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The Effect of Anxiety and Burnout on The Motivation of Nurses' Work in The Era of The Covid-19 Pandemic at The Regional General Hospital in D.I. Yogyakarta Province

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A B S T R A C T

Health workers, who have been at the forefront of the fight against COVID-19, have been working hard to treat COVID-19 positive patients. Several of these medical staff became infected with COVID-19. This study aims to analyze the impact of anxiety and burnout on nurses' work motivation at a public hospital in Yogyakarta. The population of this study is all nurses who provide services to Covid-19 patients, with 167 nurses being sampled using total sampling, data analysis using the structural equation modelling model. The study showed that anxiety had a positive and significant effect on nurses' burnout, with an original sample value (O) of 0.175, an at-statistical value of 2,332, and a p-value of 0.020. The effect of anxiety on work motivation was affected by the value (O) of -0.275, the t-statistical value of 3,883, and the p-value of 0.000, indicating that anxiety had a negative and significant effect on the work motivation of nurses', and the effect of burnout on motivation was affected by the value (O) of -0.199, the t-statistical value of 2,296, and the p-value of 0.000, indicating that burnout was effected so there is an impact of anxiety and burnout on nurses' work motivation at a public hospital in Yogyakarta.

Kata kunci:

Kecemasan
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A B S T R A K

Tenaga kesehatan sebagai garda terdepan dalam melawan COVID-19 telah berusaha keras untuk mengobati pasien yang positif COVID-19. Tidak sedikit dari tenaga medis tersebut yang ikut tertular COVID-19 bahkan sampai meninggal dunia. penelitian ini bertujauan meneliti pengaruh kecemasan dan burnout terhadap motivasi kerja perawat pada era pandemic Covid-19 di RSUD di Yogyakarta. Jenis penelitian merupakan kuantitatif dengan metode cross-sectional. Populasi penelitian ini adalah seluruh perawat yang memberikan pelayanan bagi pasien Covid-19 di RSUD di Yogyakarta dengan teknik sampling total sampling, jumlah sampel sebanyak 167 perawat. Teknik analisis data dalam penelitian ini menggunakan model Structural Equation Modeling. Hasil analisis didapatkan nilai original sample (O) sebesar 0,175, nilai t-statistik sebesar 2,332, p-value 0,020, maka kecemasan berpengaruh positif dan signifikan terhadap burnout petugas medis. Kemudian pengaruh kecemasan terhadap motivasi didaptkan nilai (O) sebesar -0,275, nilai t-statistik sebesar 3,883, p-value 0,000, maka kecemasan berpengaruh negatif dan signifikan terhadap motivasi kerja petugas medis, dan pengaruh burnout terhadap motivasi didapatkan nilai (O) sebesar -0,199, nilai t-statistik sebesar 2,296, p-value 0,000, maka burnout berpengaruh negatif dan signifikan terhadap motivasi kerja petugas medis. Sehingga dapat disimpulkan terdapat pengaruh kecemasan dan burnot pada motivasi kerja perawat di RSUD di Yogyakarta.

INTRODUCTION

Coronavirus disease-19, commonly known as COVID-19, was initially found in late 2019 in Wuhan, Hubei Province, China, and was declared a pandemic in 2020. The disease attacks the respiratory, digestive, musculoskeletal, and neurological organs, with the elderly and newborns being most vulnerable to infection. According to the WHO, there were 6,931,000 persons diagnosed with COVID-19 up through June 2020, with 400,857 of them dying. Until June 2020, 32,033 positive souls have been born in Indonesia, with 1,883 of them dying (Santoso et al., 2020). The high fatality rate and rapid spread of this disease suggest that it is extremely dangerous, and the government must provide effective and prompt treatment. Health workers, who have been at the forefront of the fight against COVID-19, have been working hard to treat COVID-19 positive patients. Several of the medical staff who contracted COVID-19 died as a result of it. Furthermore, the high number of Covid-19 patients and death have a negative impact on health personnel, causing worry and exhaustion (Lázaro-Pérez et al., 2020).

According to the findings of the study (Huang et al., 2020), 50 percent of the 1,257 medical workers who treated Covid-19 patients in 34 hospitals in China had depression, 36 percent experienced anxiety, and 14 percent had insomnia. According to the findings of the study (FK UI, 2020), burnout syndrome occurred in 83 percent of health workers in moderate and severe degrees, 41 percent of health workers reported moderate to severe emotional distress, 22 percent reported reduced empathy, and 52 percent reported decreased self-confidence in Indonesia alone.

Burnout is a term that refers to a mental or physical state that has deteriorated as a result of long-term stress from job or physical problems (Martínez-López et al., 2020). Medical staff that experience burnout will be unable to perform their jobs properly, and as a result, burnout will cause the individual to withdraw from their environment, family, and interpersonal interactions. Burnout can also lead to physiological and psychological issues for those who experience it (Dinibutun, 2020). Burnout risk factors are divided into three categories in research by (Patel et al., 2018), namely work factors, personal characteristics, and organizational factors. According to (Olan rewaju & Chineye, 2013), female employees are more prone to burnout than male employees, with a burnout rate of 53.53 for women and 46.38 for men. This may be related to women's multiple roles, in which they work as health care providers while also being housewives (Kulkarni et al., 2020).

The study (Santoso et al., 2020) found that nurses who treated COVID-19 patients were somatized, irritable, appetite decreased, felt uncomfortable, helpless, crying until there was a desire to commit suicide, in addition to the study (Rosyanti & Hadi, 2020) also found that health workers who treated COVID-19 patients experienced psychological disorders including depression, anxiety, severe stress and fatigue, Feelings of unsupported, worry about his health, fear of carrying the infection and passing it on to others, isolation, feeling uncertain, social stigmatization, excessive workload and feeling insecure while at work. Likewise, research (Morgantini et al., 2020) shows that burnout events are more common during the COVID-19 pandemic caused by a high workload, work stress time pressure, and lack of support.

As one of the reference institutions for COVID-19 patients in Yogyakarta, regional hospital of yogyakarta was not immune to burnout. Many medical professionals become burned out when treating COVID-19 patients. There are also several nurses who are anxious, depressed, and unable to sleep. It is thought that if this is allowed to happen and no remedy is found, the nurse's motivation would suffer. As a result, researchers at regional hospital of yogyakarta are investigating the impact of anxiety and burnout on nurse motivation during the Covid-19 pandemic.

METHOD

Quantitative research with a cross-sectional design is this type of study. All nurses of the regional hospital of Yogyakarta who provide care for Covid-19 patients participated in this study. The sampling method employed was total sampling, which resulted in a total of 167 samples being collected. Nurses who handled Covid-19 patients, nurses who worked in hospitals, IGD, ICU, and nurses who were willing to fill out the questionnaire were included in this study, while nurses who were not present at the time of the study or were carrying out important tasks that could not be abandoned, nurses who did not handle Covid-19 patients, and nurses who were not willing to fill out the questionnaire were excluded. Work motivation variables were measured using work motivation questionnaires built with indicators referring to Herzberg's opinion in Hasibuan (2014) with the number of items 20 statements, according to the study. The Beck Anxiety Inventory (BAI) questionnaire measures anxiety variables and the Mass Burnout Inventory (MBI) questionnaire measures burnout variables. The Beck Anxiety Inventory (BAI) questionnaire contains 21 statement items and measures three dimensions: emotional fatigue, depersonalization, and decreased self-achievement.

The SEM (Structural Equation Modeling) model is used in this study's data processing methodologies.

RESULTS AND DISCUSSION

Description of Respondents

In this study, 160 respondents (95 percent) out of a total sample of 167 met the criteria for inclusion, while the profile of respondents investigated in this study included age, gender, and education last. According to age, the majority of respondents were between the ages of 31 and 40, accounting for 84 (52.5%), and those between the ages of 51 and 60, accounting for four respondents (2.5 percent). With 124 respondents, women made up the majority of the respondents (77.5 percent). Most respondents are D3 educated, accounting for 122 respondents (76.3 percent), and at least S2 educated, accounting for 1 respondent (0.6 percent).

Tabel 1
Nurse Anxiety Frequency (160)

Anxiety	Skor	f	%
Not anxiety	0 – 7	99	61,9
Mild	8 – 15	25	15,6
Moderate	16 – 25	29	18,1
Severe	26 – 63	7	4,4

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Anxiety was reported by 61 respondents (38.1%), according to Table1. The most common anxiety level was moderate anxiety, which had 29 respondents (18.1%), and the least common anxiety level was severe anxiety, which had seven respondents (4.4 percent).

Table 2
shows the frequency of nurse burnout (160)

Burnout	Skor	f	%
Low	21,00 – 36,75	136	85,0
Moderate	36,76 – 52,50	24	15,0
Sufficient	52,51 – 68,25	0	0,0
High	68,26 – 84,00	0	0,0

Table 2 shows that 136 respondents (85.0 percent) have low category burnout, whereas 24 respondents have moderate burnout (15.0 percent).

Table 3
Distribution of Work Motivation of Nurses (160)

Work Motivation	Skor	f	%
Very low	20 – 36	0	0,0
Low	37 – 52	1	0,6
Moderate	53 – 68	29	18,1
High	69 – 84	109	68,1
Very high	85 – 100	21	13,1

Table3 demonstrates that the majority of respondents (109 respondents) have high-category work motivation (68.1 percent). Those in low-motivation work categories had the fewest responses, with only one respondent (0.6 percent).

Data Analyzed

Evaluation of Measurement Model (Outer Model)

Convergent and discriminant validity testing of latent contract forming, as well as composite reliability and alpha Cronbach's for its indicator blocks, are used to evaluate the outer model. According to the convergent validity test results, all indicators have a loading factor value of more than 0.7, with the least loading factor of 0.708 and the greatest loading factor of 0.941, indicating that all indicators fulfill the convergent validity standards. It also has an AVE value of more than 0.5, with the lowest being 0.573 and the greatest being 0.775. All indicators passed discriminant validity tests with a cross-loading value higher than 0.7, and based on a cross-loading value greater than 0.7 and a value higher than the cross-loading value against other constructs, all indicators passed discriminant validity tests.

Cronbach's Alpha and Composite Reliability were used to conduct the reliability test in this study, and the findings produced by all constructs have Cronbach's Alpha and Composite Reliability values more than 0.7. As a result, it was determined that all constructs in the reliable research model are valid.

Evaluation of Structural Models (Inner Model)

The R-square values in endogenous contract, effect size values f2, Q2 predictive relevance, and effect size values q2 were used to test structural models in this study.

R-square evaluation

The R-square value of endogenous constructs can be described as follows based on the study's findings:

Table 4
R-square value

Variable	R Square	R Square Adjusted
Burnout	0.031	0.024
a. Emotional Exhaustion	0.637	0.635
b. Depersonalization	0.489	0.486
c.Decrease in Self-Performance	0.716	0.714
Anxiety		
a. Subjective Anxiety	0.866	0.865
b. Subjective Fear	0.516	0.512
c. Physiological Response	0.121	0.116
d. Somatic Symptoms	0.575	0.573
Motivation for work	0.135	0.124
a. Hygienic Factors	0.608	0.606
b. Motivating factors	0.631	0.629

R-square construct burnout values, physiological responses, and work motivation all fall into the weak category, as seen in the table above, because they are close or below 0.19. Because it is closer to the value of 0.33, the depersonalization construct falls into the moderate category. Because they are closer to the value of 0.67, the other constructs fall into the strong category.

Burnout can be explained by anxiety by 3.1 percent, according to the R-square value of 0.031 for the burnout construct. Also, because the R-square construct value of work motivation is 0.134, it can be concluded that anxiety and burnout explain 13.4% of work motivation.

Effect size f^2 evaluation

In this study, effect size f2 was assessed using three models: the complete model to obtain R2include, the model with anxiety constructs removed to obtain R2exclude anxiety values, and models with burnout constructs removed to obtain R2exclude burnout values. The following are the results:

Table 5
Effect Size f^2

Exclude	$R^2_{include}$	$R^2_{Exclude}$	f^2
Anxiety	0,135	0,060	0,087
Burnout		0,095	0,046

Table 5 shows that when the anxiety construct is removed from the model, the f2 value is 0.087. The f2 value of the category is low, based on a value close to 0.02. As a result, the effects of anxiety on work motivation are classified as small. 0.046 is the f2 value on the model after removing the burnout construct. The f2 value of the category is low, based on a value close to 0.02. Burnout's impact on work motivation so falls into a small category.

Table 6
Q^2 Value Predictive Relevance

	SSO	SSE	Q^2 (=1-SSE/SSO)
Burnout	3360,000	3322,319	0,011
a. Emotional Exhaustion	1120,000	667,735	0,404
b. Depersonalization	960,000	655,573	0,317
c. Decrease in Self-Performance	1280,000	718,011	0,439
Anxiety			
a. Subjective Anxiety	1440,000	572,510	0,602
b. Subjective Fear	800,000	535,076	0,331
c. Physiological Response	320,000	293,415	0,083
d. Somatic Symptoms	800,000	486,321	0,392
Work Motivation	3200,000	3051,034	0,047
a. Hygienic Factors	1600,000	1060,233	0,337
b. Motivating factors	1600,000	994,583	0,378

Table6 shows that the burnout construct has the lowest Q2 value of 0.011 and subjective anxiety has the highest Q2 value of 0.602, showing that all endogenous constructs have a Q2 value of > 0, meaning that the construct is considered to have predictive relevance to the research model.

Effect size q^2 evaluation

Only testing to identify the value of effect size q2 is done by the blindfolding method. Calculation of effect size q2 is done progressively as in the test of effect size f2 by eliminating the anxiety construct and burnout alternately. The following table summarizes the findings of the q2 effect size calculation:

Table 7
Effect Size q^2

Exclude	$Q^2_{include}$	$Q^2_{Exclude}$	q^2
Anxiety	0,047	0,021	0,027
Burnout		0,033	0,015

Table 7 reveals that by deleting the anxiety construct, the effect size value of q2 in the model is 0.027. The category's q2 value is low, as it is based on a number close to 0.02. As a result, anxiety has a weak impact on work motivation. By removing the burnout construct from the model, a value of q2 of 0.015 is found. The category's q2 value is low, as it is based on a number close to 0.02. Burnout has a weak impact on work motivation, based on this.

Hypothesis testing

Hypothesis testing is done by bootstrapping method. The result of data analysis by bootstrapping method can be described in the figure 1. Structural Equation Model test results using the bootstrapping method for direct influence, can be described in the table 8.

H1 Burnout is affected by anxiety in nurses.

The original sample value (O) of 0.175, the t-statistical value of 2,332 with a p-value of 0.020 were obtained as an outcome of the analysis. It was concluded that anxiety had a positive and significant effect on nurse burnout based on a positive original sample (O) and a p-value of 0.05.

Q^2 predictive relevance evaluation

The blindfolding process in the construct cross-validated redundancy, which is the Stone-Gleisser Q2 value, was used in this work to produce the Q2 value. The following is a table that summarizes the results:

H2 Anxiety has an impact on nurses' work motivation.

The original sample value (O) of -0.275, the t-statistical value of 3,883, and a p-value of 0.000 were obtained as a result of the study. It was found that anxiety had a negative and significant effect on nurse work motivation based on the negative original sample (O) value and p-value 0.05.

H3 work motivation is affected by burnout in nurses.

The outcomes of the analysis were -0.199 for the original sample value (O), 2,296 for the t-statistical value, and 0.000 for the p-value. Burnout had a negative and significant effect on nurses' work motivation, according to the original sample (O) and p-value 0.05.

DISCUSSION

Effects of Anxiety on Burnout

The finding showed that anxiety had a positive and significant impact on health workers' burnout. The higher the level of anxiety among health workers, the higher the risk of burnout. The findings of this study corroborate those of (Adabi et al., 2020) and (Çelmeçe & Menekay, 2020).

Anxiety is a fear of something generated by the potential of danger, and it serves as a warning sign for people to prepare for risks (sutejo, 2018). Nurses' anxiety is increasing as the Covid-19 pandemic spreads. This is because there is a substantial danger of death and infection with Covid-19 illness. According to the study (Huang et al., 2020), 36 percent of medical professionals treating Covid-19 patients in 34 Chinese hospitals experienced anxiety. According to the findings of the FIK-UI and IPKJI (2020) study, 70% of medical staff dealing with Covid-19 felt anxious and nervous.

Many anxiety symptoms can occur, including subjective moments such as tension, fear, and anxiety, one of which is triggered by threats such as the threat of Covid-19. Anxiety has an effect on nurses' ability to concentrate and socialize, which makes it harder to perform social functions, roles, and tasks.

Having trouble concentrating and socializing when performing social and job tasks, has an emotional impact on the nurse. The nurse thought that getting the job done was tough for her, that her social life at work was unpleasant, and that her work achievements were low. Increased emotional exhaustion or burnout in nurses will be a result of this.

The impact of anxiety on burnout was increased by gender, with the majority of responders being women (77.5 percent). Female employees are more susceptible to burnout than male employees, according to (Olanrewaju & Chineye, 2013). This may be related to women's multiple roles, in which they work as health care providers while also being housewives (Kulkarni et al., 2020). Women are more easily emotionally connected in their jobs, which can lead to increased work stress and burnout. Since the first case of burnout was diagnosed in the 1970s in a nursing profession dominated by women, studies have shown that conditions leading to fatigue as a result of stress resulting from intense emotional engagement in the workplace pose a particular threat to people working in health care, social services, and education, all of which employ a large number of women (Adekola, 2010).

Anxiety is affected by age as well. Anxiety can affect people of all ages, but it is more prevalent in maturity. Anxiety is more common between the ages of 21 and 45. (Kaplan, 2010). The majority of responders, 84 in total, were between the ages of 31 and 40. (52.5 percent). Anxiety-prone age groups induce nurses to suffer anxiety when faced with a stressor, which can lead to burnout.

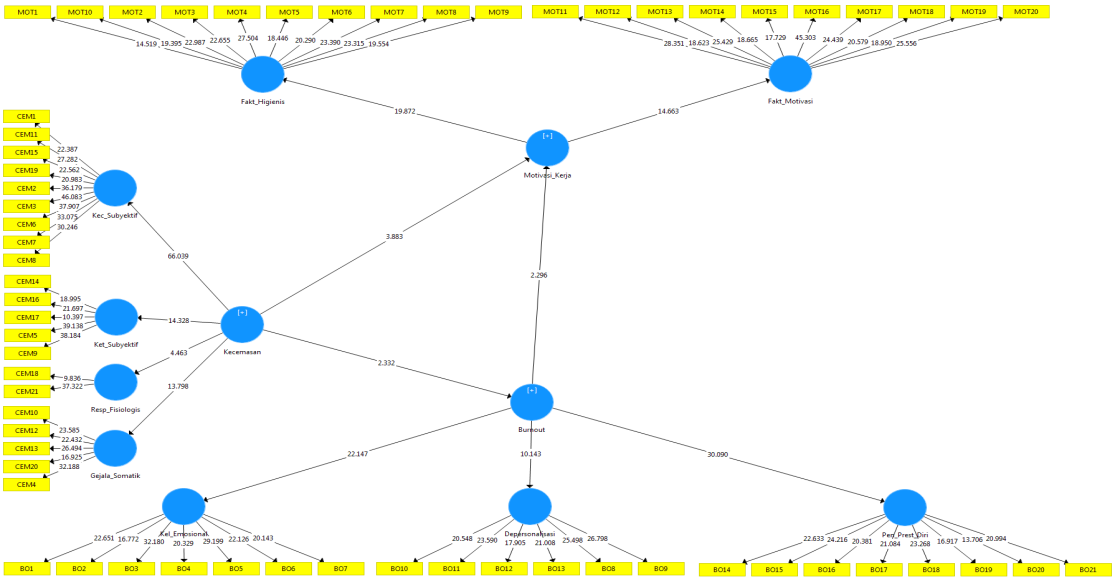

Figure 1. Structural Equation Model Results with Bootstrapping Method

Table 8
SEM Testing Results Method Bootstraping Direct Influence

	Original Sample (O)	Standard Deviation (STDEV)	T Statistics (| O/STDEV|)	P Values
Anxiety -> Burnout	0,175	0,075	2,332	0,020
Anxiety - > Motivation of Work	-0,275	0,071	3,883	0,000
Burnout -> Work Motivation	-0,199	0,087	2,296	0,022

Effects of anxiety on work motivation

The research found that anxiety has a negative and significant impact on nurses' work motivation. The nurse's motivation to work decreases as his or her anxiety level rises. The findings of this investigation corroborate the findings of the previous study (Ariasti & Handayani, 2019).

During the pandemic, nurses and other medical staff were at the frontline in dealing with Covid-19. This, of course, puts the nurse in grave danger. Nurses are particularly susceptible to Covid-19 infection, which has proven deadly. Medical professionals are anxious about contracting Covid-19. This is shown by the findings of a study, which revealed that 61 respondents (38.1 percent) reported experiencing anxiousness. The most common anxiety level was moderate anxiety, which had 29 respondents (18.1%), and the least common anxiety level was strong anxiety, which had seven respondents (4.4 percent).

Although they must keep professionalism at work, the possibility of contracting Covid-19 may cause the manifestation of some negative emotions at work, such as feelings of fear and discomfort, which will lower the level of motivation for medics' work. This is demonstrated by research findings, which reveal that 1 respondent (0.6%) has low category work motivation and 20 respondents (18.1%) have moderate category motivation.

Effect of Burnout on work motivation

Burnout has a negative and significant impact on nurses' work motivation, according to the findings. The lower the nurse's work motivation is the more emotional exhaustion or burnout he or she has. The findings of this study back up those of Wirati et al., (2020), who found that the lower the burnout, the higher the motivation to work.

Burnout is a psychological condition that occurs as a result of long-term interpersonal pressures at work. Fatigue, emotions of cynicism and ineffectiveness, and a lack of accomplishment are the three basic elements of this (Maslach & Leiter, 2016). When a person is fatigued (burned out) for an extended period of time, their motivation and interest in their work drop, and their productivity suffers as a result (Talaee et al., 2020).

The possibility of contracting Covid-19 is a major source of emotional exhaustion for nurses. Nurses' emotional exhaustion will result in an unfavorable opinion of their working environment. The sense of comfort and pleasure that motivates nurses to accomplish their jobs dwindles. Nurses will be less motivated to work as a result of this.

Burnout influenced the motivation of nurses at the regional hospital of Yogyakarta, where the majority of the nurses were female (77.5 percent). (Maslach & Leiter, 2016) discovered that women are more likely than men to experience emotional exhaustion (Purvanova & Muros, 2010). Frustration, despair, pressure, anger for no apparent cause, and feeling burdened with the duties that have been completed are all symptoms of emotional burnout (Montero-Marín et al., 2009). The presence of emotional weariness makes the work environment less pleasant, lowering the nurse's motivation to do her job.

The management of the regional hospital of Yogyakarta must pay attention to the issue of nurse burnout to avoid a decline in work motivation and, as a result, a reduction in nursing performance. Management must be able to identify employees who are experiencing anxiety or burnout to take appropriate action. Distress and burnout in nurses can be treated with counseling so that the nurse can cope with the sources of anxiety. This is expected to prevent nurses from losing motivation in their jobs.

LIMITATION OF THE STUDY

This study has a limitation in that it only uses quantitative methods; therefore, additional qualitative methods are required to learn more about Nures anxiety, burnout, and work motivation. Also, while this study only included data from nurses, it would be more accurate if we included data from doctors as well.

CONCLUSIONS AND SUGGESTIONS

Conclusions

Based on the results of research and discussion, it can be concluded as follows, Anxiety has a positive and significant effect on the burnout of nurses, Anxiety negatively and significantly affects the work motivation of nurses and Burnout has a negative and significant effect on the work motivation of nurses

Suggestions

The future researcher Should be able to perform the study on the motivation of medical nurses' work during the Covid-19 pandemic, taking into consideration characteristics other than anxiety and burnout, such as leadership and remuneration.

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Conflict of Interest Statement

There are no conflicts of interest to report for the authors.

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