

## BURNOUT IN GOVERNMENT X AND PRIVATE Y HOSPITAL IN JAMBI PROVINCE

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### ABSTRACT

*Background: Burnout is a matter of nursing resources that consists of emotional exhaustion, depersonalization and personal accomplishment. The previous survey results are burnout is a Global and Indonesia issues. This study aims to determine the difference of burnout to nurses at X government hospital and private hospital Y in Jambi Province. Method: This research type is quantitative with comparative cross sectional design. The sample was taken proportionally random sampling at 190 nurses. Results: This study shows nurses in government hospitals X 48.4% experienced high emotional exhaustion, 49.5% experienced high depersonalization, 57.9% high personal accomplishment, whereas nurses in private hospitals Y 40.0% high emotional exhaustion, 40.0% experienced high depersonalization, 36.8% personal accomplishment. Mann Whitney U Test results showed no significant differences between emotional exhaustion and depersonalization between nurses in hospital X and Y private hospitals, but the dimensions of personal accomplishment significant differences. Conclusions: There were no significant differences, emotional exhaustion, depersonalization on nurses at X government hospitals and private Y hospitals in Jambi Province, there was a significant difference in personal accomplishment in X goverment hospital and privateY hospital.*

**Keywords** : Burnout, Nurse, Government and Private Hospital.

### INTRODUCTION

Burnout is a problem with nursing resources. According to Maslach & Leiter (2016). Burnout is a syndrome of emotional exhaustion, depersonalization and personal accomplishment generated by the work, Nurses have the potential to experience burnout, so this becomes a problem that reaches the global level.

Burnout prevalence was 66% in nurses, physician assistant 61.8%, physician 38.6%, administration staff 36.1% and medical technicians 31.9% (Chou, Li, & Hu, 2014). Based on Global Burnout survey nurses in the UK suffered a burnout of 42%, Finland 22%, Belgium 25%, Germany 30%, Poland 40%, Ireland 41%, Norway 24%, Spain 29%, Netherlands 10%, and Switzerland 15% (Heinen M.M., 2013).

Burnout was first introduced by Freudenberger and Maslach in the United States in 1974. Freudenberger is a clinical psychologist who deals with the problems

of adolescents who work in social services and based on the observations found many volunteers experience mental fatigue, low motivation, and loss of commitment over time. Freudenberger gives an illustrative example of what a burnout burning person feels like a burnout building, a building that originally stood out with all the activity inside, then burned and left only the outer frame. A person who experiences burnout looks from the outside of everything is no problem, but inside is empty and full of pressure (Schaufeli dan Salanova, 2014). The development of research on burnout continues to be focused primarily on social workers and nursing, so the Grand Theory of Burnout deals with worker issues at work.

Theoretically, the grand theory of burnout explains when the workers' needs are not met as expected, workers will experience emotional and frustration, if the situation continues without any solution,

there will be a burnout (Blankert, 2014).

Many impacts are caused by burnout. According to Fradelos et al. (2014) burnout lowers the quality of life of nurses. Physical fatigue, insomnia, headache, no appetite, irritability, emotional instability and relationship stiffness (Harkin & Melby, 2014). According to Bogaert, et al. (2013) the impact of burnout in the form of complaints from clients, verbal harassment of clients, distance from clients, errors in drug administration, increased nosocomial infections, falling patients and conflicts. Burnout shows an impact on individuals, other people and organizations.

In Indonesia according to Law no. 56 years 2014 Chapter 2, hospitals are divided into public and private hospitals. Based on the status of different hospitals there is a diversity of aspects that arise in running the nursing service.

A preliminary survey conducted by the researcher shows burnout to be a problem at a government hospital X. The results of an interview with one of the hospital's management service sections on the impact of burnout say "15 percent non-permanent nursing careers stopped working in 2016 on the grounds that work is not worth the price, patient complaints and family attitude attitude cuek nur ". Interview with one nurse in the surgery room said "I am often tired and very tired both emotional and physical patients and families usually only complain and supervisor talk of continuous quality improvement. The impact of burnout occurred in private hospital.

Burnout became a problem at Private Y hospital. Interviews at one of the burnout-related nurses said "I feel drained and emotional exhaustion because of the working conditions here". Thus both X and Y private government hospitals show important burnout problems. This indicates the need for supervision and supervision on nurses in government hospitals and determinant factors.

Based on the background it shows that burnout is a problem in X government hospital and private hospital Y in Jambi Province, needs to be done and urgency conducted surveillance at X government hospital and private hospital Y in Jambi Province.

## **METHOD**

### **Research Design**

This research is a kind of quantitative research. The design used is Cross Sectional Comparative.

### **Place and Population**

The population in this study were all nurses at X Government hospital in Jambi Province, Indonesia Country which amounted to 128 people and all nurses in private hospital Y in Jambi Province which amounted to 125 people. Sampling in this study using proportional random sampling technique. The inclusion criteria in this study are nurses who are willing to be the respondents of the study and are in place when the data is taken.

### **Ethical Considerations**

This study has been approved by the Research Ethics Committee No. PE.07.2017 at General Hospital. M. Djamil in Padang City, West Sumatera, Indonesia.

### **Burnout Definition**

Burnout is a psychological perception of nurses consisting of 3 dimensions of emotional exhaustion, depersonalization, personal accomplishment. The dimension of emotional exhaustion is the nurse's perception of fatigue in the form of feeling frustrated, desperate, feeling trapped, helpless, wiped and, feeling sad job. The dimension of depersonalization is the nurse's perception of cynicism, indifference, disinterest, reproach, degrading and lack of response to clients. The dimension of personal accomplishment is the perception of nurses such as ineffectiveness, ignorance, dissatisfaction

and lack of success in the work of Maslach & Leiter (2016).

The instrument used is Maslach Burnout Inventory Human Service Survey (MBI HSS). MBI HSS consists of 22 items of questions consisting of dimensions of emotional exhaustion, depersonalization, personal accomplishment. The results of the scores were adjusted to statistical needs categorized for high emotional exhaustion dimensions:  $\geq 27$  low:  $\leq 26$ , high depersonalization:  $\geq 10$ , low:  $\leq 9$  and

personal accomplishment:  $\geq 34$ , low: 33 (Ntantana, et al., 2017).

### RESULT AND DISCUSSION

The preliminary study in this study was conducted on February 1, 2017 until April 20, 2017, data collection was conducted on 16 June 2017 to 16 July 2017 and the reporting was conducted on 16 July 2017 to 28 October 2017. The results can be seen in table 1 and 2.

**Tabel 1. Frequency Distribution Burnout in X Government hospitals (n=95) and Y private (n=95) in Jambi Province.**

No	Variabel	Hospital			
		XGovernment		YPrivate	
		<i>f</i>	%	<i>f</i>	%
<i>Burnout</i>					
1.	<b>Emotional Exhaustion</b>				
	• High	46	48,4	38	40,0
	• Low	49	51,6	57	60,0
2.	<b>Depersonalization</b>				
	• High	47	49,5	38	40,0
	• Low	48	50,5	57	60,0
3.	<b>Personal Accomplishment</b>				
	• High	55	57,9	35	36,8
	• Low	40	42,1	60	63,2

**Tabel 2. Mann Whitney Test Result Difference Burnout at X Government Hospital and Private State Hospital Y in Jambi Province. (CI 95%)**

No	Variabel	Status Rumah Sakit	n	P value
<i>Burnout</i>				
1.	<b>Emotional Exhaustion</b>	Pemerintah X	95	0,244
		Swasta Y	95	
2.	<b>Depersonalization</b>	Pemerintah X	95	0,190
		Swasta Y	95	
3.	<b>Personal Accomplishment</b>	Pemerintah X	95	0,004
		Swasta Y	95	

### **Frequency distribution of burnout to Nurses at X Government Hospital and Y Private in Jambi Province**

Nearly half of nurse respondents in X government hospitals experienced high levels of emotional exhaustion (48.4%), nearly half of the nurse respondents experienced high degree of depersonalization (49.5%) and most nurses experienced a high level of personal accomplishment (57, 9%).

The results also show burnout in private hospital Y is that almost half of the nurse respondents suffer from high emotional exhaustion (40.0%) and high degree of depersonalization (40.0%), whereas in a high level of personal accomplishment nurses (36.8%).

The results of this study were higher than that of Sibanda (2015) in 126 nurses at the Gweru Zimbabwe public hospital where only a small proportion of nurse respondents (12.7%) experienced high levels of emotional exhaustion, but this study was lower in most depersonalization (55.6%) experienced nurses at Gweru Zimbabwe public hospital and a decrease in personal accomplishment which was mostly (68.3%) experienced by nurses at Gweru Zimbabwe public hospital, the study was similar to that of nurses in X government hospital, but lower than nurses in Y private hospital.

This study is similar to that in Thailand to 2,084 nurses working in 94 hospitals throughout Thailand conducted by Nantsupawat, et al. (2016) reported that nearly half of nurses (32%) in Thai hospitals reported high emotional exhaustion, a small proportion of nurse respondents (18%) experienced high depersonalization, and nearly half the nurse respondents (35%) experienced personal accomplishment.

The results of this study were lower than Ethiopian studies conducted by Beyene (2015) results reported that most nurses (66.3%) experienced high emotional exhaustion, but the study was similar in

depersonalization to nearly half of nurse respondents (33.3) experienced it in Ethiopia. According to the analysis of this study is lower due to the differences in characteristics, culture, economic conflict situation in Ethiopia that tend to be less good, thus affecting the psychological state of nurses in Ethiopia, while the equation on the dimensions of depersonalization due to depersonalization is a dimension that is generally experienced in conditions burnout.

Burnout at nurses at X government and Y private state hospitals was measured using the Maslach Burnout Inventory Human Service Survey (MBI HSS) instrument consisting of 22 question items and each item describing different dimensions, based on a questionnaire analysis at a government hospital obtained an item statement the highest on emotional exhaustion most of the nurses (52.6%) stated feeling like they had no other choice in work and were exhausted at work (51%). The results of the questionnaire analysis on depersonalization found that most nurses (62%) stated not to pay attention to what happened to some clients. The results of questionnaires analysis on personal accomplishment found that most of the nurses (60%) stated that they were not energetic or eager to work and said they could not handle clients' problems very effectively (58.9%).

Still in the results of the questionnaire analysis, in private hospitals obtained the highest statement item about emotional exhaustion almost half of the respondents nurses (48.8%) felt tired when waking up in the morning and had to face another day at work and declared working with people all day really is a tension (44.2%). The results of the questionnaire analysis on depersonalization found that almost half of the respondents nurses (32.2%) said they felt the client blamed me for some of their problems. The results of questionnaires analysis on personal accomplishment decrease found that most of the nurses (58.9%) stated that they could

not easily understand what was felt by the clients and almost half of the nurse respondents (49.5%) said they were unable to handle clients' problems very effectively.

According to the researchers' analysis on the dimensions of emotional exhaustion, depersonalization and personal accomplishment decline showed higher rates in nurses in X government hospital than in nurses at Y private hospital, it is because in X government tends to deal with many clients, administrative complaints, work situations busy, rigid regulations and is the main referral hospital in one of the largest districts in Jambi Province, so when seen nurses in X government hospital has emotional exhaustion, depersonalization and a decrease in higher personal accomplishment.

### **Mann Whitney Test Result difference of burnout at nurses at X Government Hospital and Y Private in Jambi Province.**

The results of different test analysis of Mann Whitney U Test to see the difference of burnout at Nurse at Government X and Private Hospital Y in Jambi Province showed no significant difference in emotional exhaustion ( $p = 0,244$ ) and depersonalization ( $p = 0,190$ ) between hospital nurse government X with nurses in private hospitals. Whereas in the decrease of personal accomplishment there is a significant difference between nurses in government hospital X and private Y ( $p = 0,004$ ).

This study is different and contradictory to Katyal research (2013) which resulted in a significant difference in emotional exhaustion and depersonalization between nurses at public and private hospitals in Punjabi but there was no significant difference in the decrease in personal accomplishment. This study differs due to the most dominant factor differences in Punjabi and Jambi hospitals as well as cultural and state differences.

According to the researchers' analysis, there was no significant difference in burnout, the dimensions of emotional exhaustion and depersonalization in nurses at X government and Y private state hospital because both hospitals had the same type, the number of similar hospital beds, the same number of nursing workers and still within the area of Jambi Province with a distance that is not so far that the pressure from the community in both hospitals is not much different and the psychological pressure that affects the emotional and depersonalisasi emotional aspects influenced the culture and attitude in the area of Jambi Province.

### **CONCLUSION**

There was no difference in emotional exhaustion and depersonalization between nurses at X government hospital and nurses in Y private hospital, but on the decline in personal accomplishment there was a significant difference between nurses in government X hospitals and private Y and personal accomplishment was higher in nurses in X government hospital than Y private hospital.

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