Nurses’ experience with burnout and the role of perceived social support

Rizal Febri Yanto1, Djudiyah2, dan Nandy Agustin Syakarofath3

Abstract
Nurses are among the health professionals at the forefront of dealing with patients identified as covid-19, particularly vulnerable to psychological fatigue. Various studies have found that perceived social support can assist nurses in dealing with difficult situations. The study’s goal was to see how perceived social support affected nurses’ burnout. A total of one hundred nurses took part in this study, which was conducted using random sampling techniques. The Multidimensional Scale of Perceived Social Support (MSSPS) and the Burnout Assessment Tool (BAT) are tools used to assess perceived social support and burnout, respectively. The results of the simple linear regression analysis revealed that perceived social support had an effect on nurse burnout in Balikpapan (adjustedR² = 0.245; F(31,793) = 99, p = 0.001). The more social support nurses have, the less burnout they experience.

Keywords
Burnout, social support, nurse, hospital

Introduction
Nurses are one of the professions facing difficulties as a result of the Covid-19 outbreak, which is affecting people all over the world, because they are on the front lines of dealing with it. Various signs and symptoms were discovered based on research findings on psychological aspects such as the stress of nurses working in the treatment room during the COVID-19 pandemic, such as anxiety, nervousness, frequent crying, indigestion, difficulty sleeping, and no appetite (Shen et al., 2020). The various negative symptoms were caused by the fear of becoming infected, as well as the increased workload in the hospital due to the large number of survivors. Various hospitals in Balikpapan have had to transfer Covid-19 patients from one hospital to another due to complete or no room remaining in the hospital. The overcrowding of hospitals is one factor contributing to nurses’ fatigue, as they are required to work extra hours during the pandemic due to the large number of patients. Furthermore, nurses fighting COVID-19 must work extra hours and sacrifice time with their families due to the risk of being exposed to the virus.

Nurses may experience stress, physical and psychological fatigue, or burnout as a result of their fear and increased workload. In an Indonesian survey, the number of cases reaching up to 83 percent, with the perceived level of burnout ranging from severe to mild, demonstrates the high burnout rate (Humas FKUI, 2020). Burnout is a protracted reaction to the sources of emotional and interpersonal stress. Fatigue causes individual stress that occurs continuously in the work context and is greater than people’s relationship with their work, resulting in a decrease in the quality of work as well as the individual’s physical and psychological health (Maslach & Leiter, 2016). According to a survey conducted by Kunst (2017) on the risk of burnout, 65 percent of employees feel fatigued, such as reduced physical and emotional energy, which has an impact on their work and personal life. If they do not seek treatment right away, their fatigue will worsen, accompanied by more severe symptoms such as back pain, muscle aches, headaches, migraines, disruption of the respiratory and cardiovascular systems, and even death. Meanwhile, the perceived non-physical consequences include feelings of incompetence with the work at hand, feelings of depression, and helplessness as a result of the subpar services provided to patients being treated (Humas FKUI, 2020).

The number of burnout cases experienced by health workers is quite diverse, according to various studies. In Medan, six out of ten inpatient nurses studied had burnout symptoms, with mild (66%) and severe (34%). (Tinambunan et al., 2018), In Pekanbaru, 51.9 percent of inpatients had mild burnout symptoms, 44.2 percent had moderate symptoms, and 3.8 percent had severe symptoms.
Burnout symptoms were reported by 165 nurses in Denpasar, with low levels (35.8 percent), moderate (51.5 percent), and high (12.7 percent) levels (Wiratiet al., 2020). Some examples of burnout case data experienced by nurses above demonstrate that there are indications from nurses who experience burnout symptoms ranging from mild to moderate to severe symptoms, and these events occur consistently in various regions throughout Indonesia. As a result, it is critical to identify the factors that can contribute to the emergence of burnout symptoms in nurses as health workers.

According to previous research, a variety of factors can contribute to burnout symptoms. These elements are demographic, personal, and organizational in nature (Eliyana, 2016). On the basis of demographic factors (gender, age, education, length of employment, and marital status), personal factors (work stress, workload, and personality type), and organizational factors (working conditions and social support) (Patel, 2014). Among the several factors mentioned above, one that contributes is social support (Putra & Muttaqin, 2020; Ong et al., 2020).

According to Gurung (2006), social support is defined as an experience in which individuals feel valued, respected, cared for, and loved by others in their lives. In this context, sources of social support can include family, friends, teachers, communities, or any social group affiliated with them (Yasin & Dzulkifli, 2010). In general, social support can be tangible assistance such as advice or a situation and condition from another perspective, effective coping strategies, and emotional support. The impact of social support received can make individuals feel less stressed and better able to deal with a variety of unpleasant situations. Indeed, according to various studies, social support can improve an individual’s health. As a result, considering the role of nurses who are large enough to help optimize services for patients in hospitals, the nurse’s condition requires special attention, especially if there are signs of burnout.

The hypothesis proposed in this study is the role of perceived social support in nurse burnout. The more support the nurse receives, the less burnout symptoms she experiences. Despite the fact that many similar studies have been found, previous studies have only examined the role of perceived social support on nurse burnout without considering the contribution of each dimension of perceived social support as proposed in this study (Putra & Muttaqin, 2020; Ong et al., 2020; Adawiyah & Blokololong, 2018; Harnida, 2015). The importance of examining each dimension of perceived social support in this study is to obtain implacable suggestions for future follow-up efforts.

**Methods**

**Subject of Study**

One hundred nurses from three hospitals in Balikpapan took part in this study, with 24 male nurses (M, SD=) and 76 female nurses (M, SD=). Data collection took place at three major hospitals in Balikpapan, which were chosen using a random sampling technique and randomization using the random.org website. According to the data, there are 15 privately and government-managed hospitals in Balikpapan. Through randomization, three hospitals willing to be research sites were chosen from a total of 15 existing hospitals: RSUD Beriman Balikpapan, RSKD Dr. Kanujoso Djiativibowo, and Pertamina Hospital Balikpapan. According to the hospital’s permit, the data is distributed online via a Google form and directly via a printed questionnaire. Table 1 shows the demographic data of the participants in greater detail.

According to table 1, the participants have worked for 5-10 years, are married, and are between the ages of 26 and 35.

**Variables and Instruments for Research**

This study employs two variables: perceived social support as an independent variable (X) and burnout as a supporting variable (Y). Nurses perceive social support as comfort, attention, and assistance, whereas burnout is defined as a state of continuous emotional exhaustion that causes changes in attitudes and negative behavior in nurses who participated in this study.

The Multidimensional Scale of Perceived Social Support (MSPSS) is used to assess nurses’ social support (Laksmita et al., 2020). This scale is made up of 12 items that have been translated into Indonesian and have been tested.

<table>
<thead>
<tr>
<th>Table 1. Demographic Data</th>
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<tr>
<td>Respondent Data</td>
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<tr>
<td>Gender</td>
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<td>Male</td>
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<td>Rumah Sakit Pertamina Balikpapan</td>
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Prepared using psyj.cls
for psychometric properties, with a total score reliability of 0.88. (Laksmita et al., 2020). This scale reveals three aspects, namely, family, friend, and significant other, with Cronbach’s alpha values of 0.85, 0.75, and 0.72, respectively, due to the multidimensional nature of the instrument.

In addition, the Indonesian version of the Burnout Assessment Tool was used to assess the level of burnout experienced by nurses. This scale includes 33 items that reveal four main dimensions: fatigue, emotional disturbance, cognitive impairment, mental distance, and two secondary dimensions, psychological stress and psychosomatic complaints (Schaufeli et al., 2020). This is a multidimensional scale with a relatively good internal consistency, with Cronbach’s alpha 0.95 for the primary dimension, total score. Internal consistency in each dimension ranges from Cronbach’s alpha 0.90 to 0.92. (exhaustion: 0.92, mental distress: 0.91, cognitive impairment: 0.92, and emotional disturbance: 0.90). Furthermore, the internal consistency score in the second aspect of burnout exceeds Cronbach’s alpha 0.90. Internal consistency exists for each dimension (Cronbach’s psychological distress is 0.81 and Cronbach’s psychosomatic complaints is 0.85).

Both scales are Likert scales, with answer options. Strongly agree (SS) is assigned a score of 5, agree (S) is assigned a score of 4, doubtful (N) is assigned a score of 3, disagree (TS) is assigned a score of 2, and strongly disagree (STS) is assigned a score of 1.

**Data Analysis**

The data in this study were analyzed using simple linear regression to examine the effect of perceived social support on nurse burnout and multiple linear regression to examine the role of each aspect of perceived social support on nurse burnout. The Statistical Package for Social Science (SPSS) 21 software analyzed the data. Before beginning the analysis, the researcher ensured that the data were normally distributed (0.094) and linear (p = 0.401).

**Result**

Perceived social support had an average value of 48.02 with a standard deviation of 7.24, and burnout d had an average value of 76.65 with a standard deviation of 18.21, according to the descriptive statistical test. In general, 65.0 percent of nurses were classified as having high perceived social support, 33.0 percent as having moderate perceived social support, and 2.0 percent as having low perceived social support. Meanwhile, in the burnout variable, 55.0 percent of nurses had low burnout, 43.0 percent had moderate burnout, and 2.0 percent had high burnout.

The simple linear regression test results show that social support helps burnout nurses in Balikpapan (R² = 0.245; F(31,793) = 99, p = 0.001). This means that the greater the perception of social support provided, the less fatigue experienced by nurses. Peer support is regarded as the most important aspect of perceived social support for reducing burnout (β = -0.325, t = -2.729, p=0.01).

**Discussion**

The purpose of this study is to test the hypothesis of whether perceived social support can help burnout nurses in Balikpapan during the COVID-19 pandemic. The findings revealed that perceived social support plays a significant role in nurse burnout. The more social support nurses receive, the lower their perceived level of burnout. This has an effect on the stability of the related nurses’ work performance. This finding supports the findings of Ong et al. (2020), who discovered a link between perceived social support and burnout. This means that the greater the social support, the less burnout there is, and vice versa, the lesser the social support, the greater the burnout.

With the acceptance of this hypothesis, it can be stated that a nurse who has a high level of perceived social support is able to meet the demands of their job because it reduces the effect of perceived burnout (Ceyhun & Ceyhun, 2014). Social support is a relationship in which people help each other and benefit others. This can come from close family members, coworkers, spouses, friends, and superiors. Individuals who receive social support can lessen the negative impact of perceived burnout because even when they are physically and psychologically exhausted, they still have a foothold to become a reinforcement and a place to lean on. This also promotes positive interactions between people and their surroundings. According to Nurullah (2012), the types of
social support that individuals receive vary widely, such as emotional support, assessments from various perspectives as input or suggestions, and a sense of respect for their existence in this world.

Furthermore, a separate analysis on each dimension of perceived social support yielded data indicating that the most significant influence is on the aspect of perceived social support provided by friends or coworkers. This is because the company of friends or coworkers is very important for work comfort. While working at the office employees who receive social support from friends or coworkers are more likely to enjoy their work environment and perform better than employees who do not receive social support from their coworkers (Yang et al., 2016). They are more comfortable asking coworkers for assistance in completing unclear tasks, which reduces stress and perceived fatigue.

The effects of this perceived social support can be felt by both male and female genders. These effects do appear, and their contribution can be felt in every dimension that burnout possesses (Panagioto et al., 2018). Individuals who receive social support believe they are loved, cared for, and valued, which causes them to feel more connected and less burdened by themselves (Sarafino & Smith, 2011). Nurses who have a high level of perceived social support believe they have a safe place to go when they are in a stressful or difficult work situation. They tend to feel more valued, calmer, more enthusiastic, and more confident in completing their work assignments as a result of their support.

Based on the data gathered, it is also known that men experience moderate burnout while women experience low burnout. This means that male nurses, the subjects of this study, have a higher level of burnout than female nurses. This contradicts Gunarsa (2004) belief that women are more likely than men to experience burnout because they experience emotional exhaustion more frequently. However, the findings of this study support Papalia & Feldman (2008) contention that men are less likely to seek help because they believe their self-esteem will be jeopardized or that other people will underestimate them if they do, whereas women are more likely to seek help from others, resulting in more perceived social support for women than men.

Nurses who experience the most significant burnout have a period of work and minimal experience at a young age, which is related to tenure. Young employees are at a higher risk of burnout due to a lack of experience and the ongoing process of adjusting to the working world. This is consistent with Swasti et al. (2017)’s contention that young workers have unrealistic expectations because they have high ideals. Furthermore, young age is associated with problem solving. Young workers are regarded as having insufficient experience and are still in the adaptation stage in dealing with various issues, making them more vulnerable to conflict and work-related pressure.

This study suggests that perceived social support can be a protective factor that helps nurses overcome perceived burnout symptoms, making it one of the alternative solutions to preventing the same phenomenon in the future. The findings of this study can be used as a consideration or reference for hospital institutions in designing a work environment that encourages employees to develop warm relationships, a conducive work environment, and mutual respect for one another. Nurses are expected to be more sensitive to themselves and others around them, as anyone can experience burnout, and they must find ways to overcome it. The most basic action is to demonstrate empathy and concern for the environment.

Several aspects of the research process, specifically the data collection process, must be considered as limitations of the research. This information was gathered by distributing the scale online via a Google form and offline via a questionnaire tailored to the agency’s needs and conditions. Because the instrument was entrusted to the person in charge of the hospital to be distributed to every nurse according to the provisions applicable in each agency, each respondent had no direct interaction with the researcher during the scale distribution online and offline. This is possible if there are obstacles or difficulties in understanding the instructions while filling out the scale. The respondent is unable to confirm with the researcher in order to obtain further explanation. In addition to avoiding errors in understanding the scale’s contents, direct interaction with respondents can assist researchers in completing research data such as data from observations or interviews with selected respondents, resulting in more accurate and in-depth results.

Conclusion

The findings revealed the importance of perceived social support in reducing nurse burnout. The greater the level of perceived social support received, the lower the perceived level of burnout. In this case, the perceived social support provided by friends or coworkers is regarded as the most significant contribution. The contribution of perceived social support to burnout is 24.5 percent, with the remainder influenced by other factors but not the focus of this study. This demonstrates that the more social support received, particularly perceived social support provided by coworkers, can assist nurses in overcoming burnout symptoms, allowing their work performance to become more stable and optimal in providing services to the patients being treated.

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