



THE LEVEL OF SERVANT LEADERSHIP BY THE HEAD OF THE ROOM AND THE LEVEL OF BURNOUT SYNDROME AMONG EXECUTIVE NURSES

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ABSTRACT

Hospitals are important health service facilities that pay special attention to their health workers, especially nurses because they have the largest segment in hospitals who are the spearhead of services with a greater amount of time and intensity than other health workers so that their performance will directly affect influences the roles and functions required to be able to provide maintained nursing services, efficiency and also have high service standards which refer to the occurrence of work stress and result in it burnout syndrome. Factors that cause it to occur burnout namely workload, feelings of self-control, rewards, alienation from the community, injustice, work stress, leadership style and desire to work. The appropriate leadership style to be able to deal with this is servant leadership. Objective: This research aims to determine the level of implementation of servant leadership by the head of the room and the level of burnout syndrome felt by the implementing nurses in the treatment room at Sumedang Regional Hospital. Method: The method used in this research is a correlational quantitative method. The research was conducted on implementing nurses using simple random sampling. This research instrument uses Barbuto and Wheeler's instrument to measure servant leadership and Maslach's instrument to assess burnout syndrome. This research has received ethical commission approval with No.11/EA/KEPK/2024. Results: This research obtained significance $p < 0.002$ so that H_0 is rejected, in other words there is a significant negative relationship between servant leadership of the head of the room and burnout syndrome in executive nurses. Conclusion: Servant leadership contributes to burnout syndrome because if the servant leadership of the head of the room is low then the burnout syndrome in executive nurses will be high, and vice versa.

Keywords: burnout syndrome; head of room; nurses; servant leadership

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INTRODUCTION

A hospital is a complete health service facility that includes preventive, promotive, curative and rehabilitative (RI Law No. 44 of 2009). With this, it is important for hospitals to pay special attention to their health workers, especially nurses, because in 2019, more than 6 million people made up almost 30% of the workforce, which is the largest segment in hospitals, so that nurses can be called the foundation of health services in hospitals. with a greater quantity of time and intensity provided than other health workers (Galaniset al., 2021). The actions carried out by nurses on clients or clients' families are in greater quantity than other health workers in the hospital so it cannot be avoided, that is, nurses are the professional staff in the hospital with the largest number, therefore their performance will directly impact the performance of the hospital (Santoso, 2021). In carrying out their roles and functions, nurses are asked to be able to provide nursing services that are maintained, efficient and have

high service standards, which means that nurses often feel work stress and this results in burnout syndrome. (Imallah & Kurniasih, 2021).

Burnout syndrome is a symptom that is described as the impact of chronic stress in the workplace which is difficult to control and leads to emotional exhaustion (EE), depersonalization (DP), and lack of personal accomplishment (PA) (Maslach, 1996 in Bruyneel, 2021). Emotional exhaustion can trigger feelings of depression and viewing other people as objects, such as viewing clients negatively and even giving them a cynical attitude (Ekawati, 2019). Burnout syndrome experienced by nurses, namely by showing similar actions, giving unpleasant responses to clients, often putting off work, getting angry quickly when on duty or when they get simple questions from clients, often complaining of dizziness and feeling tired quickly, even more fatally, not paying attention to work and the surrounding conditions (Saputro, 2022).

According to Change (2016) in Ulfah, et.al (2022) mentions several factors that cause burnout namely workload, feelings of self-control, rewards, alienation from the community, injustice, work stress, leadership style and desire to work. Leadership style causes burnout syndrome most of them are heads of rooms who apply an autocratic leadership style where a leader concentrates power by exerting a lot of influence on the followers who support him (Masduki, Ekawati, & Wahyuni, 2021). There are many types of leadership styles used by previous researchers to outline the implications of leadership styles with burnout syndrome because this can reflect the actions of a leader in carrying out his duties (Kurniawan, 2019). One appropriate leadership in dealing with this is servant leadership (Hamide, 2012 in Dahliyanti & Adriani, 2023).

According to Greenleaf (2002) in Jondar (2021) states that servant leadership is a leadership model that begins with sincere feelings arising from the heart with the desire to serve. According to Spears (1998) in Jondar (2021) defines servant leadership as leader behavior that emphasizes improving service to others, taking a holistic approach to work and building feelings. Based on a preliminary study conducted at Sumedang Regional Hospital, interviews were conducted with 3 executive nurses in the Dahlia, Tanjung and Sakura rooms, stating that the leaders in their rooms treat the interests of subordinates above themselves, can make positive contributions and can resolve problems with subordinates, showing that these are some signs of implementation servant leadership. Therefore, this research aims to find out and examine the level of implementation servant leadership head of room and level burnout syndrome experienced by an executive nurse in the inpatient room of the Sumedang regional general hospital.

METHOD

This research uses a correlational quantitative method and uses Spearman test data analysis. The research was conducted at one of the Sumedang district hospitals, West Java. The research was conducted on implementing nurses in 3 inpatient rooms, namely the Dahlia room, the Tanjung room and the Cempaka room, which represent the care provided, namely the maternity, child and adult rooms. From a total population of 57 people, a sample of 36 nurses was obtained using a simple random sampling technique. This research instrument uses Barbuto and Wheeler's (2006) instrument which has been translated by Sarifudin's (2018) research with a validity value of 0.84, reliability 0.95 to measure servant leadership and Maslach's instrument from research (Taolin, 2022) with a validity value 0.831 reliability 0.933 for assessing burnout syndrome. This research has received approval from the Airlangga University Health Research Ethics Commission with No.11/EA/KEPK/2024.

RESULTS

Table 1.
Frequency Distribution Servant Leadership (n=36)

Servant Leadership	f	%
Height	28	78
Low	8	22

The table above shows the results, namely that in the assessment of the leadership style of the head of the room, the majority received a high level, namely 28 respondents (78%) and the remaining 8 respondents (22%).

Table 2.
Frequency Distribution Burnout Syndrome (n=36)

Burnout Syndrome	f	%
Height	2	6
Low	34	94

Based on the table above, the results obtained are that implementing nurses have a tendency to experience burnout syndrome 2 people (6%) and the remaining 34 people (94%) were indicated as not experiencing burnout syndrome.

Table 3.
Spearman's Partial Correlations Test Results (n=36)

Spearman's Partial Correlations			Spearman's rho	p
Servant Leadership	-	Burnout Syndrome	-0.506	0.002

From the table above, we get a correlation coefficient value of -0.506 in significance p 0.002 ($p < 0.05$), this indicates a negative relationship between the two variables.

DISCUSSION

In carrying out managerial duties, concepts and functions, leaders are required to be able to provide fully regarding the needs of clients and the client's family through the executive nurse on duty in the room (Kasmarani, 2012). On another matter, nursing leaders are required to be able to have therapeutically efficient relationships with leaders and other health members and also be able to facilitate and have influence on other people so that they are ready to take action in line with the predetermined agenda (Khanza, 2019). Based on the results of table 2, it shows that the assessment of servant leadership There are 2 categories, namely the first category is high with 28 respondents (78%) and the remaining is 8 respondents (22%). The results of this research are in line with research conducted by Abdiyansyah, et.al (2024) which stated that there was a significant influence from the leadership style of the head of the room on the condition of implementing nurses in hospitals. The role of the head of the room's leadership style has a big influence on the condition of the implementing nurse because if the head of the room's leadership is good it will improve the performance of nurses in providing services to clients and avoid burnout (Pitasari & Prihandhani, 2017). This is also supported by the opinion of respondents involved in the research who said that in the relevant room the head of the room uses a servant leadership style because there are very few complaints or reports from the head of the room regarding the leadership style received.

According to Patel's research, (2014) states that the level of leadership style of room heads is special servant leadership can be influenced by existing factors, for example, looking at the performance of the head of the room in reflecting that he is seen as capable of being a leader.

This is really needed by implementing nurses because basically the servant leadership style has the characteristics of a leader who is able to listen well, has a high empathetic attitude, has high awareness and is a visionary (Jondar, 2021). Furthermore, the head of the room can carry out his responsibilities and functions as a good leader by facilitating, directing and carrying out routine supervision regarding the performance and complaints experienced by implementing nurses while carrying out their work (Putriningrum, 2014). In this research identified experience burnout syndrome 2 people (6%) and the rest did not experience it burnout syndrome a total of 34 people (94%). From the results obtained, it can be seen that there is a significant difference regarding the nurses who experienced it burnout syndrome and no burnout so that it gives an idea of whether or not more special attention is needed from the hospital regarding burnout syndrome experienced by nurses while doing their work. This can be seen in the research of Dwi & Yuri (2021) which states that there are two factors that can influence it burnout namely internal factors including gender, personality type, workload, length of work and work stress and external factors including work environment, organizational climate, rewards and leadership style.

Previous research by Khanza (2019) supports this with his findings in Sleman, the leadership style of the head of the room has an influence on the occurrence of burnout syndrome to the nurse. The research obtained results that there was a significant and moderate relationship regarding the leadership style of the head of the room with the number of incidents burnout to nurses in the treatment room at Sleman Regional Hospital. Because there is burnout starting from a feeling of continuous stress and growing from both extrinsic and intrinsic factors that occur over a long period of time (Guillermo, et al., 2018). According to Prihantoro (2014), nurses are the foundation and luck of the services allocated by hospitals because nurses work 24 hours a day by interacting directly in serving clients and families without any other intermediaries. Burnout syndrome what nurses suffer while carrying out their work can have a significant influence on the quality and quantity of nursing care provided to clients and families, apart from that it can result in decreased work effectiveness, social relations between colleagues experience estrangement, and unfavorable feelings and attitudes towards work arise. clients and even the place where he works (Rahayu, Komariah, & Somantri, 2022). If a situation occurs burnout syndrome which is more severe and is not immediately treated comprehensively, it will have serious effects such as a decline in the quality of service and the image of the hospital and the hospital itself (Tawale, Budi, & Nurcholis, 2011).

Based on table 3 which shows the results between the relationships servant leadership head of the room with burnout syndrome H_0 is rejected with a significance value of 0.002. There it shows that there is a negative and significant influence of servant leadership on burnout syndrome. Thus, it can be concluded that if the servant leadership of the head of the room is low, the burnout syndrome in implementing nurses will be high, and vice versa. This illustrates that the power of the head of the room can give rise to burnout syndrome in nurses (Schaufeli & Buunk, 1996). Previous research by Aji & Palupiningdyah (2016), Putra & Prihatsanti (2017), and Wang et al. (2021) supports this with their findings which show that servant leadership has a negative and significant influence on burnout syndrome. As research by Chairun, et.al (2024) states that servant leadership has the image of a good leader by always giving directions to nurses, fostering workers' self-confidence, being able to assign subordinates to carry out tasks, inviting nurses to obey applicable rules, creating procedures. clear work, can work together so that subordinates can work well, have high enthusiasm and have high discipline and responsibility for their duties. With the increasing implementation of the servant leadership style, this has shown a significant reduction in burnout syndrome (Wang, et.al 2021).

The leadership style of the head of the room which is not in line with the situation and has poor abilities will add to the burden on the executive nurse in carrying out his role, because if the nurse concerned does not have good coping mechanisms it will result in ongoing stress at work and if it cannot be handled as soon as possible then it can cause burnout syndrome (Ayudytha & Putri, 2019). Burnout is also a multifactorial phenomenon, which means that it is not only caused by a person's relationship with the work environment but can also be caused by the person's own characteristics (Maslach & Leiter, 1997).

CONCLUSION

The results of the research show that H_0 is rejected, namely that there is a negative and significant influence between the level of servant leadership and burnout syndrome in nurses at Sumedang Regional Hospital with a significance value $p = 0.002$. This shows that if the servant leadership of the head of the room is low then the burnout syndrome in the executive nurses will be high, and vice versa and the importance of increasing the application of servant leadership of the head of the room in reducing burnout syndrome in the implementing nurses and improving the quality of nursing leadership services provided to clients.

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