

Research Article

Description of the Burnout Pandemic on Nurses in the Isolation Room at RSUD Wangaya Denpasar

Luh Putu Sukmayanti*, Kiki Rizki Fista Andriana, Ni Gusti Ayu Putu Triyani, Ni Made Nopita Wati

STIKes Wira Medika Bali, Indonesia

Article history:

Submission July 2021

Revised August 2021

Accepted August 2021

*Corresponding author:

E-mail:

luhputusukmayanti@gmail.com

ABSTRACT

During this pandemic, health workers, especially nurses, are at the forefront of dealing with the Covid-19 outbreak. Nurses will experience stress, this is because the workload that occurs on nurses is very large, so nurses tend to experience pandemic burnout. The purpose of this study was to determine the description of the pandemic burnout on nurses in the Isolation Room of Wangaya Hospital Denpasar based on 3 dimensions of burnout. Data collection tool using Maslach Burnout Inventory questionnaire. This research method is descriptive quantitative by using a survey. The sample in this study was selected with a total sampling technique of 39 respondents. The results of this study are most of the respondents experienced pandemic burnout in the low category as many as 32 people (82.1%). Dimension emotional exhaustion most of the respondents answered "always" as many as 7 people (17.9%), the dimension depersonalization most of the respondents answered "always" as many as 13 people (33.3%) and the dimension of diminished personal accomplishment most of the respondents answered "always" as many as 1 person (2.6%). This pandemic has occurred for more than a year, nurses are getting used to their work and are used to using level 3 PPE. It is recommended for nurses to be in isolation rooms, attend webinars or seminars on handling Covid-19 patients, psychological webinars, yoga, and other spiritual improvement activities that can reduce nurse burnout.

Keywords: isolation room, nurse, pandemic burnout

Introduction

During this pandemic, health workers, especially nurses, are at the forefront of dealing with the Covid-19 outbreak. One of the things that happened to nurses in dealing with the Covid-19 outbreak was that nurses experienced stress, this was because the workload on nurses was very large. According to [8] Health

workers have difficulty maintaining physical and mental health conditions that are at risk for psychological disorders such as depression, anxiety, severe stress, and fatigue. Other risk factors identified were feeling unsupported, concerns about personal health, fear of carrying infection and transmitting it to family members or others, isolation, feelings of uncertainty,

How to cite:

Sukmayanti, L. P., Andriana, K. R. F., Triyani, N. G. A. P., Wati, N. M. N. (2021). Description of the Burnout Pandemic on Nurses in the Isolation Room at RSUD Wangaya Denpasar. *Basic and Applied Nursing Research Journal*, 2(1), 22 – 31. doi: 10.11594/banrj.02.01.05

social stigmatization, excessive workload, and feeling insecure when providing care and services. healthcare for Covid-19 patients. Research from [12] Work stress and burnout experienced by nurses at Embun Fatimah Hospital Batam City are nurses who experience stress as much as 60%, not stress as much as 40% and those who experience burnout as much as 55%, not burnout as much as 45%. While in research [14] burnout experienced by nurses at Wangaya Hospital Denpasar is as much as 51.5%.

Another risk that has the potential to affect the quality of life and productivity of our medical services is the mental health aspect, including the risk of burnout or burnout. Health workers are potentially exposed to very high levels of stress, but there are no rules or policies that can protect them from a mental health perspective. Research conducted by a research team from the Master of Occupational Medicine Study Program, Faculty of Medicine, University of Indonesia (MKK FKUI) shows the fact that as many as 83% of health workers in Indonesia have experienced moderate and severe burnout which is psychologically at risk of disrupting quality of life and work productivity in health services. *Burnout* can also cause mental disorders, so it is very important to know the mental condition of health workers during a pandemic. [5]

According to [2] Burnout is influenced by three factors, namely demographic factors (gender, age, education, length of work and marital status), personal factors (work stress, workload and personality type) and organizational factors (working conditions and social support). According to Leatz and Stolar [1] If the stress condition occurs for a long period of time with a high enough intensity, characterized by physical fatigue, emotional exhaustion, and mental exhaustion, it will result in nurses experiencing burnout symptoms.

The impact is that if more nurses experience burnout, they will have difficulty sleeping, increase the frequency of not coming to work, quitting work or job turnover. [11] Nurses who experience burnout will usually tend to be cynical about other people and patients, feel tired all the time, feel unable to do their jobs properly and begin to be reluctant to work. [11]

The purpose of this study was to determine the description of the pandemic burnout on nurses in the Isolation Room of Wangaya Hospital Denpasar based on 3 dimensions of burnout.

The Covid-19 pandemic in Indonesia has resulted in a very heavy burden on the health care system in the country, including health workers. The data on confirmed cases of Covid-19 in Bali obtained from the Bali Provincial Government Health Office on January 20, 2021 were positive (22423 people), treatment (2637 people/11.76%), recovered (19179 people/85.53%), died (607 people/2.71%). February 28, 2021, data obtained were positive (34367 people), treatment (2258 people/6.57%), recovered (31186 people/90.74%), died (923 people/2.69%). And on March 1, 2021, data obtained were positive (34523 people), treatment (2183 people/6.32%), recovered (31418 people/90.98%), died (931 people/2.7%).

The results of interviews and observations with 5 isolation nurses in the Praja Amerta Room at Wangaya Hospital obtained data that 10% of them had been confirmed positive for COVID-19. During the COVID-19 pandemic situation, the thing that nurses felt the most in the Praja Amerta room was the use of Personal Protective Equipment commonly referred to as (PPE), because the use of PPE in the early days of the pandemic made them feel uncomfortable due to the heat, stifling heat that This resulted in nurses sweating, feeling short of breath if using PPE for more than 1 hour, and feeling stuffy. Of the 100% of the nurses interviewed, all of them said they were very afraid and worried that later they might transmit the disease to their families and hoped that this pandemic would end soon.

The interviewed nurse said she felt tired, exhausted, tired and lethargic while working as a COVID-19 nurse even though she had rested because the number of patients was increasing day by day. During the COVID-19 pandemic, nurses said that fatigue that occurred was most experienced during the afternoon service and night service, because most nursing actions were carried out during the afternoon service and at night service due to long working hours, unable to change shifts, and in the morning the

day the nurse on the night service again received a new patient and had to change his PPE again. 2 nurses said that they had never attended an operation because they carried out nursing actions, while the other nurses said that they always followed the operation because the weigh-in operation was important to know the patient's condition.

The results of the preliminary study also show that while being a COVID-19 nurse 80% of them always think positively to avoid problems, believe that other people's influence or other people's instructions are able to overcome problems during the COVID-19 pandemic. During the pandemic, nurses also look for information related to COVID-19 disease, and this information is very helpful while working in the Praja Amerta Room at Wangaya Hospital Denpasar, and the nurse said that as a nurse assigned to treat COVID-19 patients to avoid negative stigma among the community by providing explanations about COVID-19, don't be influenced by hoax news, and don't get emotional easily if there are people who have bad opinions about the work of nurses.

Materials and Methods

The research method used in this research is descriptive quantitative, namely research methods that aim to describe important events that are currently happening [6]

This research was conducted in the Isolation Room of Wangaya Hospital Denpasar, namely Praja Amerta Room 1st Floor, 2nd Floor, and 3rd Floor of Wangaya General Hospital Denpasar, as many as 39 isolation nurses. The sampling technique used in this study is non-probability sampling, the type of total sampling is a sampling technique when all members of the population are used as samples [10]

The variables of this study used the independent variable (free), namely pandemic burnout. This research was conducted on 18 May - 25 May 2021.

The validity test on the pandemic burnout questionnaire was tested by Ni Putu Eva

Pradnyayanti in the Isolation Room of the Puri Raharja General Hospital on April 29, 2021 with 30 respondents with the title The Relationship between the Use of Personal Protective Equipment and Pandemic Burnout on Nurses in Handling Covid-19 Patients at the Sanjiwani Hospital, Gianyar. Based on the analysis of the validity test, it was found that of the 23 statement items in the nurse's burnout pandemic questionnaire, there were 5 statements (burnout3, burnout12, burnout15, burnout16, and burnout19) whose value was lower than the r table ($r = 0.361$), so the statement burnout3, burnout12, burnout15, burnout16, and burnout19 were declared invalid while the other statements were declared valid. Instrument reliability testing is carried out using the Cronbach Alpha coefficient, as a general guideline to determine the reliability of the questions, the minimum correlation coefficient considered to be eligible is $r = 0.60$ and if it is smaller than 0.60 then the question items are declared unreliable [10]. The value of r Alpha (0.904) is greater than the value of r table, so the statement in the questionnaire is declared reliable.

The data collection process begins with taking care of an ethical clearance letter at the Research Ethics Committee of Wangaya Hospital Denpasar. Based on the ethical clearance No.027/IV.5/KEP/RSW/2021, the researchers began to determine and conduct similar perceptions with the enumerators. The enumerators used were the Head of the Room and the Deputy Head of the AmertaPraja Room at the Wangaya Hospital Denpasar City, then the researcher explained the objectives, benefits and research procedures to the respondents, then the respondents were asked to sign an informed consent to become respondents. Data were collected using the Maslach Burnout Inventory (MBI) questionnaire, with a total of 18 statements and answer choices using a Likert scale. The data that has been obtained through the questionnaires were analyzed using univariate analysis.

Results and Discussion

Research Result

Tabel 1. Nurse Age

Age	Frequency (n)	Percentage (%)
≤ 25 year	1	2.6
26-35 year	22	56.4
36-45 year	14	35.9
≥ 46 year	2	5.1
Total	39	100

Based on Table 1, it was found that the age of nurses in the Isolation Room of Wangaya Hospital Denpasar in 2021, most of the respondents were in the age range of 26-35 years, namely as many as 22 people (56.4%).

Tabel 2. Nurse Gender

Gender	Frequency (n)	Percentage (%)
Male	3	7.7
Women	36	92.3
Total	39	100

Based on Table 2, the results show that the gender of the nurses in the Isolation Room of Wangaya General Hospital Denpasar in 2021, most of the respondents were women, as many as 36 people (92.3%).

Tabel 3. Nurse Education

Education	Frequency (n)	Percentage (%)
D III Nursing	18	46.2
S1 Nursing	21	53.8
S2 Nursing	0	0
Total	39	100

Based on Table 3, it was found that nurse education in the Isolation Room of Wangaya Hospital Denpasar in 2021, most of the respondents had a bachelor's degree in Nursing, namely 21 people (53.8%).

Tabel 4. Nurse Working Period

Working Period	Frequency (n)	Percentage (%)
< 6 year	6	15.4
6 - 10 year	15	38.5
> 10 year	18	46.2
Total	39	100

Based on Table 4, the results show that the working period of nurses in the Isolation Room of Wangaya General Hospital Denpasar in 2021, most of the respondents were in the work period > 10 years, namely 18 people (46.2%).

Tabel 5. Nurse Marital Status

Marital Status	Frequency (n)	Percentage (%)
Not married	6	15.4
Married	33	84.6
Widower / widow	0	0
Total	39	100

Based on Table 5, it was found that the marital status of nurses in the Isolation Room of Wangaya Hospital Denpasar in 2021, most of the respondents with married status were 33 people (84.6%).

Table 6. Dimensions of Emotional Exhaustion Burnout

No	Statement Items	Burnout Condition Frequency & Percentage (%)		
		Never	Rarely	Always
1	Tired when you wake up in the morning	5 12.8%	27 69.2%	7 17.9%
2	Neck muscles become tense	19 48.7%	18 46.2%	2 5.1%
3	Lack of rest	11 28.2%	22 56.4%	6 15.4%
4	Tension in the shoulder area	14 35.9%	25 64.1%	0%

No	Statement Items	Burnout Condition		
		Frequency & Percentage (%)		
		Never	Rarely	Always
5	Unable to concentrate while in hospital	26 66.7%	13 33.3%	0%
6	Disappointed with my work	32 82.1%	7 17.9%	0%
7	Not enthusiastic about work	29 74.4%	10 25.6%	0%
8	Stress with my work	19 48.7%	20 51.3%	0%
9	Pressured every day against my work	27 69.2%	12 30.8%	0%
10	Frustrated with the prolonged pandemic	18 46.2%	19 48.7%	2 5.1%

Based on Table 6 on the Burnout Emotional Exhaustion dimension In the Isolation Room of Wangaya General Hospital Denpasar in 2021, most of the answers "always" were

obtained on statement item no. 1, which was tired when getting up in the morning as many as 7 people (17.9%)

Table 7. Dimensions of Burnout Depersonalization

No	Statement Items	Burnout Condition		
		Frequency & Percentage (%)		
		Never	Rarely	Always
1	Fear of contracting the covid 19 virus	17 43.6%	9 23.1%	13 33.3%
2	Afraid of negative stigma from society towards me	20 51.3%	8 20.5%	11 28.2%

Based on Table 7 on the Burnout Depersonalization dimension In the Isolation Room of the Wangaya General Hospital Denpasar in 2021, most of the answers "always" were

obtained in statement item number 1, namely the fear of contracting the covid-19 virus as many as 13 people (33.3%).

Table 8. Dimensions of Burnout Diminished Personal Accomplishment

No	Statement Items	Burnout Condition		
		Frequency & Percentage (%)		
		Never	Rarely	Always
1	Ignoring the patient's feelings that I consider less important	34 87.2%	5 12.8%	0%
2	Inability to understand the needs of patients in the isolation room	34 87.2%	5 12.8%	0%
3	It takes a long time to create a comfortable atmosphere for the patient	24 61.5%	15 38.5%	0%

No	Statement Items	Burnout Condition		
		Frequency & Percentage (%)		
		Never	Rarely	Always
4	Burdened with the use of PPE level 3	26 66.7%	12 30.8%	1 2.6%
5	Not confident in treating patients in the isolation room	37 94.9%	2 5.1%	0%
6	Not able to help the healing process of covid 19 patients	26 66.7%	13 33.3%	0%

Based on Table 8 on the Burnout dimension *Diminished Personal Accomplishment* In the Isolation Room of Wangaya General Hospital Denpasar in 2021, most of the "always" answers were obtained in statement item no 4, which is burdened with the use of PPE level 3 as much as 1 person (2.6%).

Table 9. Pandemic Burnout Rates in Nurses

The rate of pandemic burnout	Frequency (n)	Percentage (%)
High	0	0
Medium	7	17.9
Low	32	82.1
Total	39	100

Based on Table 9, it was found that the pandemic burnout of nurses in the Isolation Room of Wangaya Hospital Denpasar in 2021 was mostly in the low category, namely as many as 32 people (82.1%).

Results Discussion

1. Dimensions of Emotional Exhaustion

Based on the results of the study, it was found that the burnout level on the emotional exhaustion dimension in the Isolation Room of Wangaya Hospital Denpasar in 2021, most of the respondents answered "always" on statement item number 1, which is tired when getting up in the morning as many as 7 people (17.9%). This research is different from the research results [14] which shows that respondents who answered "always" were found in statement item no. 8, namely stress with my work as many as 52 people (31.5%) and research from [13] which shows that the emotional exhaustion dimension of the implementing nurses was obtained with a high level of 52

people (43.0%). This is because the research conducted by Wirati and Aeny was carried out prior to the Covid-19 pandemic, while this research was conducted during the Covid-19 pandemic.

Based on the age group, most of the respondents' ages were in the range (26-35 years) with a percentage of 56.4% and a small portion in the range (≤ 25 years) with a percentage of 2.6%. According to Maslach, younger employees experience higher burnout (emotional exhaustion) than employees over 30 or 40 years old because age is defined as work experience, so emotional exhaustion appears as a risk early in one's career.

The education of the respondents in this study was mostly Bachelor of Nursing with a percentage of 53.8% and almost half of them were DIII Nursing with a percentage of 46.2%. According to Maslach and Jackson [9] mentions that the level of education also plays a role in burnout syndrome, namely the emotional exhaustion dimension. This is based on the fact that stress related to work problems is often experienced by workers with low education. This is in accordance with research conducted by [13] which shows that nurses with D3 education experience emotional exhaustion (84.61%).

In this study, the researcher argues that nurses aged 26 to 35 years are prone to experiencing emotional exhaustion, this can be seen from most of the nurses in the isolation room of Wangaya Hospital who are young. The young nurse is a nurse who has just worked in the Isolation Room of the Wangaya Hospital so that she has little work experience. Nurses with D3 nursing education are faced with tasks and workloads that exceed their capabilities, tend to experience emotional exhaustion. Increased

fatigue experienced by nurses can trigger decreased performance, absenteeism, leave, work strikes and lack of enthusiasm at work. Fatigue that arises can be caused by an increase in work demands that require nurses to work optimally and professionally.

2. Dimensions of Personalization

The results showed that the level of pandemic burnout on the depersonalization dimension was Isolation Room of Wangaya Hospital Denpasar in 2021 most of the respondents answered "always" on statement item number 1, namely the fear of contracting the covid-19 virus as many as 13 people (33.3%). This shows that nurses who work as the frontline and often have contact with Covid-19 patients will have fear when treating Covid-19 patients and have the risk of contracting the Covid-19 virus. This is in accordance with the statement of [15] stated that the depersonalization of nurses developed from moderate to severe after one month working on the frontlines of Covid-19. This study is different from the results of research conducted by [13] which shows that the depersonalization dimension of implementing nurses in the high category is 57 people (47.1%)

Respondents who answered "never" the most were found in statement item no 2, namely the fear of negative stigma from society towards me as many as 20 people (51.3%). This shows that nurses are able to give an explanation about COVID-19, don't be influenced by hoax news, and don't get emotional easily if there are people who have bad opinions about the work of nurses.

Based on the results of this study, almost all of the respondents were female with a percentage of 92.3% and a small proportion were male with a percentage of 7.7%. Several studies and based on theory say that men and women have different ways of dealing with a problem, where women tend to experience emotional exhaustion, cynical feelings compared to men.

Almost half of the respondents in this study were > 10 years with a percentage of 46.2% and a small proportion were < 6 years with a percentage of 15.4%. Nurses who have worked

for more than 10 years experience depersonalization because of the monotonous work of nurses and many experiences as nurses, nurses will tend to feel bored when doing work over and over again every day.

Researchers are of the opinion that the impact is that the more nurses who experience depersonalization, the lower the quality of health services provided. Nurses who are in a cynical state cannot work well and of course it will affect the quality of their services, the impact that will be obtained for patients as service recipients is a decrease in the quality of service or the performance of nurses provided by nurses and an increase in negative behavior of nurses towards service recipients. One of the factors that cause depersonalization, especially women and female nurses, in doing their jobs, use their emotions more.

Nurses with a long working period will get a lot of work experience, but the monotonous work pattern of nurses actually causes physical, emotional and psychological fatigue that causes burnout. Early preparation of nurses in the form of improving and caring for Covid-19 patients will have a positive impact in overcoming fears and problems that often arise in treating Covid-19 patients, the final impact will be to improve the quality of nursing services optimally.

3. Diminished Personal Accomplishment

The results showed that the level of burnout on the diminished personal accomplishment dimension in the Isolation Room of Wangaya Hospital Denpasar in 2021, most of the respondents answered "always" on statement item no 4, which was burdened with the use of PPE level 3 as much as 1 person (2.6%). This research is different from the research results [14] which shows that the respondents who answered "always" were found that no one answered always, while the most answered "often" on the statement item that was not yet able to have a positive influence on the lives of others, as many as 47 people (28.5%), less have sufficient ability to treat patients as many as 37 people (22.4%), do not believe in work as many as 33 people (20.0%).

Respondents who answered "rarely" namely the statement item took a long time to create a comfortable atmosphere for the patient as many as 15 people (38.5%), have not been able to help the healing process of Covid-19 patients as many as 13 people (33.3%), ignoring the feelings of patients who I consider less important as many as 5 people (12.8%), less able to understand the needs of patients in the isolation room as many as 5 people (12.8%), and not confident in caring for patients in the isolation room as many as 2 people (5.1%). This shows that nurses who feel incompetent, ineffective and not strong, are not satisfied with what has been achieved at work, even feelings of failure at work will cause nurses in the isolation room to be sometimes unmotivated, unable to control emotions, unable to create an atmosphere comfortable,

According to [15] noted that nearly half of the nurses working with Covid-19 patients demonstrated a lack of personal achievement. This lack of personal achievement may be related to the severity and rapid progression of the Covid-19 infection. Al-Turki's research (2010) conducted at King Fahd University Hospital of Saudi Arabia, showed that 55 people (28.5%) staff experienced high low personal accomplishments.

Researchers are of the opinion that the feeling of being discouraged by nurses in the isolation room will trigger nurses to be unable to have a positive influence, not being able to understand co-workers and not being able to take care of co-workers' problems. So far there is no effective treatment for the Covid-19 virus. Although various supportive measures have been implemented, many patients quickly deteriorate to critical condition and die. This can decrease the nurse's self-confidence and feelings of personal achievement. Married nurses have more responsibilities and demands than someone who is not married, so married people have more burdens of thought such as family and work responsibilities.

4. Pandemic Burnout in the Isolation Room of Wangaya Hospital Denpasar

The results of this study showed that most nurses experienced low pandemic burnout, namely 32 nurses (82.1%) and a small number

of nurses experienced moderate pandemic burnout, namely 7 nurses (17.9%). This research is in line with research conducted by [4] which shows that the burnout of implementing nurses is in the low category of (82.8%).

This study shows that almost all of the characteristics of marital status are married with a percentage of 84.6% and a small proportion are unmarried with a percentage of 15.4%. *Annual Review of Psychology* [9] reported that unmarried individuals (particularly men) were reported to be more prone to burnout syndrome than married individuals. However, further explanation is needed for marital status. Those who are married may be at risk for burnout if their marriage is not harmonious or has a partner who does not provide social encouragement. This is in accordance with research conducted [8] which shows that married nurses experience burnout as many as 98 nurses (74.2%).

Researchers are of the opinion that emotional exhaustion, depersonalization, and a decrease in personal achievement in the low category are a description of the burnout pandemic of nurses working in isolation rooms. The low pandemic burnout experienced by nurses was due to nurses who served in isolation rooms had high enthusiasm in caring for covid-19 patients, and this pandemic has occurred for more than 1 year nurses are getting used to their work and are accustomed to using level 3 PPE. Nurses in isolation rooms need to build better relationships between friends while providing services to patients. The dimensions of each burnout are strongly influenced by the characteristics of the nurses themselves such as age, gender, last education, years of service and marital status.

Conclusion

Pandemic burnout the emotional exhaustion dimension of nurses in the Isolation Room of Wangaya Hospital Denpasar in 2021 mostly Respondents who answered "always" were found in item number 1, namely being tired when getting up in the morning as many as 7 people (17.9%). Dimensions of nurse depersonalization In the Isolation Room of the Wangaya Hospital, Denpasar in 2021, most of the respondents answered "always" on statement

item number 1, namely the fear of contracting the covid-19 virus as many as 13 people (33.3%). Dimension *Diminished personal accomplishments* nurses in the Isolation Room of Wangaya Hospital Denpasar In 2021 most of the respondents answered "always" were obtained on statement item number 4, which was burdened with the use of PPE level 3 as much as 1 person (2.6%). The pandemic burnout of nurses in the Isolation Room of Wangaya Hospital Denpasar in 2021 was obtained Most of the respondents in the low category were 32 people (82.1%).

It is expected to be an input in optimizing nursing care. Nurses should be able to avoid stress so that boredom at work can be avoided and attend webinars or seminars on handling COVID-19 patients, psychological webinars, yoga, relaxation of the mind by playing games, watching educational videos about prevention of covid-19, as well as activities to improve other spiritual factors that can reduce nurse burnout.

Acknowledgment

The authors would like to thank all those who have assisted in this research process, Wangaya Hospital for giving permission to conduct research, and Wira Medika lecturers who have facilitated this research.

References

1. Andarica. (nd). Burnout on the Princess Nurse at St. Elizabeth Semarang in terms of social support. *PSYCHE Journal* Vol. 1 No. 1, July 2004.
2. Bhavesh, P. (2014). The Organizational Factors That Affect Burnout in Nurses. RCN Education Conference. West Middlesex University Hospital.
3. Bali Provincial Health Office. (2020). Covid-19 Case Data. Bali: Bali Provincial Health Office
4. Eliyana. (2016). Factors related to burnout of implementing nurses in the inpatient ward of the West Kalimantan Provincial General Hospital in 2015. *Arsi*, 2(3), 172–182.
5. FKUI Public Relations. (2020). 83% of Indonesian Health Workers Experienced Moderate and Severe Burnout Syndrome During the COVID-19 Pandemic.
6. Nursalam. (2016). *Nursing Research Methodology*. Jakarta: Salemba Medika.
7. Osita. (2019). Relationship between Burnout and Caring Behavior of Nurses in the Inpatient Room at Wangaya Hospital. Denpasar: STIKes Wira Medika Bali.
8. Rosyanti, L., & Hadi, I. (2020). Psychological Impact in Providing Health Care and Health Services for COVID-19 Patients on Health Professionals. *Health Information: Research Journal*, 12(1), 107–130. <https://doi.org/10.36990/hijp.vi.191>
9. Sari. K. (2015). Factors Associated With Nurse Burnout At Haji Hospital Makassar. Thesis. Available (online): http://respositori.uin-alauddin.ac.id/4803/1/ika%20kasmita%20sari_opt.pdf
10. Sugiyono. (2018). *Quantitative and Qualitative Research Methods and R&D*. Bandung: Alfabeta.
11. Pangastiti, NK (2011). Analysis of the Effect of Family Social Support on Burnout in Health Nurses in Mental Hospitals (Study at Prof. dr. Soerojo Magelang Hospital). Thesis, 14–21. <http://eprints.undip.ac.id/29408/>
12. Wardhani, UC, Sari, R., Muchtar, U., Farhiyani, A., Studi, P., Nursing, I., Awal, S., & Batam, B. (2020). The Relationship between Work Stress and Work Burnout for Nurses at Hospital X Batam City. *Journal of Health Trust*, 2(1), 83–97. <https://ojs.stikesamanahpadang.ac.id/index.php/IJK/article/view/48>
13. Wati, NMN, Ni Luh Putu Thrisna Dewi, & Aeny Suryanti. (2020). Overview of the Burnout of Implementing Nurses in the Intensive Room of Sanglah Hospital Denpasar. *Journal of Health Dr. Soebandi*, 8(1), 40–48. <https://doi.org/10.36858/jkds.v8i1.170>
14. Wirati, NPR, Wati, NMN, & Saraswati, NLGI (2020). The Relationship between Burnout and Work Motivation of Implementing Nurses. *Journal of Nursing Leadership and Management*, 3(1), 8. <https://doi.org/10.32584/jkml.v3i1.468>
15. Zhang, Y., Wei, L., H., Pan., & Wang, J. (2020). The Psychological Change Process of Frontline Nurses Caring for Patients with COVID-19 during Its Outbreak Issues Ment Health Nurses., 6. <https://doi.org/https://doi.org/doi:10.1080/01612840.2020.1752865>. PMID: 3249745