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Original Research

FACTORS AFFECTING BURNOUT AND TURNOVER INTENTION OF NURSE AT ACADEMIC HOSPITALS IN COVID 19 PANDEMIC

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ABSTRACT

Introduction: The COVID-19 pandemic has caused an increase in workload that affects the physical and psychological health of nurses. Moreover, the ongoing increase of workload can trigger work fatigue and declining work motivation. The purpose of this research is to identify factors which influence burnout (BO) and turnover intention (TOI) of nurses working in a academic hospital during the COVID-19 pandemic.

Method: This research is non-experimental explanation survey research with cross sectional approach which involved 186 respondents who are chosen using convenience sampling technique. The independent variables in this research are demographic factors while the dependent variables are burnout and turnover intention. Instrument used is a questionnaire related burnout and turnover intention which is based on a reference of earlier research. Data analysis used is multiple regression and logistic with significant value of $p \leq 0,05$.

Result: Indicators influencing burnout were age (Coeff: -0.017; p=0.017), family dependents (Coeff: -0.799; p=0.011), and workshop on COVID-19 management (Coeff: 0.869; p=0.017). Indicators influencing turnover intention were family dependents (Coeff: -0,647; p=0.014), marital status (Coeff: 1.589; p=0.000), adjustment and arrangement of work schedule for COVID-19 service (Coeff: 0,901; p=0.033), and workshop on COVID-19 management (Coeff: 0,901; p=0.020).

Conclusion: The research shows that turnover intention on nurses working in a academic hospital during the COVID-19 pandemic is mostly on moderate level, as well as with burnout. Health institutions must focus on applying strategies to reduce a nurse workload which include infection prevention action, personal protective equipment (PPE), regular workshops on current COVID-19 management, incentive allotment punctuality and flexible work schedule arrangement.

Keywords

burnout syndrome; COVID-19; nurses; turnover intention

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1. INTRODUCTION

The Corona Virus Disease 2019 (COVID-19) pandemic has caused a big impact to the health service sector. Hospitals are one of the most affected and receive big pressure on the aspect of the use of intensive rooms and the increase of mortality rate (French et al., 2022). Moreover, there is an overcrowding condition in Emergency Room (ER) due to the rise of COVID-19 case in public (Bouillon-Minois et al., 2021). An analysis study on the health service capacity shows that during the COVID-19 pandemic health workers in Indonesia are confronted with many challenges

such as the imbalanced health workers and population ratio, insufficient personal protective equipment, and increased work load which may cause psychological problems (Mahendradhata et al., 2021). Nurses who provide front-line treatment to persons with COVID-19 experience somatization, feeling of betrayal, obsessive thoughts, compulsivity, introversion, impotence, fear, anxiety, stress, social isolation, depressive symptoms, and anger (Huerta-González et al., 2021).

Nurses experience changes in work pattern from the previous routines to the one during the pandemic. This condition makes nurses to have a lower work life quality but with heavier mental burden during the COVID-19 pandemic (Mahendradhata et al., 2021). Nurse work life quality is an important aspect because it can be used as a predictor of a nurse performance and service quality to patients (Mahendradhata etss al., 2021). Besides, work life quality itself is indirectly influenced by burnout experienced by the nurse (Mahendradhata et al., 2021). Furthermore, decreasing work life quality of a nurse due to high work load also influences the nurse intention to resign from their work place during the pandemic (Nadhova & Kusnadi, 2022).

Nurses are health workers with the most burnout experience compared to other health workers who take care of COVID-19 patients (Matsuo et al., 2020; Sun et al., 2021). From a survey of 1,461 health workers in Indonesia, 82% of them suffers from medium level burnout caused by high level emotional tiredness in relation to their experience in handling COVID-19 patients (Soemarko et al., 2022). The COVID-19 pandemic has increased nurses' work-related stress thus increased their intention to leave their jobs (Karimi et al., 2022). Factors related to work aspects are the most influential to the burnout suffered by nurses during the COVID-19 pandemic (Galanis et al., 2021). These factors include work placement in COVID-19 patients isolation room, lack of training on COVID-19 patients handling, and increased work load. Not only that, other research also shows that there is an effect of burnout condition of nurses on the desire to change jobs during the pandemic (Felicia, 2021).

High turnover intention rate in pandemic becomes a challenge for hospitals on pandemic situation in which they need sufficient health workers. Related to that, research is required to analyze the factors influencing burnout and turnover intention in the COVID-19 pandemic era. The result of this research can be used as a base for decision maker to determine the strategic steps to prevent burnout and turnover intention to safeguard or even increase patient service quality in hospitals.

2. METHODS

2.1 Design

This research is an non-experimental explanatory survey research with cross sectional approach to analyze factors influencing burnout syndrome and turnover intention during COVID-19 pandemic in hospitals. The samples in this research are 186 nurses that working in academic hospitals in Jogjakarta and Central Java Province using the convenience sampling technique. The inclusion criteria in this study are nurses that graduating from 3rd diploma who work in the hospital where the research is carried out and those who treated COVID-19 patients. The exclusion criteria in this study are nurses that off duties when the research was carried out and those who are not willing to be involved in this research.

2.2 Variables and Instruments

Independent variables in this research are demographic data that consist of age, sex, educational level, marital status, children ownership, Extended family as family dependents, employment status, COVID-19 patient handling training or workshops on COVID-19 patient handling, schedule adjustment and arrangement, while the dependent variable are nurse's level of BO and TOI.

Demographic Data

A demographic questionnaire consists of data from respondents covering age, sex, educational level, marital status, children ownership, Extended family as family dependents, employment status, COVID-19 patient handling training or workshops on COVID-19 patient handling, schedule adjustment and arrangement.

Burnout

Maslach Burnout Inventory Health Service Survey (MBI-HSS) questionnaire is a burnout measuring instrument for nurses with proven validity and reliability that has been used in many countries (Fauzia et al., 2019). This questionnaire consists of 22 question items which measure three dimensions of burnout including emotional exhaustion (EE), depersonalization (DP) and personal accomplishment (PA).

The EE dimension consists of 9 items, the DP dimension consists of 5 items and the PA dimension consists of 8 items. Each questionnaire item is measured using Likert scale of 0 for never, 1 for several times in one year, 2 for once a month, 3 for several times in one month, 4 for once in a week, 5 for several times in one week. And 6 for every day. The EE dimension score ranges from 0 to 54, DP score ranges from 0 to 30 and PA score ranges from 0 to 48.

MBI-HSS interpretation is done with 'burnout exist' if the score of EE ≥ 27, DP ≥ 10, and 'burnout non-existent" if the score of EE ≤27, DP ≤ 10.

Turnover Intention

Turnover intention instrument in this research is developed from turnover intention theory brought up by Mobley et al. (1978). This measurement consists of 8 statement items which consists of three dimensions of turnover intention (Thinking of Quitting/the occurrence of a thought to exit the organization, Intention to Search/willingness and effort to search for other job, Intention to Quit/desire to quit the organization). This instrument uses Likert scale scoring technique which consists of 5 alternatives, which are very true (SS) = 1, true (S) = 2, not really true (KS) = 3, not true (TS) = 4 and very not true (STS) = 5. Turnover intention score interpretation is 'high' if the score > 30, 'moderate' if the score ranges in 15 ≤ score < 30, and 'low' if the score < 15.

2.3 Procedure

This research involves nurses who are working in an Academic Hospital in Jogjakarta and Central Java Province. Data collection is done from August to September 2022. Research procedure begins with permission request to the health service institutions where the respondents work. After receiving permission, researchers distribute Google Form containing explanation sheet, informed consent, and questionnaire instrument to the future respondents.

2.4 Data Analysis

Acquired data is analyzed using SPSS/WIN 26.0 software. Demographic data, work life quality, burnout and turnover intention will be described descriptively in the form of mean, modus and media if possible. The data is then analyzed using bi-variate analysis to seek the correlation among the independent variables with dependent variables of work life quality, burnout and turnover intention with significant p-value < 0.05. If significant correlation is found, statistical test will be continued with multivariate analysis in term of logistic regression to configure the direction and size of the correlation of influencing factors to burnout and turnover intention with significant p-value < 0.05.

2.5 Ethical Clearance

This research was approved on 27 June 2022 by Ethical Committee of Research in Medical Health, Faculty of Medicine, Public Health, and Nursing of Universitas Gadjah Mada with reference number of ethical approval letter: KE/FK/0814/EC. All respondents have given their consent through Google Form after they are given explanation on the research procedure. The researcher has also explained the characteristics, purpose and use of the research, making the res pondents voluntarily participate.

3. RESULTS

Table. 1 Frequency distribution of the characteristics of the respondents (n=186)

Characteristics	n(%)	Mean ± SD	Min	Max
Age		33.6	21	53
21-30	69 (37,1)	± 7.5		
31-40	85 (45,7)			
41-50	27 (14,5)			
>50	5 (2,7)			
Sex				
Female	135 (72,6)			
Male	51 (27,4)			
Education Level				
D3	91 (48,9)			
D4/S1	93 (50)			
S2	2 (1,1)			
Marital Status				
Not married	44 (23,7)			
Married	144 (75,8)			
Divorced	1 (0,5)			
Employment Status				
Daily Worker (THL)	32 17,2)			
Contract worker	29 (15,6)			
Full-time	31 (16,7)			
Civil Servant	94 (50,5)			
Extended family as family dependents	114 (61,3)			
No	72 (38,7)			
Yes				
Workshop on COVID-19 management	(24,2)			
No	141 (75,8)			
Yes				
Schedule adjustment and arrangement				
No	62 (33,3)			
Yes	124 (66,7)			
Total	**186 (100)**			

Table. 2 Frequency Distribution of BO and TIO (n-186)

Variables	f	%	Total	
			f	%
Burnout			186	100
No burnout	129	69		
Burnout	57	31		
TOI			186	100
Low	73	39		
Moderate	111	60		
High	2	1		

The average age of the respondent in this research was 33.6 ± 7.5 with the age ranged from the youngest to the oldest at 21 years old and 53 years old. The majority of respondents were female (n=135) aged 31-40 years old (n=85) who are nurse (n=143). For education level, the respondents relatively had the same level for D3 and S1, 91 and 93 respectively (Table 1). In addition, table 2 showed that 31% of respondents felt burnout and 60% of respondents

Table 3. Multivariate Analysis of Dominant Factors Influencing BO

Variables	B (*Coefficient)*	Odd ratio	% C.I		Sig.
			Lower	Upper	
Age	- 0,017	0,983	0,969	0,997	0,017
Extended family as family dependents	- 0,799	0,450	0,243	0,834	0,01
Workshop on COVID-19 management	0,869	2,384	1,166	4,872	0,017

Table 4. Multivariate Analysis of Dominant Factors Influencing TIO

Variables	B (*Coeffisient)*	Odd ratio	% C.I		Sig.
			Lower	Upper	
Marital status	1,589	4,901	2,039	11,776	0,000
Extended family as family dependents	- 0,647	0,524	0,313	0,878	0,014
Schedule adjustment and arrangement	0,719	2,052	1,060	3,974	0,033
Workshop on COVID-19 management	0,901	2,461	1,153	5,253	0,020

had a level of turnover intention in the moderate level (Table 2).

The result in table 3 regarding the results of logistic regression, after entering the independent variables data in an ordinal scale to the SPSS application, there was a regression coefficient with the value of -0.017 for age (p=0.017), -0.799 for family dependents (p=0.011), and 0.869 for COVID-19 patients handling training (p=0.017). A negative value on the age coefficient means that the effect of age on burnout was reversed, in this case the older the nurse was, the less chance of experiencing burnout. The same thing also happens to family burdens, the absence of dependents will reduce the chances of experiencing burnout.

While a positive value in the training coefficient related to handling COVID-19 patients means that the effect of training related to handling COVID-19 patients on burn out was parallel, the absence of training related to handling COVID-19 patients will increase the chances of experiencing burn out. The variables of age and the absence of family burdens reduced the chance of burnout occurring respectively by 0.9 times (OR: 0.983) and 0.45 times (OR: 0.450), while the variable lack of training related to handling COVID-19 patients increases the chance of burnout by 2.4 times (OR: 2,384). The ability of the independent variable to predict the value of the dependent variable was 68.3%. Meanwhile, based on the results of R Square, the influence of the independent variables on the dependent variable was 25%.

As was seen in Table 4 on the result of logistic regression, after entering the independent variables data in an ordinal scale to the SPSS application, there was a regression coefficient with the value of -0.647 for family dependents (p=0.014), 1.589 for marital status (p=0.000), 0.719 for adjustment and arrangement of work schedule for COVID-19 service (p=0.033), and 0.901 for COVID-19 patients handling training (p=0.020). The positive value on the regression coefficient of marital status means the effect of marital status on turnover intention was linear, meaning those who have not married had a higher chance of experiencing turnover intention. It was the same with the arrangement of work schedule for COVID-19 service and COVID-19 patients handling training.

Nurses who do not receive work arrangement during the pandemic and training on handling COVID-19 patients had a higher chance of experiencing turnover intention. While the negative value on the regression coefficient for family dependents means its effect on turnover intention was reversed. This means nurses who do not have family dependent had lower chance of experiencing turnover intention. The independent variables predictability on dependent variables value was 66.1% while based on R Square result, the size of the influence of independent variables on dependent variables was 23%.

4. DISCUSSION

Burnout

Age is one of the demographic factors that significantly gives a positive impact in the prevention of burnout, meaning as a person gets older, the lower the chance of experiencing burnout. Our finding is in line with Jiang's research which mentioned that nurses who are aged 51-55 years old have a lower level of burnout compared with those who are under the age of 50 years old (Jiang et al., 2021). As someone gets older, the more experience they have as well as their mental maturity. This will make a person to have

a higher level of stress borderline which in turn makes them to be more stable psychologically and to experience less burnout.

Our research also successfully identifies other factor which affecting the level of burnout on nurses. It is the updating of knowledge through workshop. Our finding indicates that workshops have a positive impact in the prevention of burnout. This means the chance of the occurrence of burnout is getting lessen with more knowledge workshops held. This finding is in accordance with research by Wan (Wan et al., 2022) which says that the level of knowledge about COVID-19 is a factor that prevents the occurrence of burnout. As much as 79% of nurses who claim to have a high level of knowledge about COVID-19 have a low burnout average score when measured using the MBI-GS instrument. Moreover, research by Sharifi conducted in 2021 also confirmed that a person's inability to acquire information about COVID-19 which keeps changing could raise the chance of experiencing burnout. Another research also mentioned the correlation between the level of knowledge with burnout from psychological aspect. In a majority of health workers who worked in a hospital (80%) with medium to heavy stress level, as much as 45.7% had a limited level of knowledge about COVID-19 (Jawed et al., 2020). The lack of knowledge about COVID-19 may trigger stress and continuing anxiety. This is connected to the high level of contagion due to the obstacle or failure in the effort to control infection effectively.

Extended family as family dependents or also known as sandwich generation is one of the factors that contributes to the occurrence of burnout. Our finding suggests that having family dependents has a negative impact on the prevention of burnout. Our finding is in line with previous research which mentioned people as sandwich generation have a high chance of experiencing role conflict which later have some implications in their life. On of these is reaching social functionality which was represented in the declining of work motivation and burnout syndrome (Khalil & Santoso, 2022). Other research also claims that there are many problems experienced by the sandwich generation. Commonly, it is burnout which is caused by physical and mental fatigue which are coming from the addition of burden in supporting both parents and children. They are required to work extra hard, cut their sleeping time, and even take extra jobs to increase their income (Pines et al., 2011). In contrast with our finding, research by Fuente stated that being male, single and no children or dependent has a higher level of burnout (Cañadas-De la Fuente et al., 2018). The discrepancy is likely coming from the individual perception in depicting family. Those who think that taking care and having responsibility to family is a burden will certainly have a higher level of stress, which in turn could trigger burnout (Abrar et al., 2020). On the other hand, those who consider that family is a main component in their support system will certainly feel calm and comfortable with the existence of family in their life. This certainly gives a positive impact in the prevention of burnout. Another explanation in regard of the difference in the research result is the number of samples. This research only has 186 respondents, which is lesser number than the samples done by Fuente.

Turnover Intention

Other than its effect on burnout, holding workshop related with COVID-19 handling also has a positive impact on the prevention of turnover intention. Our finding is in line with research by Majeed which explained that limited knowledge on COVID-19 management and on the prevention of contagion in work environment made the health workers constantly felt anxious of getting COVID-19 while working (Majeed et al., 2021). This continuous fear in turn could affect their career projection. Excessive fear in a long time will reduce emotional, intellectual, physical and psychological capacity of a person which made them tend to quit their job to prevent more loss in the future.

Similar to its effect on burnout, family dependents also have a negative impact in the prevention of turnover intention. Our finding is in accordance with the research done by Al Soqair which stated that failure in reaching an equilibrium between nursing job and family need was a major problem which caused turnover intention (Al Soqair, 2021). Furthermore, one's dissatisfaction of their work status at the present and the experienced burnout would make them to leave their jobs. The research by Pennbrant also explained that work problems which was caused by family have a more significant effect on turnover intention (Pennbrant & Dåderman, 2021). Pennbrant said that this was influenced by the demographic data of their samples, with 88.5% of nurses with an average age of 42 years old and 60% of them rearing one or more children at home. Moreover, Pennbrant also mentioned that the obligation to take care of family and the spouse's perception which emphasizing women as a responsible figure in a family are strong predictor in the occurrence of work problems which was caused by family. The existence of dependents or conflict in a family will have a great impact on the psychological burden a nurse has which later can cause burnout and trigger turnover intention.

Other than family dependents, our research also shows a positive impact given by marital status to the prevention of turnover intention. Our finding is in contrast with the research by Mekonnen which stated that being female (odds ratio 2.65), married (odds ratio 0.57), undergraduate (odds ratio 0.55), dissatisfied with present living condition (odds ratio 1.68) gave significant influence on the desire to leave their job as health worker in Kafa region (Mekonnen et al., 2022). This discrepancy is likely to be highly influenced by different location and culture. In our opinion, a person attachment to others through marriage will make the person to be more motivated to work. Other than responsibility fulfillment to the

spouse, work motivation can be related to increasing needs. This makes the desire to leave or switch jobs for married nurses will surely be well considered.

Lastly, nurses work schedule arrangement adjustment is a factor with positive and significant impact in the prevention of turnover intention. Despite not measuring the population with the same method, our finding in general is in line with the research done by Boamah, where 604 respondents who had work-life balance problem with medium category and an average score of 4.59±1,38 (maximum score of 7) had a desire to quit their jobs in a medium category (Mekonnen et al., 2022). The research explained that problem occurred in work-life balance would have a negative impact on mental fatigue which would incubate cynicism towards their jobs. This attitude gave a negative impact on their work satisfaction which in the end would trigger turnover intention. In addition, during COVID-19 pandemic, nurses are feared of being infected because they spent longer time to take care COVID-19 patient. In solution, flexible shifting made it possible for a nurse to attain a balance between their job and personal life. Reaching work-life balance would make a person safe from mental fatigue and get work satisfaction. Later, this would avoid turnover intention from them.

5. CONCLUSSION

The results of our study found that the turnover intention of nurses working in academic hospitals during the COVID-19 pandemic was mostly at a moderate level, as well as burnout. Health agencies are required to focus on implementing strategies to lighten the workload of a nurse, which includes supporting infection prevention activities, providing personal protective equipment, conducting regular workshops related to the latest management of COVID-19, providing timely incentives, and preparing work schedules that flexible.

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