The Relationship Of Efficacy With Burnout Nursing Implementation In Sajiwani Gianyar Hospital

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ABSTRACT

Unresolved work stress can lead to emotional fatigue, a decline of personal achievement hereinafter called Burnout. The impact of burnout is decreased performance. The way individuals or nurses can do to mitigate the impact of burnout is with Self Efficacy. High self-efficacy levels will believe that they are able to do something to change the barriers around it while someone with low self-efficacy considers himself incapable of working on everything that is around him. This research aims to know the self-efficacy relationship with an implementing nurse burnout in the inpatient room in RSUD Sanjiwani Gianyar year 2020. This research is quantitative with non probability sampling research design with cross sectional approach. The technique used in sampling is the total sampling technique with the number of samples as much as 60 respondents. The instruments used in this study are questionnaires. Data analysis is carried out using the Rank Spearman test. The results obtained by most nurses have a high self efficacy that is as much as 29 people (48.3%) and burnout as much as 51 people (85.0%). The P-value result of 0.000 (P < 0.05) with a direction of negative correlation is the higher the level of self efficacy nurse then the lower the level of burnout nurses in RSUD Sanjiwani Gianyar. Belief is one’s ability to use knowledge and skills effectively can reduce burnout. Further research is expected to conduct research with a greater population level in order to be representative and can be generalized.

Keywords: Burnout, self efficacy, nurse

Article history :
Received: 19 Januari 2021
Received in revised form: 1 Maret 2021
Accepted: 17 April 2021
Available online: 1 Juni 2021

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INTRODUCTION

Hospital services are very important to pay attention to because the assessment of whether or not the hospital is good depends on the customer or the patient who receives the service itself. The types of medical services that can be provided include medical services, medical support and nursing services1.

_Burnout_ is a physical, emotional and mental exhaustion caused by the involvement of working for a long period of time in an emotionally demanding situation2. Based on research that has been done by Cipta Perdana3. The results showed heavy burnout of 50%, moderate burnout of 26.92% and mild fatigue of 23.08%. The stress condition for nurses is high so that it makes nurses vulnerable to symptoms and the impact of burnout4. What can be done by individuals in the cognitive process to assess their ability to cope with stress is by using cell efficacy5.

Nurses can overcome prolonged work stress by rotating rooms, giving awards, and doing activities such as outbound activities to reduce stress on nurses. One way that individuals or nurses can do in cognitive processes to assess their ability to cope with stress is self-efficacy5.

Handayani, et al., (2018)7 said that self-efficacy is a person's belief that he can control the situation and can produce something positive, someone needs a sense of confidence in his ability to carry out every given task and responsibility. Someone with a high level of self-efficacy will believe that they are able to do something to change the barriers around them, while someone with low self-efficacy considers themselves unable to do everything around them.

The preliminary study was carried out on January 15, 2020 at the Sanjiwani Gianyar Regional General Hospital in the Nakula room and in the Sahadewa room through interviews with 10 nurses implementing the data showing self-efficacy in implementing nurses in the inpatient room, it was found that 4 (40%) nurse nurses often felt lack of focus while working, while 6 (60%) nurse administrators were able to focus at work. The results of the interview also showed that 6 (60%) of the nurse administrators experienced burnout symptoms such as feeling tired, looking tired and lethargic with their work as nursing nurses in the inpatient room and 4 (40%) did not feel bored and liked their work. The purpose of this study was to determine the Relationship between Self Efficacy and Burnout of Executing Nurses in the Inpatient Room of Sanjiwani Gianyar Hospital and to analyze the relationship between self-efficacy and burnout on nurses in the Sanjiwani Gianyar Hospital Inpatient Room.

METHOD

Population is the subject (eg human: client) that meets the established criteria11. Quantitative research method is the method used in this research, with a cross sectional research study design. The sampling technique used was nonprobability sampling, namely total sampling. The instruments used were the self-efficacy scale questionnaire and the maslach burnout inventor questionnaire. This
research was conducted on 60 respondents in the Inpatient Room of RSUD Sanjiwani Gianyar. The data can then be tested using the Spearman Rank statistical test. Determining sample criteria is very helpful for researchers to reduce bias from research results.

RESULTS

This study uses two analyzes, namely: univariate analysis, which is a data processing procedure obtained from the collection results that can be presented in the form of a frequency distribution table, a measure of central tendency or a graphic as well as bivariate analysis, is an analysis to determine the interaction of two variables, whether they are comparative, associative or correlative. The analytical test used in this study is correlation analysis.

The results of the research in the Sanjiwani Gianyar Hospital inpatient Room with 60 respondents were divided into 3, namely the results of the characteristics of research subjects, the results of observations on the research object on the research variables, and data analysis, followed by the interpretation which can be seen in the following table:

Table 1: Results of the Frequency Distribution of Research Subjects based on Gender

| No. | Gender | Frequency | Percentage |
|-----|--------|-----------|------------|
| 1   | Male   | 11        | 18.3%      |
| 2   | Women  | 49        | 81.7%      |
|     | Total  | 60        | 100%       |

Based on table 1, it can be concluded that the majority of respondents were female, as many as 49 people (81.7%).

Table 2: Results of the Frequency Distribution of Research Subjects based on Age

| No. | Age (years) | Frequency | Percentage |
|-----|-------------|-----------|------------|
| 1   | 20 - 30     | 10        | 16.7%      |
| 2   | > 30 - 50   | 48        | 80.0%      |
| 3   | > 50        | 2         | 3.3%       |
|     | Total       | 60        | 100%       |

Based on table 2, it can be concluded that most of the respondents were > 30 - 50 years old, as many as 48 people (80.0%).

Table 3: Results of the Frequency Distribution of Research Subjects based on the Type of Education

| No. | Type of Education | Frequency | Percentage |
|-----|-------------------|-----------|------------|
| 1   | DIII Nursing      | 31        | 51.7%      |
| 2   | DIV Nursing       | 1         | 1.7%       |
| 3   | S1 Nursing        | 28        | 46.7%      |
|     | Total             | 60        | 100%       |
Based on table 3, it can be concluded that most of the respondents have a DIII Nursing education as many as 31 people (51.7%).

Table 4: Results of the Frequency Distribution of Research Subjects based on the Work Period

| No. | Years of service (year) | Frequency | Percentage |
|-----|-------------------------|-----------|------------|
| 1   | 1 - 5                   | 11        | 18.3%      |
| 2   | 5 - 10                  | 11        | 18.3%      |
| 3   | > 10                    | 38        | 63.3%      |
| Total|                         | 60        | 100%       |

Based on table 4, it can be concluded that most of the respondents had a service period of > 10 years, as many as 38 people (63.3%).

Table 5: Results of Self Efficacy of Implementing Nurses

| Self Efficacy | Burnout         | Total | r    | P   |
|---------------|-----------------|-------|------|-----|
| Low           |                 |       |      |     |
| Low           | 1.7%            | 9     | 16.7%|     |
| Moderate      | 35.0%           | 21    | 18.3%|     |
| High          | 48.3%           | 29    | 48.3%|     |
| Total         |                 | 51    | 90   |     |

Based on table 5, it can be concluded that most respondents have a high level of Self Efficacy, namely as many as 29 people (48.3%).

Table 6: Results of the Burnout of Implementing Nurses

| No. | Burnout | Frequency | Percentage |
|-----|---------|-----------|------------|
| 1   | Low     | 51        | 85.0%      |
| 2   | Scrazy  | 9         | 15.0%      |
| Total|         | 60        | 100%       |

Based on table 6, it can be concluded that most of the respondents had a low Burnout rate, namely 51 people (85.0%).

Table 7: The Results of Self Efficacy Data Analysis with Implementing Nurse Burnout

| No. | Self Efficacy | Frequency | Percentage |
|-----|---------------|-----------|------------|
| 1   | Low           | 10        | 16.7%      |
| 2   | Moderate      | 21        | 35.0%      |
| 3   | High          | 29        | 48.3%      |
| Total|               | 60        | 100%       |
Based on the data in Table 7, it can be seen that most respondents have high Self Efficacy with low Burnout, namely as many as 29 people (48.3%). The table also shows that the p-value = 0.000 and the r = -.662 value. This means that there is a relationship between self-efficacy and burnout of nurses in the Inpatient Room of the Sanjivani Gianyar Regional General Hospital with a negative correlation direction (the greater the value of self-efficacy, the smaller the burnout value) and with a strong correlation strength.

**DISCUSSION**

Achievement motivation shows that nurses are able to fulfill the patient's needs holistically. Researchers also see that nurses have provided nursing care professionally. Performance motivation of nurses in the room needs to be improved, by doing self-evaluation, so that nurses are able to assess themselves and become better. Self-evaluation can help nurses increase self-efficacy, so that nurses can continuously improve the quality of nursing care in the room.

Individuals who have varying self-efficacy due to different conditions and circumstances. Some individuals are able to make adjustments to the situations in their work environment. However, this is different from other individuals who tend to only have self-efficacy in certain conditions and situations. Self-efficacy nurses can affect the performance of nurses. This is also supported by several studies which state that self-efficacy can have an impact on nurses' performance in providing virginity care. The research found that self-efficacy had a significant effect on nurses' performance. The results of this study are in line with the research conducted by which showed that there was a significant relationship between burnout and work motivation of the nurses. The strength of the relationship is moderate, with the direction of the relationship is inverse. This shows that the higher the burnout value, the lower the work motivation or vice versa. The results of the research conducted by are also in line with showing that emotional fatigue tends to be experienced by nurses with the latest nursing diploma education, namely 44 people (84.61%). The level of nurse education in the intensive room in this study, ranging from diploma education to undergraduate education in the nursing profession, shows a significant difference in the dimensions of emotional exhaustion experienced by nurses.

In addition, self-efficacy is also a benchmark in evaluating performance and achieving goals. Changes in self-efficacy towards individuals can cause behavior changes that can have a major effect on individual performance. The results of data analysis between self-efficacy and burnout of nurses using Spearman's rho show that p = 0.000 (p <0.05), then Ho is rejected and Ha is accepted, meaning that there is a significant relationship between self-efficacy and burnout of nurses in the inpatient room. Sanjivani Gianyar Regional General Hospital. The correlation coefficient value is -.662 with a negative value that has multiple directions, the greater the value of one variable, the smaller the value of the other variables with the results showing a significant relationship between self-efficacy and burnout. The strength of
the relationship in this study shows a strong level of relationship. The direction of the relationship in this study is negative, which means that the higher the level of self-efficacy, the lower the burnout level. then it is stated that there is a strong correlation / relationship between self-efficacy and burnout of nurses in the room inpatientSanjiwani Gianyar Regional General Hospital.

Burnout itself is a process caused by unresolved job stress that causes emotional exhaustion, personality changes and decreased personal achievement. This can be overcome by having high self-efficacy which can increase the optimism and commitment of nurses to reduce burnout levels compared to those with low self-efficacy.

Damayanti and Sabri, (2014) also said there was a significant relationship between self-efficacy and burnout. The higher the degree of respondent's self-efficacy, the lower the burnout level experienced by nurses and vice versa. This is because there is an increase in self-confidence / self-efficacy by an increase in motivation in individuals. The individual's estimate of self-efficacy determines how much effort will be made and who will remain in the face of obstacles or unpleasant experiences. In addition to the experience someone has to believe in his or her abilities, nurses will be able to use their knowledge and skills effectively to deal with the situation they face with self-efficacy.

CONCLUSIONS

Based on the analysis of the results of the research and discussion, it can be concluded that there is a significant relationship between self-efficacy and burnout of nurses in the inpatient room of the Sanjiwani Gianyar Regional General Hospital with a significance value of p = 0.000 (p <0.05) and the correlation coefficient value = - .662 with a negative value, namely the higher the level of self-efficacy of the nurses, the lower the burnout level of the nurses. With the level of self-efficacy, most of the nurses were in the high category with 29 nurses (48.3%). And the level of burnout of the implementing nurses is mostly in the low category with a total of 51 nurses (85.0%)

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