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Management of Jakarta Metropolitan Medical Center Hospital in Preventing Burnout in Nurses during the Covid-19 Pandemic

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ABSTRACT

Introduction: The COVID-19 pandemic has caused considerable losses to the health care system in Indonesia. The Indonesian Doctors Association (IDI) noted that as of October 3, 2020, 130 doctors, nine dentists, and 92 nurses died due to COVID-19. The problems that caused the death of health workers during the COVID-19 pandemics included the lack of PPE, inadequate patient screening in health facilities, and fatigue of medical personnel due to the increasing number of COVID-19 patients as long working hours and psychological pressure. Of course, this condition can disrupt the quality of life and work productivity in the health series. Therefore, the hospital needs to make various efforts to prevent burnout in health workers during the COVID-19 pandemic. **Methods:** This research was a descriptive method with quantitative and qualitative approaches. The researcher revealed the facts that occurred when the study was running and presented them as they were. The research respondents were nurses who were in the isolation room and ICU COVID-19 at MMC Hospital Jakarta. Researchers used the Maslach Bach Inventory (MBI) questionnaire instrument to 43 respondents via the Google form. Researchers also conducted interviews with the Head of Nursing and several COVID-19 nurses who had filled out questionnaires. **Results:** The majority of COVID-19 nurses at MMC Hospital had moderate burnout levels. MMC Hospital Jakarta has made various efforts to prevent burnout in nurses. **Conclusion**: Management of MMC Hospital in preventing burnout in nurses was good enough, but several points can be improved to make it better.

1. Introduction

The COVID-19 pandemic has placed a weighty burden on the health care system in Indonesia. The Indonesian Doctors Association (IDI) noted that as of October 3, 2020, 130 doctors, nine dentists, and 92 nurses had died due to COVID-19. Problems that have caused the death of health workers during the Covid-19 pandemic include the lack of PPE, inadequate patient screening in health facilities, and fatigue of medical personnel due to the increasing number of Covid-19 patients and long working hours psychological pressure. A study conducted by Universitas Indonesia revealed that burnout or mental fatigue in various levels occurred in Indonesian health workers during the Covid-19 pandemic. Most health workers in Indonesia fall into the moderate category (82%), and 1% experience severe burnout. Workers dealing with COVID-19 are 1.6 times more likely to experience emotional exhaustion and 1.5 times to lose empathy. This condition is psychologically at risk of disrupting the quality of life and work productivity in health services. The high risk of suffering from burnout syndrome due to extreme stress in health facilities during this pandemic can have long-term effects on the quality of health services. These health workers can experience depression, extreme fatigue and even feel less competent in carrying out their duties. Therefore, hospitals need to make various efforts to prevent burnout in health workers.

According to Maslach et al., burnout is a syndrome with three dimensions: emotional exhaustion,

depersonalization, and decreased self-esteem.[1,2] One example of employees experiencing burnout is avoiding work, not wanting to deal with daily tasks or becoming involved in work, and neglecting other aspects of life. These visible symptoms include feelings of extreme exhaustion, loss of self-confidence, helplessness, sadness, dissatisfaction, frustration, irritability, rigidity, anxiety, guilty, refusal to accept the state of exhaustion, denial of decreased effectiveness, inability to judge performance objectively, and somatization, such as insomnia, headaches, backaches, gastric problems, and others.[3]

Factors causing burnout syndrome are usually divided into organizational, occupational, and individual factors.[2] Mismatches in six aspects that can cause burnout syndrome include work overload, ambiguous setting, rewards, social support, fairness and appropriateness of the work environment and value (how the relationship between individual and organizational values).

The COVID-19 pandemic has been going on for quite a while, and it is unknown when it will end. Continuous work stress conditions can cause both physical and mental stress, which can lead to burnout syndrome. Various sources of work stress related to the current COVID-19 pandemic are fear for the well-being of oneself or of family members and co-workers who may contract a deadly disease; Work-related pressures include limited time, long working hours, working following strict OSH procedures, or communicating with large teams with different cultures and disciplines; Physical activity aggravated by impractical equipment (e.g., PPE), often accompanied by heat stress, dehydration, and fatigue; lack of essential safety equipment for personal protection; Stigmatization of people working in high-risk areas can lead to ostracism by family or community or even violence; lack of social support or social networks; tensions between established safety protocols and the desire to care for or support individuals (e.g., ensuring safe burial practices, isolation, and implementing a no-touch policy); limited understanding of some cultural belief systems (such as not understanding or accepting why some people follow burial practices that increase the risk of infection) and difficulty in maintaining self-care activities such as exercise, good eating habits, and adequate rest.[4,5]

Everyone has a different reaction to stress in an emergency. Behavioural, physical, or psychological changes may occur. In general, work-related stress can be managed with good organizational and management support. According to Miller, several ways to prevent and overcome burnout syndrome during the pandemic include making health care providers aware of the potential for burnout.[5] Burnout can be prevented if health care providers are aware of the risks and prepared for the risks of work-related stress. In addition, such awareness can reduce the stigma associated with mental health conditions such as fatigue and help develop mental resilience.[6]

Good mental health can prevent work-related stress and burnout. Some strategies that can be done include reducing workload, improving worker shift schedules, promoting mental health to reduce the risk of burnout. Potential strategies for increasing access to mental health services could include involving mental health professionals in a multidisciplinary COVID-19 team, who can provide services or refer health workers showing symptoms of burnout to an appropriate specialist. In addition, group counselling or peer-group support sessions can effectively deal with burnout and improve mental health during the COVID-19 pandemic.[7-9]

In recent years, digital interventions have been widely used to improve health services. One approach that has been used includes telemedicine, the use of electronic health records to manage work schedules, monitor healthy work patterns, and overcome the risk of excessive workloads on health workers during the COVID-19 pandemic. Counselling using digital platforms such as mobile phones, applications, or internet-based tools can also be an option. Potential strategies that can be carried out include improving workflow management, organizing services that focus on reducing workloads, increasing interoperability, organizing discussion sessions and exchanging opinions, improving communication skills, providing adequate rest and exercise, holding workshops on

coping skills (overcoming problems), and developing policies to reduce fatigue among health workers during this pandemic.[10-11]

2. Methods

This research was a descriptive method with quantitative and qualitative approaches. The researcher revealed the facts, circumstances, and variables that occurred during the study and presented them as they were. The research respondents were nurses in the isolation room and the COVID-19 ICU at the MMC Hospital in Jakarta. The researcher used the Maslach Bach Inventory (MBI) questionnaire instrument to 43 respondents via the google form. The researcher also conducted interviews with the Head of Nursing and several COVID-19 nurses who had filled out the questionnaire.

3. Results

Burnout syndrome

Burnout syndrome includes three dimensions, namely emotional exhaustion, depersonalization, and decreased self-achievement. The results of the respondents' assessment on each variable obtained the mean value of the question item. The mean scale was used to assess the answers to the questions contained in the questionnaire. The new mean criteria when using the average value per question item are as follows: low (1-1.75), medium (1.76-2.50), enough (2.51-3.25), high (>3.25. Based on table 1, it can be seen that the majority of nurses at MMC Jakarta Hospital experienced moderate levels of burnout as many as 29 people (67.4%).

Table 1. Results of nurse burnout syndrome assessment at MMC hospital Jakarta based on MBI scoring

Burnout syndrome assessment	**n**	**%**
Low	13	30.2
Medium	29	67.4
High	1	2.3
Total	43	100

Table 2. Results of nurse burnout syndrome assessment at MMC hospital Jakarta during the covid-19 pandemic

No	Statement	mean	Category
	Emotional Fatigue		
1	Emotionally draining work	2,348	Medium
2	Working with other people all day takes a lot of effort	2,372	Medium
3	Work is physically and emotionally exhausting	2,418	Medium
4	Frustrated with work	1.511	Low
5	Too hard at work	2.255	Medium
6	Working with people face to face stresses me out	1,651	Low
7	Desperate with work	1,209	Low
	Average composite mean	**1,966**	**Medium**
	Depersonalization		
1	Finishing work arbitrarily, as if they were objects	1.255	Low
2	Tired of having to face the day to work	1,674	Low
3	Not responsible for problems that occur from co-workers	2,883	Enough
4	Don't care about co-workers	1.255	Low
5	Not sensitive to others when I work	3,790	High
6	Work makes me careless	1.325	Low
	Average composite mean	**2,030**	**Medium**
	Decrease in Self Achievement		
1	Not being able to complete many important things at work	1.418	Low
2	Not enthusiastic about doing work	1,441	Low
3	It's not easy to understand the feelings of my co-workers	1.511	Low
4	Unable to deal with co-workers' problems effectively	1,627	Low
5	Unable to control emotions during work	1,441	Low
6	Unable to have a positive influence on others	1.325	Low
7	Unable to create a relaxed atmosphere with co-workers	1,302	Low
8	Lack of enthusiasm even when I am close to co-workers at work	1.395	Low
	Average composite mean	**1,433**	**Low**
	Burnout Syndrome Average (Y1)	**1,809**	**Medium**
	Description : 1= Never, 2= Rarely, 3= Often, 4=Always		

For nurses' perceptions of the emotional fatigue aspect, it was found that their work made them physically and emotionally tired. In the aspect of depersonalization, the component of 'being insensitive to others at work' received a very high response. Finally, for the decrease in self-achievement, on average, none of the nurses experienced a reduction in self-achievement.

4. Discussion

Management of MMC Jakarta Hospital in overcoming and preventing burnout during the pandemic

Since the pandemic lasted, MMC Hospital has made various efforts to prevent burnout syndrome in nurses who treat COVID-19 patients. Based on the results of interviews with the Head of Nursing at MMC Hospital and several nurses who have filled out the MBI questionnaire above, various adjustments have been made by MMC Hospital. Nurse shifts in the COVID-19 inpatient isolation room were divided into two shifts/24 hours. Every time nurses finish carrying out one shift, they are given one day off; or if they carry out two shifts in a row, they will be given two days off in a row. During the shift, there was a division of several hours in the isolation room, several hours outside the isolation room (not a total of 12 hours in the isolation room), to minimize exposure to the COVID-19 virus. The shift of nurses in the COVID-19 ICU isolation room did not change or was the same as before, namely three shifts/day, because the number of nurses was not too many. Based on interviews, nurses still felt that the current staff was still insufficient compared to the increasing number of patients, so they felt tired. [12]

Infection detection

MMC Hospital fully supported the completeness of PPE for nurses in isolation and the ICU COVID-19. Swab tests were also carried out for all nurses regularly. Vitamins and supplemental food were also provided as nutritional input to the nurses. The hospital provided a special place to live for nurses who could not go home (for fear of infecting their family and various other reasons related to the pandemic). The provision of incentives was adjusted to the Decree of the Minister of Health number HK.01.07/MENKES/447/2020. Incentives are given regularly. So far, the disbursement of incentive funds has gone smoothly and as expected.

MMC Jakarta Hospital provided mental health services for health workers in need. This service was carried out by a psychologist who is a practitioner at the hospital. However, during the COVID-19 pandemic, there have been no regular counselling sessions or various training in stress management given to COVID-19 nurses. MMC Hospital has held various routine training educations for its health workers, such as PPE use, education on hand hygiene and nutrition during a pandemic. Based on the results of the interviews, nurses felt they were pretty satisfied with the amount of training and education provided by MMC Hospital to them during the pandemic.

5. Conclusion

Hospital management in minimizing the incidence of burnout in nurses was quite good. Completeness of PPE, infection prevention programs, and training and education was sufficient for nurses dealing with COVID-19. However, it should be noted that based on the results of filling out the questionnaire, the majority of COVID-19 nurses at MMC Hospital had a moderate degree of burnout and the perception of the most significant nurses stating that their work is physically and emotionally exhausting. It needs further attention from management. Furthermore, hospitals need to increase nurses in the COVID isolation room and the COVID ICU. Moreover, the number of patients continued to grow; it was feared that it could lead to physical fatigue and prolonged stress, leading to burnout and decreased quality of service. Hospitals also need to do follow-up and regular check-ups to monitor the risk of burnout in nurses. In addition to safety and physical health protection, mental health aspects must also be considered and become a priority for hospital management, such as holding mentoring sessions, regular psychological counselling, stress management training, and COVID-19 nurses during the pandemic.

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