The Effect of Spirituality on Burnout Nurses in West Sumatra Hospital During the COVID-19 Pandemic

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Abstract

BACKGROUND: Spirituality can make a nurse have self-acceptance to the conditions and changes that occur in themselves and their work environment and adapt to the conditions they experience. Nurses who work in hospitals during the COVID-19 pandemic experience conditions that are vulnerable to emotional disturbances such as stress, anxiety, and fatigue, which can lead to burnout.

AIM: This study aims to determine the effect of spirituality on burnout in nurses in hospitals in West Sumatra, Indonesia.

METHODS: The population of this study were nurses in four hospitals in West Sumatra Province, with a total sample of 221 nurses selected by proportional random sampling method. The instrument used is the Brief Multidimensional Measure of Religiousness/Spirituality to measure the spirituality of nurses and to determine burnout in nurses is the Maslach Burnout Inventory questionnaire.

RESULTS: The results showed that nurses’ spirituality was moderate, with an average value of 3.40. Nurses experienced a moderate level of burnout with an average score of 2.1. The statistical results showed no significant relationship between spirituality and nurses burnout in hospitals in West Sumatra during COVID-19.

CONCLUSION: It hoped that the hospital could make religious activities in preventing nurse burnout so that nurses can face problems in the workplace.

Introduction

Nurses who work during the COVID-19 pandemic experience conditions where they are vulnerable to emotional disturbances such as feelings of fear and anxiety due to fatigue, discomfort, and a sense of helplessness due to the high workload they carry. During this period, the pressure on responsibility for the safety of their families becomes an internal conflict in caring for the patient, increasing emotional stress, and sometimes contributing to burnout. The term burnout introduced by Freudenberger in 1970. It interpreted as a condition of exhaustion or frustration due to the failure of a professional relationship to produce the expected rewards [1].

Based on research results [2], half of the nurses working on the front lines handling COVID-19 experienced high burnout rates in China. It found that health workers who took non-COVID-19 patients also experienced burnout [3]. Soemarko [4] stated that 82% of health workers in Indonesia experienced moderate burnout in Indonesia, and 1% experienced severe burnout during the COVID-19 pandemic. Health workers who directly treat COVID-19 patients are twice as likely to experience burnout. Burnout in nurses causes psychological disorders in poor self-assessment, leading to depression [5]. The impact that can be caused by burnout on nurses is a decrease in nurse performance [6].

Spiritual needs are basic needs needed by every human being. The impact of not fulfilling spiritual needs is spiritual distress. That person will be more prone to depression, easily agitated, loss of self-confidence and motivation, hopelessness, refusing ritual activities, and signs such as crying, withdrawing, anxiety, and depression. Angry, suicidal, then supported by physical conditions such as disturbed appetite, difficulty sleeping, and high blood pressure [7].

Doraiswamy and Deshmukh’s research results [8] showed that work spirituality reduces nurses’ perceptions of work stress. Ghosh [9] stated that a great solution in dealing with work stress that continues to occur is to increase work spirituality. His research showed that job stress is negatively related to spirituality and nurses burnout in hospitals in West Sumatra during COVID-19.
The COVID-19 pandemic has impacted various aspects of life, including the health-care system. This inevitable situation makes human resources in health services, including nurses, must be able to adapt to the situation. Aspects of spirituality can make a person be able to interpret the meaning of life and have self-acceptance to any conditions to provide a positive response to the changes in them. Based on these phenomena, researchers are interested in knowing the influence of spirituality on nurse burnout in hospitals in West Sumatra, Indonesia, during the COVID-19 pandemic.

Materials and Methods

The study was quantitative research in the form of analytical observation. The population of this study were nurses at four General Hospitals in West Sumatra Province; there were dr Rasidin Padang Hospital, Unand Education Hospital, Padang Panjang Hospital, and Arosuka Solok Hospital. The four hospitals were referrals for treating COVID-19 patients. The sample of this research used proportional random sampling and determined as many as 221 nurses as respondents (Table 1).

| Hospital                          | Total population | Number of samples per hospital |
|-----------------------------------|------------------|--------------------------------|
| RSUD dr. Rasidin Padang           | 154              | 221 × 69                       |
| Unand Education Hospital           | 77               | 221 × 34                       |
| Arosuka Hospital Solok             | 112              | 221 × 50                       |
| Padang Panjang Hospital            | 151              | 221 × 68                       |
| **Total**                         | **494**          | **221**                        |

This study uses a Brief Multidimensional Measure of Religiousness/Spirituality instrument to measure nurses’ spirituality as many as 12 questions. The assessment uses a Likert scale with a range of 1–4, strongly agree to disagree. The validity test results of the 12 questions on the spirituality questionnaire were all declared valid and reliable with a Cronbach Alpha value of 0.715. The burnout instrument for nurses used the Maslach Burnout Inventory questionnaire, consisting of 22 questions using a Likert scale of 0 to 6. The validity test results obtained from 22 questions on the burnout questionnaire, all of which were declared valid and reliable with a Cronbach Alpha value of 0.953.

Burnout consists of three dimensions emotional exhaustion, depersonalization, and nurse self-achievement. The respondents’ answers to the questionnaire obtained the mean value for each question. The mean scale used to assess the answers to the questions contained in the questionnaire. Table 2 showed that the criteria for the new mean when using the average per-item question are as follows:

| Category | Mean | SD | Evaluation       |
|----------|------|----|------------------|
| Low      | 1.326| 1.460 | $X < M - 1SD < 0.134$ |
| Moderate | 3.39 | 1.400 | $M - 1SD X < 2.67$   |
| High     | 5.9  | 2.786 | $M + 1SD X > 4.10$   |

Spirituality consists of belief values, spiritual coping, and religious practices. The respondents' answers to the questionnaire obtained the mean value for each question. The mean scale used to assess the answers to the questions contained in the questionnaire. Table 3 showed that the criteria for the new mean when using the average per-item question are as follows:

| Category | Mean | SD | Evaluation       |
|----------|------|----|------------------|
| Low      | 3.39 | 0.711 | $X < M - 1SD < 2.67$ |
| Moderate | 4.62 | 2.674 | $M - 1SD X < 4.10$   |
| High     | 6.8  | 4.10  | $M + 1SD X > 4.10$   |

Results and Discussion

Table 4 shows an overview of the characteristics of the research sample.

| Variable                          | Frequency (f) | Percentage |
|-----------------------------------|---------------|------------|
| Age                               |               |            |
| 17–25                             | 13            | 5.9        |
| 26–35                             | 102           | 46.2       |
| 36–45                             | 91            | 41.2       |
| 46–55                             | 15            | 6.8        |
| Gender                            |               |            |
| Man                               | 13            | 5.9        |
| Woman                             | 208           | 94.1       |
| Level of education                |               |            |
| Diploma degree                    | 111           | 50.2       |
| Bachelor’s degree                 | 107           | 48.4       |
| Master’s Degree                   | 3             | 1.4        |
| Years of service                  |               |            |
| < 5 years                         | 83            | 37.6       |
| 5–10 years                        | 38            | 17.2       |
| >10 years                         | 100           | 45.2       |
| Hospital                          |               |            |
| RSUD dr. Rasidin Padang           | 69            | 31.7       |
| Unand Education Hospital           | 34            | 15.2       |
| Arosuka Hospital Solok             | 50            | 22.6       |
| Padang Panjang Hospital           | 68            | 30.3       |

The characteristics of respondents from four hospitals in West Sumatra found 46.2% in the age range of 26–35 years, 94.1% was female sex, 50.2 was in diploma degree of nursing education, and 45.2% respondents experienced with of service > 10 years.

In Table 5, the following will explain the level of burnout among nurses during the COVID-19 pandemic in hospitals in West Sumatra.

Table 5 showed that nurse burnout was in the moderate category with a mean value of 2.1. The results of the burnout analysis on the emotional...
In Table 6, the results of data analysis show that nurses' spirituality is in the moderate category with a mean value of 3.40. The results of the spirituality analysis on the aspect of belief values with a mean value of 3.62, spiritual coping with a mean value of 3.545, and religious practices with a mean value of 3.06, which means that they are in the moderate category because they are in the range of values of 2.67–4.10.

Pearson correlation test used to determine spirituality's effect on nurse burnout in hospitals in West Sumatra, Indonesia, during the Covid-19 pandemic. The results of statistical tests are shown in Table 7.

The spirituality questionnaire analyzed how often respondents participate in their religious activities is in the low category with a mean value of 2.12. It happened during the COVID-19 pandemic, and there were restrictions on religious activities due to the lockdown by the government. The government and health institutions urge to reduce the spread of the Covid-19 virus by avoiding religious activities that are congregational or many people and carrying out all these religious activities at home [17].

In the Table 7, the $r = 0.092$ and $p = 0.171$ mean that spirituality does not significantly influence nurse burnout in hospitals in West Sumatra, Indonesia, during the COVID-19 pandemic. The results of this study are different from the research [18], which stated that higher levels of spiritual well-being were associated with lower levels of fatigue.
A review study shows that spirituality is a common strategy used by nurses in dealing with stress and fatigue [19]. Most studies reveal that spiritual and religious beliefs correlated with lower levels of burnout and depersonalization. However, in the review study, two studies did not find a relationship between fatigue and spirituality. No significant correlation found between spiritual orientation and the mean scores for satisfaction and fatigue [20].

Meanwhile, other studies found a non-significant relationship between spirituality and burnout. In this study, no relationship found. It estimated that spirituality as a predictor and fatigue had a high confidence interval [20]. Likewise, this study has a limited number of small samples. So to get more reliable results, it is necessary to conduct research with a larger sample with more diverse characteristics [21].

A possible explanation why spirituality has a non-significant relationship with burnout perceived as a responsibility rather than a coping strategy for dealing with stressors. Health workers assess the practice of spirituality considered taking time off, such as sleep and other types of rest. Another thing is that the spiritual procession is considered a command and will become an obligation, so it is considered a stressor [20].

The research conducted during the COVID-19 pandemic makes taking a break limited. The high workload limits the implementation of spirituality as a coping mechanism for the workload as a stressor during a vast pandemic. Nurses do not have sufficient opportunities to carry out religious worship activities, so the results of this study do not show a significant relationship.

Conclusion

The burnout level and nurses’ spirituality are in the medium category, and there is no influence between spirituality and nurse burnout. Nurses during the pandemic have limitations in carrying out religious activities, which a high workload can cause. Hospitals need to pay attention to aspects that make nurses burn out in their work and improve the practice of religious activities in improving nurses’ spirituality.

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