



ANALYSIS OF INDIVIDUAL EFFORTS, ORGANIZATIONS, WORK ENVIRONMENTS WITH BURNOUT SYNDROME BASED ON THEORY MASLACH ON INFECTION ROOM NURSES

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ABSTRACT

Nurses who care for patients with infectious diseases have a high risk of exposure to contagion which causes high levels of stress and tension in nurses. Management has made efforts to pay attention to the quality of life of nurses in infectious disease installations, but nurses are still found to experience Burnout Syndrome due to high workloads, less efficient organizational systems regarding schedules and teams in shifts, and an unsupportive work environment. This research aims to analyze the factors of individual, organizational, and work environment efforts toward Burnout Syndrome in infectious disease installations. Method: This research used a cross-section design with a sample of 1406 nurses at RSUD Dr. Soetomo. This research used a purposive sampling technique, namely infectious disease installation nurses with the criteria of being an executive nurse and not being on leave. Data collection using a questionnaire includes independent variables in the form of individual effort, organization and work environment as well as the dependent variable in the form of Burnout Syndrome with validity and reliability tests in the form of a person correlation value of <0.5 and a Cronbach's alpha value of $0.729 >0.6$. Data were analyzed using logistic regression with a p-value ≤ 0.05 . Results: The research results show that individual effort (0.018), organizational effort (0.032), and work environment effort (0.006) have a significant relationship with nurse burnout syndrome. Conclusion: Good individual, organizational, and environmental efforts have an impact on preventing burnout in nurses. This makes infectious disease nurses, even with a high workload and risk of exposure, have low Burnout Syndrome because they have good coping, a supportive organizational atmosphere, and a comfortable physical environment.

Keywords: burnout syndrome; individual efforts; infection space; organizational efforts; work environment efforts

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INTRODUCTION

Nurses have quite a high workload due to their role in providing holistic nursing care services and are required to be able to collaborate with many parties from patients, patient families, and other health workers in hospitals (Izzata, Nursalam and Fitryasari, 2021). Nurses who care for patients with infectious diseases have a high risk of exposure to contagion which causes high levels of stress and tension in nurses (Lubis, Nasution and Tanjung, 2022). Nurses with high stressors and continuous pressure will cause Burnout Syndrome (Asruni and

Neisya Saliza Gifariani, 2021). The work environment and organizational management system also contribute to the cause of Burnout Syndrome in nurses (Karakurt, Erden and Sis Çelik, 2023).

Burnout Syndrome is most often experienced by nurses when dealing with infectious and contagious diseases (Matsuo et al., 2020). Burnout Syndrome in nurses causes work stress and has an impact on job satisfaction (Setianingsih, Lestari and Waladani, 2022). RSUD Dr. Soetomo already has a special inpatient installation that focuses on treating infectious diseases. Management has made efforts to pay attention to the quality of life of nurses in infectious disease installations, but nurses are still found to experience Burnout Syndrome due to high workloads, less efficient organizational systems regarding schedules and teams in shifts, and an unsupportive work environment. Therefore, it is necessary to analyze the factors of individual, organizational, and work environment efforts toward Burnout Syndrome in infectious disease installations.

The results of a preliminary study conducted in November 2022 assessing the stress and burnout levels of infectious disease installation nurses at RSUD Dr. Soetomo Surabaya. Preliminary study regarding Burnout Syndrome experienced by nurses in special isolation care rooms at RSUD Dr. Soetomo Surabaya uses the Maslach Burnout Inventory-Human Service Survey (MBI-HS) which measures three components, namely emotional exhaustion which is characterized by emotional feelings that feel very draining of energy because of a job, depersonalization which is a negative feeling or attitude towards other people, and decreased self-achievement or decreased desire to develop oneself in 10 special isolation care room nurses showing results on the emotional fatigue component as many as 7 nurses experienced moderate emotional fatigue and as many as 3 nurses experienced high emotional fatigue, the depersonalization component showed results as many as 2 nurses experienced high depersonalization, 6 nurses experienced moderate depersonalization, and 2 nurses experienced low depersonalization, and the component of decreased self-achievement showed that 8 nurses experienced a decrease in low self-achievement and 2 nurses experienced a decrease in high self-achievement. The results of interviews with 5 nurses stated that the sudden and high increase in cases made individuals need coping efforts and maintain extra stability so as not to get stressed when carrying out a high workload. Apart from that, the shift schedule system and teams still make you bored in carrying out activities.

The prevalence of nurses experiencing Burnout Syndrome is the highest among the number of health workers in Japan at 46.8% in 2020 (Matsuo et al., 2020). Research (Santoso, 2021), Ten thousand five hundred seventeen health workers in Indonesia experienced Burnout Syndrome due to increased workload with longer working hours for extra vigilance, team changes, the spread of the impact of the pandemic, and bureaucratic problems, especially for those who deal directly with infectious and contagious patients. Burnout Syndrome is a psychological syndrome that involves prolonged periods of responding to workplace stressors. Maslach's theory (Nursalam, 2020), describes the three components of burnout syndrome as emotional exhaustion, depersonalization, and lack of achievement. Individual characteristics, organizational context, and work environment all play a role in the development of burnout syndrome (Asruni and Neisya Saliza Gifariani, 2021). Burnout Syndrome is influenced by age, gender, job category, and place of practice (Jalili et al., 2021). Burnout Syndrome is most often experienced by nurses due to a lack of appreciation and social support (Matsuo et al., 2020).

Nurses with high stressors and continuous pressure will cause Burnout Syndrome (Asruni and Neisya Saliza Gifariani, 2021). Nurses who work in infectious disease installations such as TB, HIV, COVID-19, and Hepatitis have high levels of stress and tension due to the risk of exposure to infection and the workload on nurses (Lubis, Nasution and Tanjung, 2022). Fatigue or burnout in nurses causes work stress and has an impact on job satisfaction (Setianingsih, Lestari and Waladani, 2022). If nurses are unhappy with their jobs, it will show in the care they provide to their patients and the services provided by the healthcare system as a whole (Heidari et al., 2022). Research conducted by (Asruni and Neisya Saliza Gifariani, 2021) explains that Burnout Syndrome has a significant effect on nurses' job satisfaction and the quality of health services in hospitals. The level of Burnout Syndrome in nurses can be used as a consideration for hospital management in making policies so that the quality of health services in hospitals can be optimal (Muqorobin and Kartin, 2022). Based on this background, the research aims to analyze the relationship between individual efforts, organization, and work environment with Burnout Syndrome based on Maslach's theory in nurses at RSUD Dr. Soetomo Surabaya.

METHOD

The design of this research is a cross-sectional study that links individual, organizational, and work environment efforts to burnout syndrome in nurses. The population of this study was 1406 nurses at Dr. Soetomo. This research used a purposive sampling technique, namely infectious disease installation nurses with the criteria of being an executive nurse and not being on leave. Research data was collected through a questionnaire from the independent variables individual effort, organization, and work environment using the individual effort instrument with the Theory questionnaire (Bektas and Peresadko, 2013) with validity and reliability tests in the form of a person correlation value of <0.5 and a Cronbach's alpha value of $0.729 >0.6$. As well as the dependent variable Burnout Syndrome, the Burnout Syndrome instrument adopted from the 2004 Maslach theory, namely the Maslach Burnout Inventory Instrument (MBI) which has been modified by (Nursalam, 2020) with validity and reliability tests in the form of a person correlation value of <0.5 and a Cronbach's alpha value of $0.964 >0.661$. Research data was processed using the description test and logistic regression test with a p -value ≤ 0.05 . This research was approved by the Health Research Ethics Committee of RSUD Dr. Soetomo Surabaya with letter number No: 0797/KEPK/X/2023.

RESULTS

Table 1 contains information regarding the demographics of 60 respondents representing infectious disease installation nurses at RSUD Dr. Soetomo Surabaya. Nearly half of the respondents in this study were aged 31 - 40 years, 28 (46.7%), and most were female, 45 (75%). Almost all nurse respondents were married, 54 (90%), and most had a bachelor's degree, 31 (51.7%). Almost half of the respondents came from RIK III, 18 (30%) nurses and most of them had a career path of PK II, 33 (55%).

Table 1.
Demographic Characteristics of Nurses (n=60)

Demographics	Categori	f	%
Age	21-30 years	13	21,7
	31-40 years	28	46,7
	41-50 years	11	18,3
	51-60 years	8	13,3
Gender	Male	15	25,0
	Female	45	75,0
Marital Status	Married	54	90,0
	Not Married	6	10,0
	Total	60	100,0
Education	D3	29	48,3
	S1	31	51,7
Length of Work	1-7 years	17	28,3
	8-14 years	24	40,0
	15-21 years	10	16,7
	22-28 years	5	8,3
	29-35 years	4	6,7
Employment Status	PNS	29	48,3
	Non PNS	31	51,7
Unit Work	RIK 3	18	30,0
	RIK 4	13	21,7
	RIK 5	16	26,7
	RIK 7	13	21,7
Career Path	PK I	17	28,3
	PK II	33	55,0
	PK III	7	11,7
	PK IV	3	5,0

Table 2.
Regression Test Hypothesis Analysis of Individual Efforts, Organizational Efforts, and Work Environment Efforts on Nurse Burnout Syndrome in Infectious Disease Installations (n=60)

Variable	Regression Coefficient (B)	S.E	Regression Wald	dF	Sig.	Exp (B)	Remarks
Individual Effort	-1.690	0,713	5.621	1	0,018	0.184	Significant
Organizational Effort	-1.487	0,694	4.590	1	0,032	0.226	Significant
Work Environment Efforts	-2.297	0.829	7.686	1	0,006	0.101	Significant

Table 2 contains information on hypothesis analysis with regression tests showing that there is a relationship between individual effort (0.018), organizational effort (0.032), and work environment effort (0.006) with nurse Burnout Syndrome. The regression coefficient value (B) shows negative results for all three efforts, meaning that the relationship between the three efforts and Burnout Syndrome is reversed. If efforts are good, the level of Burnout Syndrome in nurses is low. It can be seen that the Wald regression value has the highest value for environmental efforts (7686). So, it can be interpreted that the most dominant effort is the work environment. Work environment efforts are the most dominant effort in the Burnout Syndrome level of nurses in the Infectious Disease Installation.

DISCUSSION

Burnout Syndrome is a state of psychological, emotional, and physical stress as a response to prolonged exposure to work stress (Jalili *et al.*, 2021). Burnout Syndrome can occur as a result of personal factors and environmental factors (Nursalam, 2020). Personal factors that cause Burnout Syndrome are personality, expectations, demographics, focus control, and level of efficiency. Individual efforts that have an impact on burnout syndrome are positive

thinking, creative behavior, and determination to obey. Burnout Syndrome is a health disorder related to work productivity and has a continuously increasing prevalence (Ashiilah, Mediawati and Hidayati, 2023). Burnout Syndrome is caused by work environment factors such as patient demands, excessive workload, difficulty caring for many patients, lack of support at work, and pressure at work making hospital nurses very vulnerable to burnout (Setianingsih, Lestari and Waladani, 2022). Work environment effort is an effort factor originating from extrinsic that come from outside the individual's control (Asruni and Neisya Saliza Gifariani, 2021). Workplace factors such as long hours, multiple responsibilities, serving many people, dealing with difficult customers, performing routine and non-routine tasks, dealing with uncertainty in assigned roles, receiving little encouragement from coworkers or direction from superiors, and feeling like they have little to say in their daily routine all contribute to the risk of burnout (Andarini, 2018).

Individual efforts have a significant relationship with nurse burnout syndrome in the Infectious Disease Installation. The relationship between individual effort and burnout syndrome is the opposite. Nurses with good individual efforts have an impact on low levels of nurse burnout syndrome. On the other hand, if the individual effort is lacking, the level of Burnout Syndrome will be high. This research is in line with theory (Bektas and Peresadko, 2013), explaining that individual effort has a significant influence on Burnout Syndrome. Stressful work requires more individual effort to overcome Burnout Syndrome. Nurses who care for patients with infectious diseases have a high risk of being exposed to contagion which causes high levels of stress and tension in nurses, causing Burnout Syndrome (Lubis, Nasution and Tanjung, 2022)nurses in the room. This research is not in line with (Andarini, 2018) who explains that individual effort does not have a significant influence on the level of inpatient Burnout Syndrome. This happens because inpatient nurses have a low level of Burnout Syndrome and do not require more individual effort in carrying out their work. Meanwhile, this research was carried out in an infectious disease installation which has a high risk of exposure and infection.

Infectious disease nurses in this study have implemented positive thinking behavior, creative behavior, determination, and obedience when providing nursing care to infectious patients. This is proven by nurses applying caring and good performance in their work, nurses are not indifferent to patients and do not see their work as torture. However, there are still nurses who have sufficient individual effort. This is because, in the Infectious Disease Installation, there are nurses with less than 7 years of service. According to research (Utama and Dianty, 2020), most infectious disease nurses with work experience of 8-14 years have low burnout syndrome. Long work experience causes nurses to have good individual efforts. Nurses with new work experience have anxiety regarding contracting and safety from transmission of infectious diseases.

According to Dalimunthe, Suroyo and Asriwati, (2021) explained that infectious disease nurses have good self-coping in controlling anxiety due to disease transmission, worries about personal health, fear of carrying infections, excessive workload, and feelings of discomfort. This situation is formed when individual efforts are good, so the level of Burnout Syndrome will be good. Nurses in Infectious Disease Installations have more pressure so they require more individual effort to overcome Burnout Syndrome (Asruni and Neisya Saliza Gifariani, 2021). Nurses with low burnout syndrome are often owned by nurses with sufficient organizational efforts. Organizational efforts influence the level of nurse burnout syndrome in the Infectious Disease Installation. Organizational efforts have the opposite impact on the level of Burnout Syndrome. Nurses with good organizational efforts have

an impact on low levels of nurse Burnout Syndrome. On the other hand, if organizational efforts are lacking, the level of Burnout Syndrome will be high. Most of the nurses at the Infectious Diseases Unit at Dr. Soetomo Surabaya have quite good organizational efforts. Organizational effort is an effort factor that originates from individual intrinsics and is influenced by supporting factors in the form of support from colleagues, support from superiors, and the organizational (Asruni and Neisya Saliza Gifariani, 2021). Colleague support is encouragement or motivation given by co-workers, while superior support is encouragement given by superiors to employees related to work. Organizational atmosphere is the motivation that arises as a result of organizational behavior.

This research is in line with (Kesworowati, Setiyadi and Handayani, 2023) at RSUPN Dr. Cipto Mangunkusumo Jakarta, explained that organizational efforts have a significant influence on nurse burnout. Organizational efforts include support from colleagues, support from superiors, and a high organizational atmosphere which will reduce burnout syndrome in nurses. Colleague support can reduce Burnout Syndrome for workers. Peer support and participative leadership significantly reduce emotional exhaustion. Support from superiors will motivate nurses so they will try to improve their achievements. Apart from that, support from superiors and co-workers can reduce work stress, thereby reducing emotional fatigue experienced by nurses during work and reducing burnout levels. The motivation of the organization also needs to be increased to create a good organizational atmosphere so that a good and comfortable organizational atmosphere can be created.

Infectious disease nurses in this study had support from superiors and a good organizational atmosphere. This is proven by improving nurses' abilities through regular training and supervision. However, the indicator of co-worker support was still found to be sufficient. This is because there are still individual conflicts between nurses. Because it requires organizational efforts to increase cooperation in anticipating individual conflicts. Implementing employee relations activities in an organization can maintain employee work motivation and cooperation (Wihardi, Kristanty and Pangestu, 2024). Employee relations activities that can be carried out include training activities, employee gatherings, family gatherings, and giving awards to employees who excel. This activity aims to form relationships between team members and leaders so that they can advance the company. This happens because employees can be taken into account, and employees are allowed to develop themselves, and provide new ideas that have a positive impact on the organization.

Work environment efforts have a significant inverse impact on the level of Burnout Syndrome of nurses in the Infectious Disease Installation. Efforts to have a positive work environment will hurt nurses' Burnout Syndrome levels. Nurses with good work environment efforts have an impact on low levels of nurse Burnout Syndrome. On the other hand, if there is a lack of effort in the work environment, the level of Burnout Syndrome will be high. This research is in line with (Assa, 2022), stating that work environment efforts have an impact on employee Burnout Syndrome levels. Efforts to have a good work environment will have an impact on reducing the level of burnout among employees. This is because employees who receive a comfortable and optimal workload, assignments, salary, and office environment will provide work motivation and reduce stress. A work environment that is not conducive will increase fatigue and emotional tension, thereby increasing errors in taking action. Companies must improve a good and conducive working environment to help increase employee productivity in terms of workplace layout, such as expanding workspace, dividing employee capacity in one workspace, and paying attention to the physical work environment. Providing motivation

and attention that supports employees, such as assistance with carrying out piles of tasks and material assistance, so that employees feel more comfortable and reduce feelings of burnout. Because support from family and friends is considered sufficient and should be maintained and even increased. So if the workload and work environment improve, it can be concluded that social support will help reduce and prevent burnout.

Work environment efforts have an impact on the level of Burnout Syndrome in nurses (Santoso, 2021). Workplace factors such as long hours, multiple responsibilities, serving many people, dealing with difficult customers, performing routine and non-routine tasks, dealing with uncertainty in assigned roles, receiving little encouragement from coworkers or direction from superiors, and feeling like they have little to say in their daily routine all contribute to the risk of burnout (Andarini, 2018). Infectious disease nurses in this study have received appropriate physical and behavioral work environment facilities. This is proven by the availability of personal protective equipment (PPE) and new room buildings that support the prevention of burnout syndrome. However, some infectious disease nurses have a poor psychological environment and are proven to be bored when carrying out work in an infectious environment. One way to overcome work boredom among nurses is rotation (Widagdo, 2023). Nurse rotation is a system of internal transfer or rotation of nursing rooms carried out by the nursing sector by applicable procedures. This aims to reduce nurses' boredom and fulfill nurses' desires according to their interests and skills.

Based on the Wald regression value, work environment efforts are the most influential efforts on the Burnout Syndrome level of nurses in the Infectious Disease Installation. Almost all nurses in the infectious disease installation at Dr. Soetomo Surabaya have a low level of Burnout Syndrome. The average nurse sometimes only experiences fatigue when she wakes up in the morning and feels worried about not being able to control her emotions while on duty. Apart from that, nurses always feel happy carrying out their professional duties and being able to be close to patients. Based on this research, it can be seen that the dominant room is the nurse from special isolation room 3 (RIK 3). RIK 3 is an isolation room with a high-care and low-care environment, so it has an impact on the level of nurse burnout syndrome. This is by research (Rudiyanto *et al.*, 2023), that high-care nurses feel more heavy responsibilities and therefore experience work fatigue.

Researchers assume Burnout Syndrome is simply the condition of a person who becomes very tired physically and emotionally after doing difficult work for a long time. How stress is processed determines how much stress is felt and how close a person is to burnout. A person can experience stressors but not be able to process the stress well so they experience burnout. Others may experience a large number of stressors, but process each one well, and avoid burnout. Nurses serving in the Infectious Disease Installation have high stressors, so it is necessary to prevent Burnout Syndrome from occurring with individual, organizational, and work environment efforts. In the implementation of overcoming burnout syndrome, three efforts are required simultaneously by Maclah's theory, namely individual efforts, organizational efforts, and work environment efforts.

CONCLUSION

Good individual, organizational and environmental efforts have an impact on preventing burnout in nurses. This makes infectious disease nurses, even with a high workload and risk of exposure, have low Burnout Syndrome because they have good coping, a supportive organizational atmosphere and a comfortable physical environment. In overcoming burnout syndrome, these three efforts must be implemented.

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