



THE INFLUENCE OF WORKLOAD, BURNOUT, DISTRESS ON NURSES' PERFORMANCE POST COVID-19 PANDEMIC

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ABSTRACT

Workload, burnout and distress are closely related to nurse performance, because increasing workload, burnout and distress can reduce nurse performance. The purpose of this study was to determine the effect of workload, burn out, distress on the performance of nurses after the Covid-19 pandemic. Method: This study is quantitative with a causal associative design. The population in this study were nurses at the Prof. Dr. M. Ildrem, Metal Hospital, totaling 184 people, with a sample of 65 people in the study. Data were collected using questionnaire. Data were analyzed using multiple linear regression. The study shows that workload and distress influence the performance of nurses after the Covid-19 pandemic at the Prof. Dr. M. Ildrem, Mental Hospital, Medan, while burn out has no effect on the performance of nurses after the Covid-19 pandemic at the Prof. Dr. M. Ildrem, Mental Hospital, Medan. Workload, burn out and distress together influence the performance of nurses after the Covid-19 pandemic at the Prof. Dr. M. Ildrem, Mental Hospital, Medan. Hospitals need to pay attention to workload elements that can affect nurses' performance, as well as exploring the individual abilities of nurses, providing opportunities for nurses to be creative and self-actualizing to reduce burn out as well as screening nurses for psychological problems regularly to support nurses who work in the Mental Hospital.

Keywords: burnout; distress; nurse performance; workload

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INTRODUCTION

The rapid spread of Corona Virus Disease 19 (COVID-19) has had a tremendous effect on health workers throughout the world. So the World Health Organization (WHO) asked all governments around the world to prepare everything related to the efforts of medical personnel (Gori et al., 2023). Widiasih et al, (2021) explained that nurses are the largest group of health workers in any country and have an important role in preventing COVID-19, its spread and providing care to patients. Therefore, nurses' work efficiency is very important during the pandemic.

One of the people prone to experiencing stress is nurses, especially nurses who work in mental hospitals because the patients they treat are not physically sick but psychologically. Mental Hospital Nurses as health workers have high work demands. The pressure experienced by nurses in providing professional nursing care, dealing with critical patients, and the high

intensity of interactions with patients, families and other health staff require nurses to be able to regulate themselves, both in terms of attitudes and emotions (Ashipala & Nghole, 2022).

The declining quality of service is not only caused by the quality of staff, but can also be due to the high workload resulting in nurses becoming physically and mentally tired (Moghadam et al., 2021). The COVID-19 pandemic revealed that 5.3% of nurses experienced moderate to very severe depression; 8.7% moderate to very severe anxiety; 2.2% moderate to very severe stress; and 3.8% moderate to severe levels of psychological distress (Chew et al., 2020). Psychological disorders are also experienced by health workers, stating that health workers positively experience psychological disorders, namely 57% experience acute stress, 48% experience depression and 33% show symptoms of anxiety (Idaiani & Waris, 2022).

Other psychological symptoms were also found in different and higher proportions. Symptoms of Post Traumatic Stress Disorder (PTSD) were 49.38%, severe depression was 24.73%, anxiety was 19.80%, insomnia was 8.27% and feelings of high stress were 21.90%. Most health workers involved in the Covid-19 pandemic experience mental health problems, especially young women and frontline health workers (D'ettore et al., 2021). During the COVID-19 pandemic, hospitals need a sufficient number of nurses who are physically and mentally healthy, have strong stamina so that all patients can be handled well, do not get tired easily, are alert in serving patients, and are able to communicate effectively with patients and their families (Ding et al., 2022).

The National Institute for Occupational Safety and Health ranks the nursing profession among the top 40 professions with a high prevalence of illnesses caused by heavy workloads (Pourteimour et al., 2021). Due to the special nature of their work, nurses are burdened with great responsibilities, heavy workloads, extreme work pressure and the need to work in rotating shifts (Babapour et al., 2022). The study findings show that heavy workloads cause less than optimal patient care and the level of patient safety decreases as nurses' workload increases (Pérez-Francisco et al., 2020).

A large number of health workers who directly intervene in hospitals face difficulties, high workloads and stress, making them vulnerable to burn out (Leo et al., 2021). Burn out affects the resilience of health workers such as nurses and doctors and can cause mental illnesses such as depression and suicide (Caldichoury et al., 2023). Matsuo et al. (2020) explained that the prevalence of fatigue in health workers during the COVID-19 outbreak in Japan with the participation of 488 professional health workers, the overall prevalence of fatigue was found to be 31.4% (98 out of 312). 59 (46.8%) of 126 nurses, 8 (36.4%) of 22 radiology technicians and 7 (36.8%) of 19 pharmacists experienced burn out. Therefore, the aim of study is to analyze the influence of workload, burnout, distress on nurses' performance during the post-Covid-19 pandemic. The aim of the study is to determine the influence of workload, burnout, distress on nurses' performance post covid-19 pandemic.

METHOD

The study is quantitative with a causal associative design approach. The 65 nurses involved in this study were selected using purposive sampling. Data were collected using a questionnaire. The workload questionnaire adapted from Nursalam (2017) consists of 13 questions with a validity test of less than 0.05 and a reliability of 0.827. The burnout measuring tool uses the Maslach Burnout Inventory-Human Service Survey (MBI-HSS) questionnaire. Meanwhile, for the work stress questionnaire, taken from Sukesu et al. (2024), there are 18 questions with a validity test of <0.022 and a reliability test of 0.760, while performance is measured using

the nurse performance questionnaire developed by Nursalam (2017). Each positive statement on each variable is given a score of strongly agree =5, agree =4, quite agree =3, disagree =2 and strongly disagree = and negative statements with a score of strongly agree =1, agree =2, quite agree =3, disagree=4 and strongly disagree =5. Data were analyzed using multiple linear regression. This study has received ethical approval from the Health Research Ethics Committee, Universitas Sumatera Utara No.657/KEPK/USU/2023.

RESULTS

Based on table 1, it shows that the majority of respondents were female, namely 50 people (76.9%); The majority of respondents were aged 31-40 years with a total of 31 (47.7%) and the majority of respondents had S1 education (40 people (61.5%).

Table 1.
Respondent characteristics (n=65)

Respondent characteristics	f	%
Gender		
Male	15	23,1
Female	50	76,9
Age (year)		
20-30	31	47,7
31-40	15	23,1
41-50	10	15,4
>50	9	13,8
Educational		
Beachelor of Nursing	40	61,5
Diploma 3 of Nursing	15	23,1
Ners	10	15,4

Based on table 2, it shows that the majority of workload felt by nurses is appropriate (95.4%); the majority of bornout is low (78.5%); while the majority of distress felt was high (78.5); and performance is also high (89.2%).

Table 2.
Assessment of workload, burnout, distress and performance felt by nurses (n=65)

Variable	f	%
Workload		
Appropriate	62	95,4
Inappropriate	3	4,6
Burnout		
Low	51	78,5
Mild	14	21,5
Distress		
High	51	78,5
Low	14	21,5
Performance		
High	58	89,2
Low	7	10,8

From table 3, it is known that the Fisher Exact test on workload and performance obtained a value of $p = 0.003$ ($p < 0.005$), so there is a significant influence between workload and performance. Burnout with performance obtained a value of $p = 0.528$ ($p > 0.005$), so there is no influence of burnout on performance. Distress and performance obtained a value of $p = 0.000$ ($p < 0.005$), so there is a significant influence between distress and performance.

Tabel 3.
Uji fisher exact

Variable	p-value	Explanation
Workload* performance	0,029	There is an influence on workload with performance
Burnout* performance	0,528	There is no influence of burn out with performance
Distress* performance	0,000	There is an influence of distress on performance

Based on table 4, the multiple linear regression equation has the formulation $Y = a + b_1 X_1 + b_2 X_2 + b_3 X_3 + \epsilon$, so that the equation is obtained: $Y = 15,485 + -0,394 + - 0,111 + - 0,238$. The constant number of 15.485 states that if there are no independent variables or the value is 0 then the performance variable remains at 15.485. This can be interpreted as meaning that performance will be in a constant state without being influenced by any variables with a value of 15.485. The coefficient value of -0.394 indicates that the direction of the relationship is not in the same direction, indicating that if the workload is given by 1 point, the performance value will decrease by 0.394 and vice versa, if every 1 point reduction in workload is given, the performance value will increase. The coefficient value of - 0.111 indicates that the direction of the relationship is not in the same direction, indicating that if burn out is given by 1 point, it will reduce performance by - 0.111 and vice versa, if every 1 point is reduced it will increase performance. The coefficient value of -0.238 indicates that the direction of the relationship is not in the same direction, indicating that if distress is given by 1 point it will reduce performance by -0.238 and vice versa if every 1 point is reduced it will increase performance.

Table 4.
Multiple linear regression test

Model		Unstandardized Coefficients	
		B	Std. Error
1	(Constant)	15,485	5,373
	Load_work	-0,394	0,070
	Burn_out	-0,111	0,195
	Distress	-0,238	0,105

DISCUSSION

Workload is the average activity frequency of each job within a certain period of time (Abdullah & Halik, 2023). Workload includes physical and mental workload (Ahmadi et al., 2022). Workload as the difference between workers' needs and their abilities, because human work is mental and physical, they have different levels of load therefore, ideal loading is needed to achieve a certain level of intensity, if the intensity level is too low it allows boredom and saturation or understress, while an intensity level that is too high allows excessive energy consumption and overstress occurs (Swedana, 2023).

The majority of respondents stated that the workload was appropriate as many as 62 people or 95.4% and those who said it was not appropriate were 3 people or 4.6%. Based on the results of bivariate tests, it shows that workload influences the performance of nurses after the Covid-19 pandemic at the Prof. Dr. M. Ildrem, Mental Hospital. Some preliminary reports identify the nursing workload is dramatically high in COVID-19 patients (Lucchini et al., 2019; Reper et al., 2020). In addition to the severity of illness, the nursing workload increased because of the need to provide humanistic care in the absence of family (Lucchini et al., 2020).

Because workload can have an influence on performance, it is important to carry out workload analysis, also known as workload analysis, as a process of determining the number of working hours needed to complete certain tasks within a certain time period (Ahmad et al., 2023). Workload analysis should be carried out by considering subjective measurements as

measures based on a nurse's assessment and report of how much work they have to complete when they perform a task (Rukmana & Rusindiyanto, 2023). Time-based performance measurement as a type of performance measurement that measures how quickly a nurse completes certain tasks within the specified time limits and work environment as well as physiological measurements to evaluate workload levels based on an understanding of several aspects of the nurse's physiological response when carrying out certain tasks or work (Ivziku et al., 2022).

Burnout capacity is very common and is described as a multidimensional condition consisting of emotional exhaustion, cynicism or depersonalization, and reduced achievement. This happens because nurses experience excessive emotional feelings at work, negative feelings towards work and feelings of lack of competence in their work (Edú-valsania et al., 2022). Burn out occurs when a person's burden and personal control are not in synergy, and there is a lack of fairness, such as excessive work portions, the level of difficulty of the work given, details of the working community, or conflicting values in the workplace (Solatiah, 2019). There are two types of causes of burn out, namely: first, resources, skills, autonomy, social support, supervision, and involvement in decision making. Second, there are work demands, such as too many tasks and personal conflicts (Obschonka et al., 2023).

Burn out has significant effects for both organizations and individuals, as it can lead to unpleasant attitudes and behaviors for nurses, such as low work engagement, lower task performance, and higher rates of nurse turnover. Nurses who experience burnout, they become less productive and less interested in their work. They will be bored, emotionally exhausted and irritable. Nurses tend to find fault in all aspects of their workplace, including coworkers, and react poorly to others' suggestions (Kelly et al., 2021). The majority of respondents said that the fatigue or burn out they experienced was low, namely 51 people or 78.5% and 14 people experienced moderate or 21.5%. The statement that has the lowest average value is that I don't care about fellow co-workers with a value of 1.48 and the highest is that my motivation to work has now decreased with a value of 2.06. Partial test results show that burnout has no effect on the performance of nurses after the Covid-19 pandemic at the Prof. Dr. M. Ildrem Mental Hospital, Medan.

Distress occurs when someone overestimates their abilities, which can harm their well-being and cause negative thoughts and feelings such as discomfort, frustration, irritability, worry, and anxiety. Everyone experiences stress as a subjective response to unpleasant environmental conditions (Knowles & Olatunji, 2020). The majority of respondents said they experienced high distress, namely 51 people or 78.5 and low, 14 people or 21.5%. and the lowest average score is not being able to understand anything that gets in the way of completing what is being done with a score of 2.26 and the highest is feeling excessively anxious in a situation but feeling relieved when the situation ends and feeling that I am easily frightened without clear reasons with a value of 4.15 each. Based on partial test results, distress affected the performance of nurses after the Covid-19 pandemic at the Prof. Dr. M. Ildrem Medan, Mental Hospital. This is in line with previous study stated that there is a relationship between stress levels and nurse performance during the Covid-19 pandemic in the emergency department with a p-value of $0.013 < 0.05$ with severe stress levels in nurses (64.0%) and nurse performance is quite good (56 .0%) (Pangestika & Etlidawati, 2022).

Performance is work behavior and work results achieved over a certain period of time to complete assigned tasks and responsibilities (Sugma, 2022). Nurse performance can be measured as a measure of success in achieving nursing service goals. Nurse performance can

be seen from the quality of health services provided to patients and to improve the quality of health services, workload is a factor that must be considered (Alsadaan et al., 2023). Apart from the importance of paying attention to nurses' workload, it is also very important to monitor the level of nurse fatigue and symptoms of distress in nurses which can have a negative impact on individual nurses and also the organization, in this case the hospital (Adriani et al., 2022). The study results show that workload, burn out and distress together influence the performance of nurses after the Covid-19 pandemic at the Prof. Dr. M. Ildrem Mental Hospital with a determination value of 52.2% while the remaining 47.8% was influenced by other factors outside this study, such as effectiveness and efficiency, authority or responsibility, discipline and initiative.

CONCLUSION

An appropriate workload can improve performance, but if the workload is increased or there is excessive workload, it will certainly reduce performance itself. This can be seen from the statement with the lowest average value, feeling unenthusiastic every time you come to work, which can indicate that for some nurses the burden It is felt that the work received has begun to increase compared to what it should be even though the targets that must be achieved in the work are clear. The distress conditions experienced by distressed nurses are classified as high. The hospital must immediately manage work stress, especially on the psychological ability of nurses to understand conditions and circumstances that might become obstacles or obstacles in carrying out their duties or in daily life.

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