Leadership Style With Burnout Incident in Nurse

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ABSTRACT

Background: Quality and nursing service in the hospital is decided by management of leadership managerial in unit nursing room which is done by chief room. They have planning and evaluation rules in a unit to be expected to act and motivate nurses in these rooms. However, some cases often occur low motivation and burnout syndrome which affected work quality decrease and also affected patients unsatisfied. Nursing leadership style is a nurse skill in affecting other nurses who are under their control to be responsible to give care of nursing service then aim of nursing is obtained. The purpose of this research to show that relationship between leadership style and burnout syndrome in nurses. Method: Method of this study is an observation analysis and cross-sectional method. The sampling technique of study is using a purposive sampling amount of 30 nurses. The instrument of this study is used leadership style questioner instrument which is filled by a nurse. The data analysis is using Spearman rank. Result: The result of research shows that by statistic result test is P = 0.141 which means there is no correlation between leadership style and burnout syndrome in nurses. Recommendations are expected more to use two-way communications to subordiate people, to obtain comfortable to start duties as a nurse, then there is no accident to patients which effect by burnout.

Keywords: Burnout, Leadership Style, Nurse

1. INTRODUCTION

Health care is an origination which very complex because put into motion service sector, involving any profession group from different education and life. Professional nursing is one of profession components which is seen by key of healthcare successfully in hospital collectively with nursing leadership.[1]

The Healthcare system is a totality of service given by all of health stakeholders. Become biggest service industry in the USA. Prior, main purpose of health care is to give good service to people who are sick and injured. However, running up with society consciously to health promotion, prophylaxis, level illness, health care system is going changed, that is role of nurse today. The service which is giving by health care system generally is grouped on types and levels [2]

According to the Department of Health (2016) hospital is a facility where serves inpatient care or outpatient care by presented health care in short or long term which is consisted of observation, diagnostic, therapeutic, and rehabilitative to anyone who is sick, injured, or birth. Term of the hospital means that an institution, useful or medium which has a bed for adults and a child that giving service for 24 hours. How to know a good or bad hospital is by seen quality and quantity of service serve, good service, service standard, indicator service that will be applied, it is an indicator of a hospital that has quality and quantity in good service. [3]

According to Purnomo (2011), quality of health care is a standard profession that uses its resources well, therefore every patient required and purpose to obtain level health optimally could be obtained. Healthcare is one of systems which is consisted of any components fitted and affected together. The quality service in the hospital is last product of healthcare service in complicated interaction between any components and service aspects.[4]

The quality of service is view of a healthcare institution in societies view, quality of the hospital where are producing or presenting a healthcare product has to be able to show quality service either medical service or nursing. [5]

Based on data from embassy of republic Indonesia health is knowing visitation of society to a health care center is 12.435.683 and founded 46.9 % of patients asserted dimension physically is poor quality, 43.9 % asserted respond is light. Indonesia Department of health in 2013 showed that 35 % of nurse care was poor quality and 65 % patients mentioned unsatisfied with nursing care in Indonesia. [6]

In West Nusa Tenggara Province in year 2013, visitation of society to health care service was 2.546.876 people where is found that 63 % of nursing service is under quality and 54 % patient asserted unsatisfied for health care. Based on result of a previous study which was held by researcher by spread questioner for 10 nurses in Siti Hajar Islamic hospital, obtained 8 (80 %) nurses found burnout and 2 (20 %) were not burnout, it means that there was a nurse who founded burnout syndrome.

The effect which is most shown of tired is decrease in performance and service quality, someone who found burnout syndrome will lose meaning of job they do, it affected of long respond of emotional, mental, and physical...
exhaustion caused by excessive and prolonged stress. Finally, they could not fill their job then decide to absent, sick reason, or states that leadership and controlling are variable which is significant has a relationship with burnout.[7]

The concept of ideal leadership always changes in every period, however, assumption about leadership quality decide motivation and working of subordinate people always be accepted. Style leader of chief nurse has a major effect on emotional nurses. If style leader is always not effective is applied by chief nurse, it will make stress of nurse will be Seattle down and become burnout. Based on research conducted by Sari (2005) highest proportion of burnout syndrome is responded with stage soft burnout syndrome shows 34 people (64,2%). Furthermore, based on proportion of workloads is dominant of respondents faced high workloads by total 38 people (71,7%). Based on locus control proportion, most of respondents have locus of control internal is 41 people (77,4%). Meanwhile, based on dignity most of respondents faced high dignity 38 people (71,7%). Based on Bivariate analysis, there is meaningful correlation between workloads, age, status, work period, locus of control, and dignity with burnout syndrome.[8]

However, there was no correlation between variable of gender and education level with burnout syndrome. Based on explanation above, researcher is interested in conducting study identified correlation of leadership style with burnout syndrome in Nurse. Purpose of research was analyze correlation between leadership style with burnout syndrome in Nurse.

2. METHODS

The method is used by researcher is analytic observational method and cross-sectional approach. Sample is taken by using a purposive sample. Limitation of sample in this research is 30 nurses. Research instrument used questioner leadership style and questioners burnout syndrome in nurses.

To show there is a correlation between variable independence and variable dependence is leadership style with burnout is conducted by Spearman rank test because all data are ordinal. The result of the calculation that if the p-value is smaller p 0,05 then Ho is rejected that means there is correlation meaningful, if the p-value is bigger than 0,05 then Ho is accepted that means there is correlation meaningful. Bivariate analysis is used to see there is possibility correlation meaningful between variable dependent with variable independence. [5].

3. RESULTS

Table 1. The Characteristic of Respondent Demographics Age, Education Level, and Gender in Nurses.

| Characteristic   | Amount | %   |
|-----------------|--------|-----|
| Age             |        |     |
| 26-35           | 1      | 3   |
| 36-45           | 29     | 97  |
| Education Level |        |     |
| Diploma         | 23     | 76  |
| Bachelor        | 7      | 24  |
| Gender          |        |     |
| Female          | 25     | 83  |
| Male            | 5      | 17  |

Based on table above, shows that distribution of respondent based on age, it inform that most total respondent is age 26-35 years old with total 29 people (96,6%) and smallest old is 36-45 years old with a total only 1 person (3,3%). Distribution of respondent based on gender is shown that most respondent is 25 (83,3%) with Female respondents and at least is 5 people (16,3%) is male. Based on education level shows that most respondent is 23 people (76,7%) with educated level Diploma and at least is 7 people (23,3%) with education level Bachelor. Based on work period could be shown that most respondent is work < 10 years with total 25 people (83,6%), and at least is respondents who have been working for > 10 years are 5 people (16,6%).

Table 2. The result of study of leadership style. The characteristic of Respondent of study of leadership style.

| No   | Leadership Style | Amount |
|------|-----------------|--------|
|      | N               | %      |
| 1    | Authoritarian   | 16     | 53,3 |
| 2    | Democratic      | 14     | 45,5 |
| 3    | Liberal         | 0      | 0    |
| Total| 30              | 100,0  |

Based on data table above shows that respondent’s perception of leadership style of chief nurse the most is 16 people (53,3%) viewed of leadership style by authoritarian, and at least is 14 people (46,6%) viewed with democratic leadership style.
Table 3. The result of research burnout syndrome in Nurse. The characteristic of Respondent of burnout syndrome in Nurse

| No | Burnout | Amount | N  | %   |
|----|---------|--------|----|-----|
| 1  | Light   | 12     | 40.0 |
| 2  | Midle   | 18     | 60.0 |
| Total |       | 30     | 100.0 |

Based on data table above, knowing that respondents who most faced burnout is 18 people (60 %) middle and at least respondent who faced burnout is 12 people (40%) is light burnout.

Table 4. Correlation of leadership style with burnout accident in nurse.

Cross tabulation table correlation leadership style with burnout syndrome in nurse.

| Leadership style | Burnout | Amount | N  | %   | t  | p  | value |
|------------------|---------|--------|----|-----|----|----|-------|
| Authoritarian    | Light   | 12     | 40.0 | 0.203 | 0.141 |
| Democratic      | Midle   | 18     | 60.0 |       |    |    |       |
| Liberal         | Total   | 30     | 100.0 |       |    |    |       |

Based on table above shows that result of analysis correlation leadership style with burnout style, of 30 respondents was obtained with a total of 16 (53.0) respondents who have viewed an authoritarian leadership style with middle burnout accidents is 11 (36.3%). There are 14 (46.6%) total respondents who viewed democratic leadership style with burnout accident light are (23.3%). Meanwhile, no respondent viewed a liberal leadership style. The table of 5.8 above shows that spearman rank statistic test, obtained value p-value = 0.141 > 0.05 which means Ho are accepted and Ha rejected, which means there is no correlation leadership style with burnout accident in nurse.

4. DISCUSSION

Based on result of statistic test by using Spearman rank test, obtained significant value is 0, 141 ( P > 0.05 ). Result shows that Ho is accepted and Ha is rejected, it means that there is no correlation leadership style with burnout accident in nurses. Showed from study result that most of respondents viewed of authoritarian leadership style by middle burnout, it could be caused by good communication, although chief room is applied authoritarian leadership style however they always use two-way communication between chief room with a nurse so that burnout who faced by a nurse is middle, this is caused of better communication level is used by chief room will also be less burnout is occurred, it is relevant to James & Harvard's opinion that if subordinate people have been motivated well by their leader so they will be finished every duty well. Supporting behavior is how a leader can involve themself in a two-ways communication example by listened, motivated, interacted, and involves his follower in making decision [6]. The other factor related to this research is also could be caused by fieldwork which persecuting a good job, it is caused by better of level work higher work level be done, so it can cause physical and emotional tired in long term and make middle burnout. it is relevant to Farber and chemniss theory. [9]

The respondent who viewed democratic leadership style faced light burnout. It is caused by a democratic leadership style that has direct relationship orientation to work members and gives good guidance effectively from their leader. [7] Democratic leadership style also has good work coordination to group members by giving collectively responsibility between leader and group member have cooperation and good working [10] It can be concluded that better of leadership style of chief room less burnout faced by nurses, therefore chief room could be concluded that democratic leadership style which is effectively applied in any situation such as inpatient care room need better teamwork comparing making hurry decision in every job action, it makes nurse faces to light burnout. [7]

This research is relevant to Budiaynsya Resech (2015) where irsresult of analysis bivariate obtained-Value is 0, 932 ( p > 0.1 ), or null hypothesis is accepted. The consultation of this research is there is no correlation in meaning between chief room leadership style with burnout nurse inpatient care room in the hospital in Medan.

The chief room leadership style does not have a significant correlation with burnout nurses are caused by own characteristic burnout. Burnout is not caused by a correlation between individual and their fieldwork, however, it is caused by characteristic individual own self [11]

5. CONCLUSION

Based on result of research and discussion, we can state that consultation about correlation leadership style with burnout accident in that are identified of leadership style viewed chief room leadership style is included of authoritarian leadership style is 16 respondents (53, 3 %) identified of burnout accident is most faced middle burnout is 11 (63,3 %) and based on result of statistic test are obtained value p = 0.141 which means could be concluded that there is no correlation between leadership style with burnout accident in nurse.

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Expected that using more two –ways communication to their work members to obtain comfortable doing every duty as a nurse in ignoring work accidents to which ic caused of burnout.
REFERENCES

[1] N. M. N. Wati, H. Ardani, and L. Dwiantoro, “Implementation of Caring Leadership Model Had an Effect on Nurse’s Burnout,” J Ners dan Kebidanan Indones, vol. 5, no. 3, pp. 165–173, 2018.

[2] I. V Papathanasiou, E. C. Fradelos, C. F. Kleisiaris, K. Tsaras, M. A. Kalota, and L. Kourkouta, “Motivation, leadership, empowerment and confidence: their relation with nurses’ burnout,” Mater. Sociomed., vol. 26, no. 6, p. 405, 2014.

[3] O. Kanste, H. Kyngäs, and J. Nikkiä, “The relationship between multidimensional leadership and burnout among nursing staff,” J. Nurs. Manag., vol. 15, no. 7, pp. 731–739, 2007.

[4] M. B. Due, N. Nursalam, and A. S. Wahyudi, “Hubungan Gaya Kepemimpinan dengan Burnout Syndrome dan Kinerja Perawat di Ruang Rawat Inap RSUD Bajawa,” Fundam. Manag. Nurs. J., vol. 3, no. 1, pp. 9–14, 2020.

[5] M. R. Rahbar, K. Zare, and M. J. Akbarian Bafghi, “Evaluating managers’ leadership style, career self-efficacy and burnout among nurses.” 2016.

[6] E. Sureskati, M. I. Ardianto, B. D. Pamungkas, and R. Idayat, “Hubungan Gaya Kepemimpinan, Motivasi Kerja dan Beban Kerja terhadap Burnout pada Perawat di Ruang Rawat Inap RSUD Inche Abdoel Moeis Samarinda,” 2019.

[7] N. W. Puspitasari, M. Sulisno, L. Dwiantoro, T. N. Kristina, and T. Hartiti, “Penerapan Kepemimpinan Transformasional dalam Menurunkan Burnout Perawat Pelaksana,” J. Smart Keperawatan, vol. 6, no. 2, pp. 98–105, 2019.

[8] N. L. P. D. Y. ari, “Hubungan Beban Kerja, Faktor Demografi, Locus Of Control Dan Harga Diri Terhadap Burnout Syndrome Pada Perawat Pelaksana di RSUP Sanglah.” vol. Vol.3, No.

[9] I. M. Ramdan and O. N. Fadly, “Analisis faktor yang berhubungan dengan burnout pada perawat kesehatan jiwa,” J. Keperawatan Padjadjaran, vol. 4, no. 2, 2016.

[10] N. Nursalam, R. D. Fibriansari, S. R. Yuwono, M. Hadi, F. Efendi, and A. Bushy, “Development of an empowerment model for burnout syndrome and quality of nursing work life in Indonesia,” Int. J. Nurs. Sci., vol. 5, no. 4, pp. 390–395, 2018.

[11] I. Hadi, Manajemen Keselamatan Pasien (Teori Dan Aplikasi). Jogjakarta: Deepublish, 2017.