in work ($p > 0,012$), and isolation ($0,010$). While gender ($p = 0.686$), and age ($p=0,039$) are not related to burnout in nurses. This study concludes that factors related to burnout in nurses are education levels, marital status, working time, social support, conflict, disturbance of community systems at work, and isolation. Meanwhile, gender and age are not associated with burnout in nurses.

Keyword: *Burnout, individual factors, organizational factors*

INTRODUCTION

According to the Law of the Republic of Indonesia No. 44 In 2009, the hospital was a healthcare institution that operated and provides full-fledged individual healthcare that provides nursing care, street care, and emergency services. In addition, the hospital has become one of the organizations in the form of services and a provider of health care that has different characteristics from other organizations. It's one of those characteristics that can affect an organization in a hospital. The resources of the hospital must be used as an advantage that can compete for the survival of the organization in the future.

Resources at the hospital are human resources, financial resources, as well as technology and system capabilities (Asi, 2013).

There's a variety of healthcare staff at the hospital, and one of them is Nurse (Laili, 2018). In a quotation from Runtu (2009), nurses became one of the human resources in hospitals whose numbers dominated the overall healthcare force and who had the longest relationship with patients and patients' families (Ulfah Ayudytha Ezdha & Asherti Putri, 2019). According to data from the Ministry of Health as of January 4, 2023, there are 1.26 million health workers in Indonesia. Of these, the number of nurses is the highest, 524,508. According to Runtu (2009), nurses are also the tip of the good or bad health care provided to patients. It's because the number of nurses is dominant (50-60% of the total available), and they're in charge of taking care of the patient for 24 hours (Ulfah Ayudytha Ezdha & Asherti Putri, 2019). In terms of serving and caring for patients in hospitals, nurses also have an important role besides doctors (Tawale, 2011).

Nurses are required to be the people their patients need, who should be able to be compassionate, give attention, focus, and warm to the patient (Triwijayanti, 2016). In this case, it means that nurses often encounter a variety of characteristics and diseases suffered by patients. In addition, nurses also have high job demands, such as routine work, and tight schedules, have responsibility for the safety and health of themselves and others, and are required to work in teams (Lailani, 2012) in (Ulfah Ayudytha Ezdha & Asherti Putri, 2019). The complexity of the demands and responsibilities incurred by nurses has caused vulnerable nursing professionals to burnout (Lailani, 2012) in (Ulfah Ayudytha Ezdha & Asherti Putri, 2019).

The initial parameter for seeing health system dysfunctions that hospital managers need to pay attention to is the burnout experienced by the medical staff (Keksi Girindra Swasti, Wahyu Ekowati, 2017). Of the 254 nurses in the intensive care units spread across hospitals in the United States who participated in the burnout-related study, 65% of nursing patients experienced moderate to high levels of emotional fatigue, 43% had moderate to high levels of depersonalization, and 27% had a decrease in personal performance (Lawrence et al., 2018). A study by Hu, et al., (2020) of 444 nurses working in three tertiary hospitals in the city of Dalian, China, found that 58,0% had a burnout of (Hu et al., 2020).

Patients demand full service from professional nurses. This could result in a nurse at risk of burnout (Maslach et al., 2001) in (Andarini, 2018). The results of a study conducted by Fitri, et al. (2022) in the nursing room of the Hospital of the Province of Jambi Psychiatric Hospital showed that 55.8% or as many as 48 executive nurses had burnout. Based on the results of research at RSUD Lukas Hilisimaetano 2020, it was concluded that 40.3% of nurses are prone to burnout and there is a significant link between exhaustion, depersonalization, and personal achievement (Tilik Adil Dakhi, 2021).

Burnout is a psychological condition of a person who fails to cope with work stress so he will experience prolonged stress due to personal and work environmental factors (Nursalam, 2016). This condition will affect the good or bad quality of the relationship with the patient so that the provision of

services will be low and the quality of relationships between colleagues as well as individual relationships with the organization will decrease (Yuhadi, 2016). Burnout has a negative impact that can affect the organization. The impact is in the form of a lack of willingness to enter employment, a decline in productivity, lack of responsibility and loyalty to the company. The impact of burnout in addition to the experience of nurses can also affect the quality of services provided to patients. Negative effects from the negligence of service according to the Hospital Accreditation Commission (KARS) are divided into three categories, namely, Cedera Series Event (KNC), Unwanted Event (KTD), and Sentinel Event.

According to Maslach et al., 2001 burnout factors are divided into two factors. The first factor includes resources such as social support, autonomy, skills, supervision, and involvement in decision-making. The second factor, among other things, is demand in jobs such as excessive workload and the presence of interpersonal conflicts. The factors that affect burnout syndrome consist of the organizational or work environmental factors themselves and the personal or individual factors (Mizmir, 2012).

South Tangerang Municipal Public Hospital was established in 2010 as a public hospital under the authority of the government of the South Tangerang Municipality to provide comprehensive health services by standards and professionalism to improve the level of public health. This hospital is one of the reference hospitals in South Tangerang City and has medical and non-medical services. The researchers also randomly interviewed five nurses at South Tangerang City General Hospital that nursing women often feel saturated by their work. This could have an impact on hospital services and patient satisfaction, so research needs to be done on factors associated with burnout in nurses in hospitals.

METHOD

This type of research is quantitative research using a cross-sectional design. In this study, data collection is done by submitting statements in the form of a questionnaire. The samples were taken from a total of 55 nurses using the Stratified Random Sampling technique, which then selected samples from each layer with simple random sampling. The measurement of the dependent variable, i.e. burnout, was done using a standard standard questionnaire consisting of seven questions on the emotional exhaustion dimension, six questions on depersonalization dimensions, and eight questions on self-depletion dimensions that had been tested for validity and reliability. Measurement of independent variables, namely individual factors (gender, age, marital status, education level, and working time) and organizational factors (social support, conflict, disturbance of community systems in employment, and isolation) are done using questionnaires that have been tested for validity and reliability. Data analysis is done using univariate and bivariate analysis, which is to see the picture of burnout and independent variables. (Individual factors consist of gender, age, marital status, educational level, working time, and

organizational factors consisting of social support, conflict, disturbance of community systems in employment, and isolation.). The next step is to perform a bi-variation test to see the relationship between independent variables and dependent variables using statistical tests such as square or chi-square. The research plan has been reviewed and obtained ethical approval by the Research Ethics Commission of the Faculty of Public Health of Muhammadiyah University of Jakarta based on the ethical certificate No. 10.193.B/KEPK-FKMUMJ/VII/2023.

RESULTS AND DISCUSSION

In this study, the respondents were 55 nurses working in the POLI, IGD, ICU, NICU, PICU, OK rooms, child care, IPD hospital, surgical hospital, HD, MOD, and anesthesia. Individual factors in the study consisted of gender, age, marital status, educational level, and working time. Individual factors based on gender are divided into women and men. However, the majority of respondents were women, 32 (58.2 percent), and then men, 23 (41.8 percent). The individual factor based on the youngest age is 24 years and the oldest is 50 years. The age characteristics of the respondents were divided into two groups: ≤ 34 years of age with 23 (41.8%) and > 34 years with 32 (58.2%). Individual factors based on marital status were that the majority of married nurses were 42 (76.4%) and unmarried 13 (23.6%). Individual factors based on the level of education are that the majority of respondents have completed D3 education, which is 36 people (65,5%) and last education S1 is 19 people (34.5%). The individual factor based on working time obtained the longest working time is 20 years and the shortest is 1 year. The characteristics of respondents based on working time were 2 groups, i.e. working time ≤ 3 years there were 24 people (43.6%) and new working time > 3 years was 31 people (56.4%).

Table 1. Individual factors of nurses in RSU City of Tangerang South in June 2023 (N=55)

| No | Individual Factor | Number (n) | Percentage (%) |
|----|--------------------------|------------|----------------|
| 1. | Gender Type | | |
| | Women | 32 | 58.2 |
| | Men | 23 | 41.8 |
| 2. | Age | | |
| | 20-30 years | 30 | 54.5 |
| | > 30 -65 years | 25 | 45.5 |
| 3. | Marriage Status | | |
| | Unmarried | 13 | 23.6 |
| | Married | 42 | 76.4 |
| 4. | Educational level | | |
| | D3 | 36 | 65.5 |
| | S1 | 19 | 34.5 |
| 5. | Working time | | |
| | > 5 years | 24 | 43.6 |
| | ≤ 5 years | 31 | 56.4 |

Based on the results of the univariate analysis of the Organizational Factors table of nurses in RSU South Tangerang City in June 2023 (N=55) it was found that among the organizational factors based on social support, the non-social support of the nurse was 13 people (23.6%) and the social support of 42 people (76.4%). Conflict-based organizational factors, 14 conflict-affected nurses

(25.5%) and 41 non-conflict (74,5%). Organizational factors based on the disturbance of the community system in the workplace, For nurses who suffered a disturbed community system incident on the job there were 16 people (29.1%), and for nurses who did not suffer a disrupted community system incident were 39 people (70.9%). Organizational factors based on isolation, nurses who feel isolated in themselves are 14 people (25,5%), and those who do not feel isolated in themselves are 41 people (74,5%).

Table 2. Organizational factors of nurses in RSU City of Tangerang South in June 2023 (N=55)

| No. | Organizational Factors | Number (n) | Percentage (%) |
|-----|--|------------|----------------|
| 1. | Social support | | |
| | Less | 13 | 23,6 |
| | Good | 42 | 76,4 |
| 2. | Conflict | | |
| | Less | 14 | 25,5 |
| | Good | 41 | 74,5 |
| 3. | Disturbed relationship of community systems in work | | |
| | Less | 16 | 29,1 |
| | Good | 39 | 70,9 |
| 4. | Isolation | | |
| | Less | 14 | 25,5 |
| | Good | 41 | 74,5 |

In Table 3, it was found that women's nurses with a high burnout rate had 11 (34.4%) who were higher than men's (10 (43.5%). Among the female nurses with low burnout rates, there were 21 (65.6%) who were higher than the male who were 13 (56.5%). Based on the results of the Chi-square test that has been obtained the p-value is 0.686, then it can be concluded that there is no relationship between gender and burnout rate in nurses. Additionally, the Odds Ratio (OR) is 0.627 which means that female nurses have 0.627. The results of the analysis that has been done on the relationship between age and burnout rate of nurses in RSU South Tangerang City in June 2023 found that nursing in the age group ≤34 years with high burnout rates there are as many as 15 people (60,0%) which is higher compared to age group >34 years is 10 people (40,0%).

Table 3. Individual and organizational factors of nurses in the RSU City of Tangerang South in June 2023 (N=55)

| Variable | Burnout rate | | | | Total | | OR | P-value |
|---------------------------|--------------|------|-----|------|-------|-----|-----------------------------|---------|
| | Height | | Low | | N | % | | |
| | n | % | n | % | | | | |
| Individual Factors | | | | | | | | |
| Gender type | | | | | | | | |
| Women | 11 | 34,4 | 21 | 65,6 | 32 | 100 | 0,627 (0,213 – 1,847) | 0,686 |
| Men | 10 | 43,5 | 13 | 56,5 | 23 | 100 | | |
| Age | | | | | | | | |
| 20-30 years | 15 | 60,0 | 15 | 56,5 | 23 | 100 | 1,500 (0,513 – 4,388) | 0,686 |
| >30-65 years | 10 | 40,0 | 15 | 65,6 | 32 | 100 | | |
| Marriage Status | | | | | | | | |
| Unmarried | 12 | 48,0 | 1 | 0 | 2 | 100 | 26,769 (3,142 – 228,052) | 0,275 |
| Married | 13 | 52,0 | 29 | 64,2 | 53 | 100 | | |

| Variable | Burnout rate | | | | Total | | OR | P-value |
|--|--------------|------|-----|------|-------|-----|-------------------|---------|
| | Height | | Low | | N | % | | |
| | n | % | n | % | | | | |
| Educational level | | | | | | | | |
| D3 | 18 | 50 | 18 | 50 | 36 | 100 | 1,714 | 0,028 |
| S1 | 3 | 15,8 | 16 | 84,2 | 19 | 100 | (0,549 – 5,351) | |
| Working time | | | | | | | | |
| >5 years | 15 | 60,0 | 9 | 64,3 | 28 | 100 | 3,500 | 0,916 |
| ≤ 5 years | 10 | 40,0 | 21 | 59,3 | 27 | 100 | (1,144 – 10,706) | |
| Organizational Factors | | | | | | | | |
| Social support | | | | | | | | |
| Less | 9 | 69,2 | 4 | 30,8 | 13 | 100 | 6,000 | 0,021 |
| Good | 12 | 28,6 | 30 | 71,4 | 42 | 100 | (1,427– 25,231) | |
| Conflict | | | | | | | | |
| Less | 11 | 78,6 | 3 | 21,4 | 14 | 100 | 31, 417 | 0,001 |
| Good | 10 | 24,4 | 31 | 75,6 | 41 | 100 | (3,688 – 267,645) | |
| Disturbed relationship of community systems in work | | | | | | | | |
| Less | 10 | 62,5 | 6 | 37,5 | 16 | 100 | 6,000 | 0,038 |
| Good | 11 | 28,2 | 28 | 71,8 | 39 | 100 | (1,614 – 22,302) | |
| Isolation | | | | | | | | |
| Less | 9 | 64,3 | 5 | 35,7 | 14 | 100 | 7,071 | 0,044 |
| Good | 12 | 29,3 | 29 | 70,7 | 41 | 100 | (1,691 – 29,565) | |

In contrast, nurses in the ≤34-year-old age group with low burnout rates were 15 (50.0%) which is the same number as the age group >34 years is 15 people (50.0%). Based on the results of the Chi-square test, $p = 0.639$ is obtained, meaning that there is no relationship between the age of the nurse and the burnout experienced by the Nurse. In addition, the odds ratio (OR) is 1,500, which means that nurses ≤ 34 years old have 1,594 times higher odds compared to those > 34 years of age. The results of the analyses that have been obtained and shown are that married nurses with a high burnout rate have as many as 13 nurses (52.0%) which is higher than unmarried or widowed nurses, which is 12 nurses (48.0%). In comparison, married nurses with a low burnout rate in the category were 29 (96.7%) which is higher than unmarried nurses who are 1 (3.3%).

Based on the results of the Chi-square test, it was found that there was a correlation between the marriage status and the burnout rate of nurses. Additionally, the Odds Ratio (OR) is 26.769, which means that unmarried nurses have 26.769 times the odds compared to married nurses. Based on the results obtained on the relationship between the level of education and the burnout rate of nurses in RSU South Tangerang City in June 2023 the result was that of the Nurses with a level of D3 education as much as with a high level of burnout there were as many as 18 people (50%) which is higher than those with a S1 education level. In contrast, nurses with a D3 education level with a low burnout rate were 18 (50%) which is higher than nursing with an S1 education level of 16 (84.2%). The results of the Chi-square test were $p=0.028$, so it can be concluded that there is a relationship between the level of education in nurses and the rate of burnout. Additionally, the Odds Ratio (OR) is 1,714 which means that nurses with a D3 level of education have odds 1,714 times higher than those with a S1 level.

Based on the results obtained, it is known that nurses with a working time of ≤ 3 years with a high burnout rate have 15 people (60,0%) which is higher than those with a work time of >3 years which is 10 people (40,0%). In contrast, nurses with a working time of >3 years with a low burnout rate were 21 (70,0%) which is higher than nurses with a work time of ≤ 3 years, which is 9 people (30,0%). Based on the results of the Chi-square test that has been obtained p value = 0.050 there is a relationship between working time and burnout rate in nurses. In addition, the Odds Ratio (OR) of 3,500 is obtained, which means that nurses with a working life of ≤ 3 years have 3,500 times greater odds compared to those with a work-life of >3 years. Based on the results obtained on organizational factors as many as 30 nurses (71.4%) receiving good social support had a low burnout rate which was higher compared to four nursing people (30.8%) who received less social support having a low Burnout rate. Nurses who get good social support have a high burnout rate of as many as 12 nurses (28.6%) Which is higher compared to the nurses who receive less social support has a high burnout rate of nine nurses (69.2%). Based on the results using the Chi-square, $p = 0.022$ means that there is a relationship between the social support factor and the burnout rate in nurses.

Additionally, the Odds Ratio (OR) is 6 which means that nurses who receive less social support have odds 6 times higher than those who receive social support. Based on the results obtained, there were 11 nurses (78.6%) who had a high burnout rate, which is higher than 10 nurses (24.4%) who did not have a conflict. As for non-conflict nurses, there were 31 people (75.6%) who had a lower burnout rate, which is higher than those who had a conflict, that is, three (21.4%) of them. Based on the results of the Chi-square test $p = 0,000$ means there is a relationship between the conflict of the nurse and the burnout rate of the Nurse. In addition, the Odds Ratio (OR) is 31.417, which means that nurses who have conflict are 31.417 times more likely than non-conflict nurses. Based on the results obtained from nurses who have not experienced disturbances of the community system in jobs with a high burnout rate in the category are 11 people (28.2%) which is higher than nurses who have experienced disruptions of the Community system in the job that is 10 people (62.5%). While nurses who did not experience disturbances of the community system in jobs with low burnout rates in the category were 28 (71.8%) which is higher compared to nurses who experienced disturbances of the communal system in the job was 6 (37.5%).

Based on a Chi-square test with a p -value of 0.012, which means there is a correlation between the disturbance of the community system in the workplace and the burnout rate in nurses. Additionally, the odds ratio (OR) is 6 which means that a nurse who finds herself being disturbed by the community system in the workplace has 6 times greater odds compared to a Nurse who does not find herself experiencing a disturbance of the community systems in the job. Based on the results obtained that nurses who did not experience isolation in themselves with a high burnout rate there were 12 people (29.3%) which is higher compared to nursing who did isolate in themselves which is 9 people (64.3%). The number of non-isolated nurses with low burnout rates was 29 (70.7 percent), which is higher than

the number of nursing women with isolation, which is 5.3 percent. Based on the results of the Chi-square test, it was found that the p-value is 0.010 which means there is a relationship between isolation in the nurse and the burnout rate in the nurses.

The Odds Ratio (OR) is 7,071 which means that a nurse who finds herself isolated has a 7.071 times higher odds than a nurse who does not experience isolation on her. Based on table 3. Individual and organizational factors in nurses at RSU City of Tangerang South in June 2023 (N=55) can be studied that on variable individual factors such as age, gender, educational level, and working time there is a meaningful relationship with burnout syndrome is the level of education with a value $p = 0,028$ ($p < 0,05$). Organizational factors have meaningful relationships with burnout, i.e. social support with a $p = 0.021$ ($p < 0.05$) value; conflict has a $p = 0.001$ value ($p < 0.05$); disturbance of the community system in employment with a $p = 0.038$ ($p > 0.05$); isolation with a $P = 0.044$ value ($P < 0.05$), which means H_0 is rejected or that the factor has a relationship with the burnout.

Burnout Rate in Nurses

According to the results of the study, 25 nurses (4.5%) had high-grade burnout, and as many as 30 (5.4%) had low-category burnout. This is in line with a study conducted by Khanza (2018) that obtained results from the univariate trial there where 20 respondents (36.4%) experienced burnout and 35 respondents (63.6%) did not experience burnout (Khanza, 2018). Based on the results, the difference between the number of nurses suffering from burnout and those without burnout is not so great that it can be concluded that the hospital should be concerned about burnout. This study is in line with what Putri (2021) did on burnout syndrome in nurses at RSUD Dr. Pirngadi City of Medan out of 52 respondents obtained results as much as 35 respondents with a percentage of 68% had low burnout category and as many as 17 respondents with a percent of 32.7% had severe burnout Category (Putri, 2021).

According to Silviandari (2015) in Sari (2021) burnout is a resulting response because work stress includes categories of physical, psycho-physiological, and negative behavior. According to Maslach, burnout is a response experienced by a person who works in service delivery, that is, at the moment of providing the help, attention, assistance, and care needed by the recipient of the service, when the condition can be emotionally stressed (S. J. Sari, 2021). Pines and Aronson point out that the high burnout experienced by nurses usually occurs in people who work in fields that are oriented to serve others, such as social services, health care, or education, where they are at high risk of burnout.

Relationship Type of Gender with Burnout in Nurses

Based on the results of the study, the proportion of respondents who experienced burnout in the high and gender categories was higher (34.4%) compared to the gender of men (43.5%). Based on the results of the Chi-square test obtained a $p = 0.686$ ($p > 0.05$), it can be concluded that there is no relationship between gender and burnout rate in nurses. This is in line with the research carried out by

Ulfah Ayudytha Ezdha & Asherti Putri (2019) that obtained the results of the chi-square test with a p-value of 0.279 which means there is no relationship between gender and burnout in nurses (Ulfah Ayudytha Ezdha & Asherti Putri, 2019). Additionally, the Odds Ratio (OR) is 0.627 which means that female nurses have 0.627.

Gender is a person's biggest factor in facing problems at work. It can happen because men and women have different ways of being raised. The impact of having men and women in terms of being raised in different ways is that each gender has an advantage and a disadvantage to the emergence of burnout. When an emotional man is not accustomed to plunging deeply with others, he will be susceptible to developing depersonalization. While women are more likely to be emotionally involved with other people, they tend to experience emotional exhaustion. It's like a female nurse doing more emotional work, so female nurses tend to find themselves emotionally exhausted in providing care assistance to a patient (I. K. Sari, 2015).

Relationship Age with Burnout in Nurses

Based on the results of the study, the proportion of respondents who experience burnout in the low category in the age group ≤ 34 years of age (50.0%) is the same as the age category > 34 years (50.0%). Respondents who experienced burnout in the high category in the ≤ 34 -year-old age group (60.0%) were higher compared to the > 34 -years age group (40.0%). Based on the results of the Chi-square test, $p = 0.639$ ($p > 0.05$) is obtained, which means that there is no relationship between age and burnout in nurses. It is similar to a study conducted by (Iwan & Fadly, 2016) that 62 nurses (49.6%) aged 20-30 with a p-score of 0.426 meant that there was no relationship between age and burnout (Iwan & Fadly, 2016). In addition, the odds ratio (OR) is 1,500, which means that nurses ≤ 34 years old have 1,594 times higher odds compared to those > 34 years of age.

The results of this study are also in line with Ericksson's and Grove's theory that high burnout rates of the category were more experienced by younger nurses than older ones (I. K. Sari, 2015). In addition, young nurses are less efficient in coping with personal feelings in controlling stress, whereas older and more experienced nurse is said to be more efficient. Kilfedder et.al found that higher rates of depersonalization are more susceptible to younger nurses (I. K. Sari, 2015). Generally, burnout occurs in young people because of unprepared work, lack of adaptation, uncertainty in the workplace, or perception of role ambiguity.

Relationship of Marriage Status with Burnout on Nurses

Based on the analysis of the relationship between marriage status and burnout rates in the high category of nurses, the proportion of married respondents (52.0%) was higher compared to unmarried or widowed respondents (48.0%) whereas the married nurse with burnout rate in the low category was higher (96.7%) compared with unmerited nurse (3.3%). Based on the results of the Chi-square test, it was found that there was a correlation between the marriage status and the burnout rate of nurses. The

findings are in line with the research conducted by De La Fuente (2015) concluding that nursing professionals experience very high burnout rates with marital status. Additionally, the Odds Ratio (OR) is 26.769, which means that unmarried nurses have 26.769 times the odds compared to married nurses.

For individuals in particular, a man who is not married or unmarried is said to be more likely to experience burnout when compared to a married person. However, this cannot be generalized because a married person or a family may also be at risk of burnout. This can happen when there is no comfortable atmosphere in the household or a partner who cannot provide social support. According to the Swasti theory (2017), both male and female workers are potentially exposed to burnout, especially because of gender equality (Keksi Girindra Swasti, Wahyu Ekowati, 2017). Although some studies show results that higher burnout can be risky for unmarried individuals, marriage can provide additional social roles.

Relationship of Education Level with Burnout in Nurses

Based on the results of the analysis of the relationship between the level of education and the burnout rate in nurses showed that the proportion of respondents with education level D3 who experienced burnout in the high category by 50 percent higher than those with S1 education level 15.8 percent. Respondents with a D3 education level experienced a low burnout rate in the category (50%) compared to nurses with an S1 education level (84.2%). Based on the results of the Chi-square test that obtained a $p = 0.028$ ($p < 0.05$), it can be concluded that there is a relationship between the level of education in nurses and the rate of burnout. This is in line with the research carried out by Liana (2020) obtained statistical test results p value = 0,006 which means there is a relationship between education and burnout in nurses (Liana, 2020). Additionally, the Odds Ratio (OR) is 1,714 which means that nurses with a D3 level of education have odds 1,714 times higher than those with a S1 level.

The level of education is closely linked to the workability that has been assigned to be occupied by the nurses. With an appropriate level of education and adequate professionalism of nurses, then the implementation of medical services and nursing measures given to the patient will have a good ability (Astriana et al., 2017). The consistency of education with assigned tasks is important to bear in mind. A low level of education, when confronted with high duty capacity and workload, tends to increase the risk of stress as well as burnout (Mbuthia, 2009)(I. K. Sari, 2015).

Working Time Relationship with Burnout on Nurses

Based on the results of the analysis of the relationship between working time and burnout in nurses showed that the proportion of respondents with working time ≤ 3 years with a high burnout rate of 60,0%, which is higher compared to the nurse with a working time > 3 years (40,0%). In contrast, nurses with a working time of > 3 years with a low burnout rate of (70.0%) which is higher compared to a nursing time of ≤ 3 years (30.0%). Based on the results of the Chi-square test that has been obtained p value = 0.050 there is a relationship between working time and burnout rate in nurses. The results of

this study are in line with a study conducted by Mawarti & Yusnilawati (2018) that there is no link between working time and burnout in nurses in the hospital facility rooms of Raden Mattaher General Hospital and Abdul Manap Jambi Hospital (Mawarti & Yusnilawati, 2018). In addition, the Odds Ratio (OR) of 3,500 is obtained, which means that nurses with a working life of ≤ 3 years have 3,500 times greater odds compared to those with a work-life of > 3 years. This study is in line with what Mawarti & Yusnilawati (2018) did in that obtained working time results have no relation to the burnout rate ($p > 0,05$) (Mawarti & Yusnilawati, 2018).

Maslach (1982) showed that employees with new working hours tend to experience burnout, unlike employees who have been working for a long time because they are accustomed to their work. The new employees, however, begin to master their jobs and just start to master them so that unknowingly they can be a burden and stress on the new employees that can eventually lead to burnout (Maharani, 2012).

Relationship of social support with burnout in nurses

Based on the analysis of the relationship between social support and burnout rates in nurses, respondents who experienced burnout in the highest category caused by lack of social support were 69.2%. The highest number (75.6%) experienced burnout in the low category. Based on the results of the Chi-square test, $p = 0.022$ ($p < 0.05$) means that there is a relationship between the social support factor and the burnout rate in nurses. This is in line with the Janeway study (2020) showing that out of 797 respondents, 324 (40.7%) respondents experienced burnout symptoms caused by lack of social support, increased workload, too frequent contact with patients, and changes in working hours closely linked to the symptoms experienced by both doctors and nurses. Additionally, the Odds Ratio (OR) is 6 which means that nurses who receive less social support have odds 6 times higher than those who receive social support.

The role of social support is to reduce stress levels by providing support to subjects in need of support. The values contained in social support such as information, and emotions are vital in all kinds of social support. To reduce the feeling of isolation, the waste of expectations and judgments from others, and to increase the sense of mutual understanding and friendship, this is the importance of health and empowerment. This empowerment enables individuals to fight and be more active in dealing with stressful situations. A few examples of Sullivan's (2003) vocal support program include collaborative research and advocacy on cases of domestic violence by giving attention to feminists, through collaborative discussions. According to Orford (2008), programs in groups are designed to maximize prevention results (Jembarwati, 2020).

Relationship conflict with burnout in nurses

Based on the analysis of the relationship between conflict and burnout rates in nurses, respondents experienced burnout in the highest conflict-caused category (78.6%). Respondents who

experienced burnout were in the lowest category due to lack of conflict (75.6%). Based on the Chi-square test results, $p = 0,000$ ($p < 0.05$) means there is a relationship between conflict and burnout rate in nurses. This research is in line with Cherniss's (1980) theory that conflict between colleagues can lead to burnout syndrome. In addition, the Odds Ratio (OR) is 31.417, which means that nurses who have conflict are 31.417 times more likely than non-conflict nurses.

According to Cherniss (1980), conflict between colleagues can arise when there are differences in dealing with problems, competing, and giving priority to personal matters versus common goals (Putriana, 2019). So there's a need for support between colleagues to minimize the occurrence of prolonged conflict. In addition to the support of colleagues, the role of superiors is also needed in providing support as they have a strong influence on the emergence of situations and conditions that can lead to burnout.

Disturbed relationship of community systems in work with burnout on nurses

Based on the analysis of the relationship between the disturbance of the community system in the workplace and burnout in nurses experiencing burnout of the high category (62.5%). While nurses who suffered low burnout category but did not experience disturbance of the community system in employment was 71.8%. Based on the results of the Chi-square test, $p = 0.012$ ($p < 0.05$) is obtained, which means that there is a correlation between the disturbance of the community system in the workplace and the burnout rate in nurses. This is in line with the research carried out by Andarini (2018), which found results of Organizational effort factor influence against burnout. In his research, the organizational Effort Factor consists of support of workmates, managerial support, and organizational atmosphere (Andarini, 2018). Additionally, the odds ratio (OR) is 6 which means that a nurse who finds herself being disturbed by the community system in the workplace has 6 times greater odds compared to a Nurse who does not find herself experiencing a disturbance of the community systems in the job.

Relationship of isolation with burnout in nurses

Based on the results of the analysis, the relationship between isolation and nurse burnout in the category of high burnout is as high as (64.3%). The number of nurses who experience low burnout, because they do not feel isolated, is 70.7 percent. Based on the results of the Chi-square test, $p = 0.010$ ($p < 0.05$) is obtained, which means that there is a relationship between isolation and burnout rate in nurses. This is in line with Gold & Roth's (1993) theory that someone new to one profession is susceptible to criticism from other co-workers so without social support the individual will feel lonely and form a sense of isolation. The Odds Ratio (OR) is 7,071 which means that a nurse who finds herself isolated has 7.071 times higher odds than a nurse who does not experience isolation on her.

The symptoms that can be shown by someone who experiences a sense of work saturation according to Windayanti and Cecilia (2007) are someone who has a high resistance to carrying out activities, there are feelings of failure, tends to be easily angry, and often upset, guilt and guilt feelings,

sentiment of indifference, negativism, isolation and withdrawal, feeling easily tired every day, often paying attention to hours at work, loss of positive feelings towards clients, delaying or avoiding contact with clients, limiting phone calls with clients and visits at the workplace, equalizing all clients, unable to sympathize with what clients say (I. K. Sari, 2015).

CONCLUSION AND SUGGESTION

Based on the research carried out, it can be concluded, that the analysis of the relationship of individual factors, obtained the result that the distribution of burnout rates among nurses in the General Hospital of the City of Tangerang South of a total sample of 55 nurses, amounting to (45,5%) had high burnout category and amounting (54.5%) had burnout low category. An analysis of the relationship of individual factors showed that marital status, working time, and educational level ($p < 0.05$) were related to burnout. Meanwhile, in gender and age, there was no association with burnout ($p > 0.05$). An analysis of the relationship between organizational factors, such as social support, conflict, disturbance of the community system in employment, and isolation showed that there was a relationship with the burnout rate in nurses ($p < 0.05$).

Based on the research, here are some suggestions that researchers can give:

1. Based on research, researchers can advise that the Tangerang City General Hospital can reduce burnout conditions at low levels by the way the hospital provides support so that nurses can manage stress.
2. Based on research advice that researchers can give so that Tangerang City General Hospital can maintain social support between colleagues, superiors, and patients. Maintaining a healthy working environment without prolonged conflict. Maintaining a community system at work without a negative working environment. Maintaining social support so that no nurse feels isolated from him. This can be done through a safe and conducive working environment between colleagues, superiors, and patients.

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