

The Relationship Between Workload And Work Stress With *Burnout Syndrome* In Medical Personnel In The IGD Room Of The Abepura Regional General Hospital, Papua Province

Farid Ma'ruf Alfatah

Novita Medyati

Septevanus Rantetoding

Sarce Makaba

Rosmin M. Tingginehe

Martapina Anggai

Health Administration Concentration, Master of Public Health Science Program
Cendrawasih University Jayapura

Abstract: *Burnout syndrome is a form of individual response to stressors that can be caused by excessive workload. If excessive stress is experienced by workers for a long period of time, it will result in burnout syndrome. The purpose of this study was to determine the relationship between workload and work stress with burnout syndrome in medical personnel in the emergency room of Abepura Hospital, Papua Province.*

This study used an observational analytic research design with a cross sectional research design. The sample in this study were medical personnel in the emergency room of the Abepura Regional General Hospital, Papua Province, totaling 51 respondents using saturated sampling. Data were analyzed using the Chi Square test.

The results showed that medical personnel in the emergency room with a heavy workload were 26 respondents (51%), medical personnel in the emergency room with severe work stress were 35 respondents (68.6%) and the incidence of burnout syndrome in medical personnel in the emergency room was classified as a high category of 26 respondents (51%). The results of bivariate statistical tests using chi square obtained a relationship between workload and burnout syndrome with a p value of $0.000 < (\alpha 0.05)$ and a relationship between work stress and burnout syndrome with a p value of $0.000 < (\alpha 0.05)$. So that there is a relationship between workload and work stress with burnout syndrome in medical personnel in the emergency room of the Abepura Regional General Hospital, Papua Province.

Keywords: *Workload, Work Stress, Burnout Syndrome, Medical Personnel*

I. INTRODUCTION

Nurses have a workload that can create high and stressful work demands. The heavier the workload, the heavier the risk of workers being exposed to stress. If excessive stress will have a bad effect on workers, especially if the stress experienced by workers lasts for a long time with a high enough intensity to cause the worker to suffer from fatigue,

both physical and mental and emotional that occurs due to stress. This situation is often referred to as *burnout* syndrome (Aryanti & Mulyani, 2021)

According to (Tsolakidis RN et al., 2022) *burnout* can occur in all work professions such as nurses, civil servants and educators. Symptoms of burnout begin with good work fatigue ranging from moderate to severe. The results of research by the Faculty of Medicine, University of Indonesia, as many as

83% of doctors and other health workers experience *burnout syndrome* at moderate to severe levels. This *burnout* situation occurred when they worked during the COVID-19 pandemic. Details of the *burnout* data show that 83% consist of, 82% moderate *burnout*, 17% mild *burnout* and 1% severe *burnout*. Based on the type of profession, the data showed that the general practitioner profession experienced moderate *burnout* 81%, the specialist profession 80%, the dentist profession 82%, the nursing profession 84%, the midwife profession 83%, the laboratory officer profession 87% and the pharmacist profession 84%. (Santoso, 2021).

According to (Membrive-Jim nez, Velando-Soriano, et al., 2022)(Membrive-Jim nez, Velando-Soriano, et al., 2022), in their study stated that one-third of nurses' working time was used for non-nursing tasks: only a few (5.5%) were documented to spend their shifts fully performing interventions that fall within the scope of nursing. So that 17% of nurses are considered very critical to experience *burnout* and more and more work demands are carried out outside the nurse's scientific field but are done by nurses. This has an impact on the increase in workload felt by nurses, where excessive workload will cause mental stress and have an impact on the presence of *burnout* in nurses. The existence of *burnout* in nurses can trigger errors in the services provided.

The most visible impact of *burnout* is the decline in performance and service quality. Individuals who experience *burnout syndrome* will lose the meaning of the work they do because of the prolonged response of emotional, physical and mental exhaustion they experience. As a result, they are unable to meet the demands of the job and eventually decide to be absent, use a lot of sick leave or even leave their job (Nursalam, in Tinambunan et al., 2018)

Preliminary studies that researchers conducted in the Emergency Room of the Abepura Regional General Hospital, there were 11 doctors, 23 nurses and 17 midwives, so that the total number of medical personnel in the Emergency Room was 51 people. In one shift at the Emergency Room of the Abepura Regional General Hospital there are 4 teams of medical personnel consisting of doctors, nurses and midwives, in one team there are 10 medical personnel on duty, in each shift the average patient visit is 25 people. In practice, nurses treat at least 5 patients according to the delegation of doctors with varying conditions and treatments. When referring to Permenkes RI Number 340 article 11 of 2010, the ratio of nurses serving patients for type B hospitals at RSUD Abepura should be 1:1. A high or heavy workload ratio causes many nurses to serve 5 patients per shift. (Ministry of Health, 2010)

Medical personnel on duty in the emergency room are required to be fast and precise in providing services to patients, so that from the results of interviews, medical personnel feel fatigue if they have to handle 5 patients, especially if there is an increase in the number of patients and there are emergency patients and also patients who need extra monitoring or care. So that medical personnel feel the heart beats faster, hands and body sweat, also feel dizzy with the making of reports (medical records). Medical personnel also often feel anxious, restless, and have difficulty sleeping during the night shift because they often receive emergency patients in the middle of the night. Medical personnel also often feel

panic and stress if the patient's family is impatient with the services provided.

Based on the results of interviews conducted by researchers in the Emergency Room of the Abepura General Hospital, it shows that the large number of patients with the number 1: 5 makes medical personnel overwhelmed, especially if patients experience an increase and also the preparation of medical record reports can make the workload of medical personnel increase so that it can affect the quality of service. Medical personnel feel that the heart beats quickly, the body and hands sweat, dizziness, anxiety, anxiety, difficulty sleeping which are signs of stress experienced by medical personnel. The interview results also show the level of workload and work stress experienced by nurses who deal with impatient patient families and face unstable patient conditions. In addition, the emergency room is the first place to handle patients who experience emergency or critical conditions and require fast, responsive service and if good service is not carried out, the patient's life cannot be helped, therefore there is a heavy mental and workload burden that they feel because they must be responsible for the health and safety of patients. If excessive workload and work stress can trigger burnout syndrome.

Based on the results of the background, researchers are interested in conducting research to determine the relationship between workload and work stress with *burnout syndrome* in medical personnel in the emergency room of Abepura Hospital, Papua Province.

The purpose of this study was to determine the relationship between workload and work stress with *burnout syndrome* in medical personnel in the emergency room of Abepura Hospital, Papua Province.

II. METHODS

This study used an *observational analytic* research design with a *cross sectional* research design conducted in November - December 2023 bertempat at the Abepura Regional General Hospital, Papua Province. The sample in this study were medical personnel in the emergency room of the Abepura Regional General Hospital, Papua Province, totaling 51 respondents using *saturated sampling*. The *burnout syndrome* instrument uses a questionnaire adopted from Iqra (2014) for the workload instrument and work stress using a questionnaire adopted from (Pitaloka et al., 2020).. Data was analyzed using the *Chi Square* test.

III. RESULTS AND DISCUSSION

A. RESPONDENT CHARACTERISTICS

Respondent characteristics	Category	Frequency	Percentage (%)
Age	≤ 25 years	2	3,9
	> 25 years	49	91,1
Gender	Male	8	15,7
	Female	43	84,3

Education	D3	22	43,1
	D4	5	9,8
	S1	20	39,2
	S2	4	7,8
Total		51	100

Table 1: Frequency distribution of respondents by age, gender, education

Based on table 1 above, most of the age of medical personnel who were respondents at the Abepura Regional General Hospital, Papua Province was the age group > 25 years as many as 49 people (91.1%). The gender of medical personnel respondents in the emergency room of the Abepura Regional General Hospital, Papua Province is mostly female as many as 43 people (84.3%). The education of medical personnel respondents in the emergency room of the Abepura Regional General Hospital, Papua Province is mostly D3 education as many as 22 people (43.1%).

B. UNIVARIATE ANALYSIS

Variables	Category	Frequency	Percentage (%)
Workload	Weight	26	51
	Lightweight	25	49
Work stress	Weight	35	68,6
	Lightweight	16	31,4
Burnout Syndrome	High	26	51
	Low	25	49
Total		51	100

Table 2: Frequency distribution of respondents based on workload, work stress and burnout syndrome

Based on table 2 that the workload of medical personnel respondents in the emergency room of the Abepura Regional General Hospital, Papua Province, most of the workload of medical personnel in the heavy category as many as 26 people (51%), work stress in medical personnel is mostly classified as heavy as 35 people (68.6%), and the incidence of *Burnout syndrome* in medical personnel is mostly classified as high as 26 people (51%).

C. BIVARIATE ANALYSIS

Workload	Burnout Syndrome				Total		Sig	RP (95% CI)
	High		Low		n	%		
	n	%	n	%				
Weight	22	84,6	4	15,4	26	100	0,000	5.288 (2.122-13.178)
Lightweight	4	16	21	84	25	100		
Total	26	51	25	49	51	100		

Table 3: Relationship between workload and burnout syndrome in medical personnel

The results of table 3 indicate that 22 respondents with heavy workloads experienced high *burnout syndrome* at 84.6%. Then 4 respondents with heavy workloads experienced low *burnout syndrome* at 15.4%. Respondents with a light workload experienced high *burnout syndrome* in 4 medical personnel with a percentage of 16% and a light workload in 21

medical personnel experiencing low *burnout syndrome* of 84%.

Based on the analysis conducted, the p value is 0.000 ($p < 0.05$), it can be concluded that the alternative hypothesis (H_a) is accepted so that there is a significant relationship between workload and *burnout syndrome* in medical personnel in the emergency room of the Abepura Regional General Hospital, Papua Province. The prevalence ratio (RP) value shows a number of 5.288 so that medical personnel who have a heavy workload are at a risk of 5.288 times higher to experience *burnout syndrome* than medical personnel who have a light workload.

Work Stress	Burnout Syndrome				Total		Sig	RP (95% CI)
	High		Low		n	%		
n	%	n	%	n			%	
Weight	25	71,4	10	28,6	35	100	0,000	11.429 (1.694-77.121)
Lightweight	1	6,2	15	93,8	16	100		
Total	26	51	25	51	51	100		

Table 4: Relationship between job stress and burnout syndrome in medical personnel

The results of table 13 show that 25 respondents with severe work stress experienced high *burnout syndrome* by 71.4%. Then 10 respondents with severe work stress experienced low *burnout syndrome* at 28.6%. Respondents with mild work stress experienced high *burnout syndrome* in 1 medical personnel with a percentage of 6.2% and mild work stress in 15 medical personnel experiencing low *burnout syndrome* of 93.8%.

Based on the analysis conducted, the p value is 0.000 ($p < 0.05$), it can be concluded that the alternative hypothesis (H_a) is accepted so that there is a significant relationship between work stress and *burnout syndrome* in medical personnel in the emergency room of the Abepura Regional General Hospital, Papua Province. The prevalence ratio (RP) value shows a number of 11.429 so that medical personnel who have severe work stress are 11.429 times more likely to experience *burnout syndrome* than medical personnel who have mild work stress.

IV. DISCUSSION

A. RELATIONSHIP BETWEEN WORKLOAD AND BURNOUT SYNDROME IN MEDICAL PERSONNEL IN THE EMERGENCY ROOM OF ABEPURA REGIONAL GENERAL HOSPITAL, PAPUA PROVINCE

Based on the results of research conducted on medical personnel in the emergency room of the Abepura Regional General Hospital, Papua Province from 51 respondents, it shows that most medical personnel have a heavy workload of 51% which occurs in 26 medical personnel. While medical personnel with a light workload of 49% which occurred in 25 medical personnel. The results of the analysis in the research that has been done using the *chi square* test obtained an RP value of 5.288, meaning that medical personnel who have a heavy workload are at a risk of 5.288 times higher to experience *burnout syndrome* than medical personnel who have a light workload.

This shows that there is a significant relationship between workload and *burnout syndrome* in medical personnel in the emergency room of the Abepura Regional General Hospital, Papua Province. Because medical personnel with heavy workloads with high *Burnout syndrome* (84.6%) are almost equivalent to the workload of light medical personnel with low *burnout syndrome* as well (84%). Medical personnel with heavy workload intensity can affect the quality of services provided by medical personnel, as well as medical personnel with light workload intensity can cause boredom and monotony at work. This can be influenced by physical fatigue that occurs continuously and for a long period of time will have an impact on psychological fatigue.

Judging from the characteristics of respondents, 49 respondents were in the age category > 25 years (91.1%). This age is included in the productive age category to do work, especially in health institutions such as hospitals. Most medical personnel have a female gender of 43 respondents (84.3%). Women with heavy workloads are more at risk of *burnout syndrome*, because gender affects the condition of the male and female workforce in physical abilities, namely muscle ability, women are more likely to get tired than men, there is a biological cycle or menstrual cycle in women that can affect the physical in women and seen from the level of education most of them have a D3 graduate education with 22 respondents by 43.1%. Basically, the level of education affects the workload obtained by *burnout syndrome*, medical personnel with a high level of education will have greater work and responsibility, when compared to medical personnel with low education. D3 education is considered good enough to work as a medical personnel, but it must still be underlined that not all medical personnel are immediately proficient when faced with a heavy workload.

The results of interviews on the ground also found that the working hours of medical personnel in the emergency room of the Abepura Regional General Hospital were divided into three work shifts, namely morning, afternoon and night shifts with 4 teams of medical personnel consisting of doctors, nurses and midwives. In the emergency room there are also 9 beds and in each shift an average of 25 patients visit. In its implementation, the nurse takes care of at least 5 patients, so it can be seen that the average serves 1:5 patients. When referring to Permenkes RI Number 340 article 11 of 2010, the ratio of nurses serving patients for type B hospitals (RSUD Abepura) should be 1:1. The heavy workload ratio causes medical personnel to serve at least 5 patients per shift. This results in medical personnel feeling overwhelmed, in addition to pressure from the patient's family and indirect nursing activities such as making care notes or filling in patient data, then there are new patients who enter so that nurses must prioritize their main task of handling and caring for patients, while indirect nursing tasks are delayed and increase the workload felt by medical personnel.

This is in line with research (Membrive-Jim nez, Velando-Soriano, et al., 2022) *burnout syndrome* due to high workloads in health services such as on-call duties, great responsibility, and openness, besides that psychological factors in the form of depression and neuroticism are the factors that most influence medical personnel to experience *burnout syndrome*. Other research conducted (Moradi et al.,

2015) mentioned the high prevalence of *burnout syndrome* among medical personnel, especially in midwives and obstetricians given the demanding and heavy workload environment in addition to long and irregular working hours.

Similar research conducted by (Zuniawati et al., 2022) showed the influence of workload on *burnout syndrome* factors. This study states that early adult age 26-35, female medical personnel, less than 3 years of service, heavy workload, conflict with coworkers, lack of resources and monotonous work affect burnout syndrome in nurses.

Research (Konlan et al., 2022) said that *burnout syndrome* that occurs among medical personnel due to fatigue due to excessive workload, from his research states that high workload has a 2.38 times greater chance of experiencing *burnout syndrome*, besides that *burnout syndrome* is also found most among workers less than 5 years, staff with low monthly income, and medical personnel who do night shifts, besides that medical personnel working in the emergency room tend to experience *burnout syndrome* than in other installations because it is related to work demands in emergency situations.

This is in line with research conducted by Dian et al (2015) showing the relationship between workload and symptoms of *burnout syndrome* in nurses, which has a significant relationship between heavy workload and risk of *burnout syndrome*. From the results of Dian's research, the factors that influence the relationship between workload and *burnout syndrome* are demographic factors, which mean demographic factors in this research include age, gender, education level, length of service, marital status. High workload can also cause nurses to experience fatigue and saturation, so that it will affect the quality of service provided by nurses. The workload of nurses can be said to be optimal, if the workload is in accordance with the SOP. The case that often occurs in the field is the lack of management of the work received by nurses, so that often nurses have to double their work, as service providers or nursing care providers while filling out medical records.

In addition, research (Ca adas-De la Fuente et al., 2015) risk factors of burnout syndrome will affect emotional changes and personality dimensions, the results of this study also state that nursing activities in health services have higher levels of depression than nursing activities in other areas. The high workload experienced by nurses in general will cause emotional tensions that cause fatigue and in the end slowly nurses begin to avoid activities that should be done, this condition allows the cause of the decline in nurse work productivity both in documenting nursing care or other services to patients.

Scientific evidence shows that workload is very influential on the occurrence of *burnout syndrome*. So it can be concluded that in this study there is a significant relationship between workload and *burnout syndrome* in medical personnel in the emergency room of the Abepura Regional General Hospital, Papua Province.

B. THE RELATIONSHIP OF JOB STRESS WITH BURNOUT SYNDROME IN MEDICAL PERSONNEL IN THE EMERGENCY ROOM OF THE ABEPURA REGIONAL GENERAL HOSPITAL, PAPUA PROVINCE

Based on the results of research conducted on medical personnel in the emergency room of the Abepura Regional General Hospital, Papua Province from 51 respondents, it shows that most nurses experience severe work stress of 68.6%. The results of the analysis that has been done with the chi square test obtained an RP value of 11,429, meaning that nurses who have high work stress are 11,429 times more likely to experience burnout syndrome than medical personnel who have mild work stress.

There is a significant relationship between work stress and symptoms of burnout syndrome in medical personnel in the emergency room of the Abepura Regional General Hospital, Papua Province. Due to medical personnel with severe work stress with high Burnout syndrome (71.4%), almost equivalent to the mild work stress of nurses with low burnout syndrome as well (93.8%). Medical personnel who experience stress at work will experience a decrease in concentration at work. This is because these medical personnel do not have sufficient ability to cope with the stress they experience.

Based on the results of research conducted in the emergency room of the Abepura Regional General Hospital, Papua Province on the relationship between work stress and burnout syndrome in medical personnel with 51 respondents, the first respondent characteristics related to age were 51 respondents with an age category > 25 years (91.1%). This age is included in the productive age category to do work, especially in health institutions such as hospitals. The age of medical personnel can affect the work stress experienced by medical personnel, because age is related to the work experience of a medical personnel. The higher the age of a person, the more work experience he has, so that with the more work experience a medical worker has, the better stress control in overcoming problems in the work environment.

Judging from the level of education, most of them have a D3 graduate education with 22 respondents amounting to 43.1%. The level of work stress based on the level of education in the characteristics of this study shows that respondents who have the last education D3 are more prone to stress. This is because the higher a person's education, the higher the level of knowledge and skills. With the higher a person's level of education, it is expected that his reasoning power and critical power will be higher along with his intellect so that medical personnel will find it easier to solve the problems he faces.

Based on field research, several causes that support the occurrence of stress in medical personnel in the emergency room, namely, facing emergency patients, conflicts with doctors, inadequate equipment to meet patient needs, conflicts with other medical personnel, excessive workload and facing patient families who are impatient with the services provided. As a medical worker at work, of course, it does not only rely on skills but also requires adequate interpersonal skills, one of which is emotional maturity. Emotional maturity is the ability

to express feelings that exist within. Emotional maturity includes self-control, enthusiasm, perseverance and the ability to motivate oneself and survive frustration, and be able to control emotions. Uncontrolled emotions will cause stress, especially the high demands of work on medical personnel who must serve the needs of many people so that it can trigger the emergence of burnout.

According to Marliani (2015), the factor of the onset of work stress is due to the work environment where the work environment as a suppressor of a cause of work stress. The work environment itself includes workspace design, work procedures, coworkers who are difficult to interact with, nurses' jobs have several characteristics that can create high and pressing work demands. These characteristics include, among others, a tight work schedule and having to be ready to work at all times. At the same time, medical personnel are required to be able to work in teams so interpersonal conflicts are usually unavoidable. Responsibility for the health and safety of others, prolonged stress can worsen the emotional, physical and mental state of medical personnel, which can then result in depleted energy to deal with persistent stress. Work stress that occurs continuously and with high intensity can lead to burnout.

This is in line with research conducted by (Suhartono et al., 2021) showing a significant relationship between work stress and burnout syndrome. In this study, it was stated that female characteristics, marital status, D3 education level were the main factors for stress, besides that nurses who experienced stress also felt headaches and even felt bored at work. According to Marliani's theory (2015), the level of stress of each individual is directly related to one's work duties, such as job demands, work overload, role ambiguity, perceived control over events that arise in the work environment and job characteristics. Higher stress also occurs in people whose economic status is lower, as measured by income, social status as assessed by education level, work status as indexed by occupation.

According to research conducted by (Tsolakidis RN et al., 2022) the main factor that causes nurses to experience burnout syndrome is experiencing stress from an unsupportive work environment, interpersonal factors from lack of justice, wages earned are not in accordance with job duties, lack of clarity of tasks. Other research conducted (Membrive-Jim nez, G mez-Urquiza, et al., 2022) states that burnout syndrome arises because of chronic stress in the workplace so that it has a negative impact, the stress that occurs is due to the personality of nurses which includes high levels of neuroticism, responsibility and depression are more at risk of experiencing burnout syndrome. The results of the study (Shah et al., 2022) show that work stress affects emotional increase and has a positive influence resulting in nurses doing withdrawal in the work environment and increasing nurses' intention to change jobs. According to Rosnania (2014), stress that continues and persists will have a long-term impact so that *burnout* occurs.

Scientific evidence also shows the incidence of burnout in medical personnel. So it can be concluded that in this study there is a significant relationship between work stress and burnout syndrome in medical personnel in the emergency room of the Abepura Regional General Hospital, Papua Province.

If workload and work stress do not get resolved or handled properly, it can cause several losses both from the customer, namely the patient and the hospital as a health service provider. Losses on the patient's side in terms of workload and excessive work stress experienced by nurses will cause less than optimal care services provided by health workers, mishandling so that it can cause accidents at work, the longer the treatment period, the services received by patients will be late. All of these things will affect burnout syndrome.

The results of research (Wijaya, 2016) explain Burnout syndrome occurs due to emotional fatigue so that it can affect medical personnel in providing care to patients. The effect of burnout syndrome on medical personnel can affect the care process of data collection/assessment, diagnosis process, implementation process, and documentation process. The hospital will also suffer losses if the decline in employee performance due to excessive workload and work stress will result in burnout syndrome. So that employees will commit violations in the workplace, such as the number of absent medical personnel, making inaccurate medical reports. The worst impact is the decline in the image of the hospital due to the lack of quality of service.

Improving the quality of service by improving the quality of work life of medical personnel can minimize the occurrence of burnout syndrome. The work of nursing services in providing care cannot be done individually, but is done in teams, which means involving more than one person. Collaboration in a team allows one to interact and understand one another. So that good communication and cooperation are needed to create a conducive work atmosphere which results in the formation of a quality work life. A quality work life will make a worker feel happy with the activities carried out. Although physically it seems heavy, if it is done with a happy heart, then the person's psychological response will cover the fatigue that occurs. This proves the assumption that the better the quality of the nurse's work life, the lower the level of perceived work stress (Widayati, 2020).

Strategies in overcoming medical personnel who experience burnout syndrome according to (Maresca et al., 2022) by carrying out efficient strategies, especially the need for social and emotional support, doing physical activities, physical self-care, regulating emotions in the work environment, doing self-coping, besides providing training and providing motivation to all medical staff and hospital employees, the need to analyze the needs of nursing staff, the addition of administrative staff. Research (Bunga et al., 2022) mentions the same thing if social support is very important because nurses and health workers who get good social support will have an impact on mental and physical so that they can provide quality service. Good social support and high job satisfaction are important for health units because they are determinants of work attitudes, health and well-being of nurses. Social support from superiors and coworkers as well as those closest to medical personnel is a key element to encourage job satisfaction levels.

V. CONCLUSIONS

The results of research conducted in the emergency room of the Abepura Regional General Hospital, Papua Province, found a relationship between workload and burnout syndrome in medical personnel with a ρ value of $0.000 < \alpha$ (0.05) and there was a relationship between work stress and *burnout syndrome* in medical personnel with a ρ value of $0.000 < \alpha$ (0.05).

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