

The Analysis of Workload and Safety Communication Against Burnout Syndrome in Inpatient Nurses

Yulia Purnawati¹, Tri Martiana², Rachmat Hargono³, Firman Suryadi Rahman⁴

¹Student of Magister Program of Occupational Health and Safety Department, ²Lecture in Department Occupational Health and Safety Department, ³Lecture in Department Health Promotion and Behavioral Science, Department Faculty of Public Health, Universitas Airlangga, Campus C Mulyorejo 60115, Surabaya-Indonesia, ⁴Student of Doctoral Program of Public Health, Universitas Airlangga

Abstract

Introduction: Burnout is a psychological problem that attacks nurses and is one of the risks causes nurses to do unsafe actions. Nurses suffering from burnout and have a less safe environment will implement inefficient care systems. Generally, high workload is directly proportional to the incident of burnout. This research study aimed to find the effect of workload and safety communication on the level of burnout in inpatient nurse services.

Method: This research was a cross-sectional study implemented at Rumah Sakit Umum Haji and Rumah sakit Islam Jemursari Surabaya, Indonesia. This implementation of research study was started in April to June 2019. The samples were collected using two populations of sampling method and got 138 nurses as samples. To analyze the effect of workload and safety communication on burnout syndrome, the researcher used multinomial logistics.

Results: The results of Multinomial logistic test showed that workload affected the incidence of burnout with a value of $p = 0.037$ and safety communication did not affect the incidence of burnout syndrome with a value of $p = 0.274$.

Conclusion: Workload affected the burnout syndrome incidence, while safety communication had no notable effect on burnout syndrome. The researcher suggests the hospitals to provide mental and physical health services, as well as stress coping training for nurses.

Keywords: *Workload, Safety communication, Burnout*

Introduction

Nurses who work in hospitals faced many difficult situations every day. At the same time, nurses are part of the public who are concerned with economic problems. They often work more than one burden and are constantly under emotional, physical and mental pressure¹.

The facts in the field, not all nurses can do their duties and functions properly because they often experience mental and emotional exhaustion due to their duties, which must always be ready to provide maximum service

for others. If this problem is not resolved immediately by the hospital, of course, the nurses' stamina and emotions will be drained and generating pressure that creates in nurse's burnout².

The fact that nurses have a high risk of experiencing burnout was discovered long ago³. An imbalance between workload and number of nurses causes an overload of workload. The emergency department, orthopedics & traumatology, oncology, and advanced care are the work environment, which possesses the highest-pressure levels. If the nurses experience continuous overload workload, they will experience burnout. One sign of burnout on nurses is the expression of nurses who rarely smile to patients⁴.

Correspondence Author :

Prof. Dr. Tri Martiana, dr., MS

Faculty of Public Health Universitas Airlangga

Nurses experienced burnout and have an uncomfortable environment triggered them to provide inefficient care compared to nurses who suffer from burnout⁵. Safety climate is defined as the description or perception of nurses on safety practices, regulations, and procedures so that they act effectively in the work environment; associated with other priorities such as productivity⁶. One dimension of safety climate is safety communication⁷. This communication is very important, so dangerous situations could be prevented or avoided and the management may take the necessary initial action to dodge the dangerous situation and problems of environmental exposures⁸.

There has been a lot of research on burnout and climate safety, but only a few researchers have studied in a comprehensive and detailed to investigate the effect of safety communication on the incidence of burnout syndrome, especially in health care organizations such as hospitals.

Therefore, the researcher was interested to analyze the effect of workload and safety communication on the burnout syndrome occurrence in inpatient nurses.

Method

This research study is a cross-sectional study. It was applied at Rumah Sakit Umum Haji and Rumah Sakit Islam Jemursari Surabaya, Indonesia started from April to June 2019.

The population in this research study was nurses in Rumah Sakit Umum Haji and Rumah Sakit Islam Jemursari Surabaya, Indonesia. The samples were 138 nurses and collected utilizing two population sampling methods

The researcher collected primary and secondary data. Primary data in this research study were obtained by observing work sampling and questionnaires. Secondary data were from interviews and standard operating procedure documents.

Independent variables in this research study were workload and safety communication, while the dependent variable was burnout syndrome.

The multinomial logistic test was adopted to analyze the effect of workload and safety communication on burnout syndrome. There were three categories of burnout syndromes; those are low, medium, and high.

Results

Workload

The technique used in observing workload was work sampling, which was an observation of nursing care activities conducted by nurses in doing their daily tasks.

Table 1: The Distribution of Workload

Workload Value (%)	n	%
75	2	1.45
76	2	1.45
77	2	1.45
78	5	3.62
79	6	4.35
80	4	2.90
81	7	5.07
82	6	4.35
83	5	3.62
84	5	3.62
85	5	3.62
86	5	3.62
87	8	5.80
88	18	13.04
89	13	9.42
90	19	13.77
91	8	5.80
92	15	10.87
93	3	2.17
Total	138	100

The calculation of nurse workload on 138 samples of nurses was based on the percentage of productive time used for direct and indirect nursing activities of total working hours.

Safety Communication

Safety communication measurements functioned part of the safety climate questionnaire from Naghavi, et.al.⁷ The results of safety communication measurements are described in the table below:

Table 2: The Distribution of Safety Communication

Safety Communication category	N	%
Low	49	36%
High	89	64%
Total	138	100%

Based on the questionnaire results, most respondents (64%) declared the organization had hisgh safety communication. This revealed, in general, respondents believed the organization had tried to communicate about work safety like safety talk. However, some respondents viewed the lack of safety communication from the head of the room.

Burnout Syndrome

Burnout syndrome measurement used a questionnaire from the Maslach Burnout Inventory (MBI). Based on the questionnaire results, respondents experienced high category burnout syndrome of 4%. Burnout-syndrome measurement results are described in the table below:

Table 3: The Distribution of Burnout Syndrome

Burnout Syndrome category	N	%
Low	58	42
Mid	75	54
High	5	4
Total	138	100

The Effect of Workload and Safety Communication on Burnout Syndrome

The researcher implemented statistical testing using multinomial logistic regression. It showed that there was a significant effect of the workload on burnout syndrome, ($p = 0.037$) and $p < 0.05$. Safety communication did not affect burnout syndrome, ($p = 0.274$) and $p > 0.05$. The higher the workload of nurses might raise the chance of burnout syndrome incident.

Discussion

Workload

The observation results on workload analysis suggested the average value of 86.59 % of the total working hours per person. It indicated the workload of nurses had exceeded productive time. The maximum productive work time was only 80% of total work hours and 20 % was for non-productive activities⁹. The excessive workload could cause physical or mental fatigue and emotional reactions such as headaches, indigestion, and irritability¹⁰.

Safety Communication

On the questionnaire results, most respondents (64%) perceived that the organization possessed high safety communication. This explained in general, respondents assumed the organization tried to communicate about work safety such as safety talk. Nevertheless, some respondents considered the lack of safety communication from the head of the room. Safety communication is an influential contributor in improving safety at work¹¹. Regular communication about safety issues between managers, supervisors, and workers is an operative habit in improving health and safety in the workplace¹².

Burnout Syndrome

Questionnaire analysis presented respondents experienced low burnout (42%), moderate (54%), and high (4%) syndrome. Burnout syndrome means a condition encountered by someone in the form of physical, mental, and emotional fatigue that lasts for a long time. It potentially is likely to attack nurses and to increase in nurses implementing services, since they often meet with a variety of characters and illnesses suffered by patients. Hence, the nurses are at risk of having fatigue, both physically and mentally¹³.

The data obtained from questionnaires analysis indicated the nurses frequently experienced burnout syndrome several times a month; it happened on which they worked with other people. They felt that working made them tired. Besides, nurses sensed responsible for some patient problems occurred several times a month, and this responsibility was considered as a burden.

The Effect of Workload on Burnout Syndrome

The results of this study showed there was a notable effect of workload on burnout syndrome. The

high workload triggered nurses to endure burnout and fatigue¹⁴. This would have an impact that the nurses gave less quality of services. Another study conducted by Kiekkas presented burnout syndrome had a significant relationship with nurses' workload. Kiekkas also stated high workload specifically affected one of the burnout-syndrome dimensions, namely physical and emotional exhaustion¹⁵.

The high workload prompts the nurses to feel fatigued or burnout. Consequently, it produces job stress and influences on the decreasing job satisfaction¹⁶. The excessive work stress on nurses led to burnout syndrome. Physical fatigue happened continuously for a long period will have an impact on psychological fatigue.

The Effect of Safety Communication on Burnout Syndrome

Safety communication did not affect burnout syndrome because safety communication between management and nurses was considered good. Good management communication reduced stress on workers¹⁷.

Conclusion

The workload value per person was 86.59% of the total working hours. Based on the results of the questionnaire analysis, most respondents (64%) perceived that management had high safety communication.

Workload positively affected on the burnout syndrome incidence, while safety communication did not influence the burnout syndrome.

The researcher suggests the hospital's management instill nursing care values so that work the nurses' motivation increases. It also needs to provide refreshment to the nursing tasks. Thus, the subjective workload can be reduced, improve safety communication such as safety talks, provide mental and physical health services, and training coping with stress to the nurse.

Conflict of Interest: Nil

Ethical Clearance: Received from the Ethics Committee of RSU Haji Surabaya, Indonesia

Source of Funding- Self

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