

Original Research Article

Analysis of Factors Affecting the Occurrence of Burnout Syndrome among Healthcare Workers in Batakte Health Center, Kupang Regency

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Abstract: This study aims to analyze the factors that influence Burnout Syndrome in health workers at the Batakte Health Center, Kupang Regency. The method used is a quantitative research method with a cross sectional design. The sampling technique uses total sampling. The results showed that the results of the chi-square analysis showed no effect of age ($p = 0.771$), gender ($p = 0.375$), education ($p = 1.000$) on the incidence of burnout syndrome in health workers in the Working Area of the Batakte Health Center, Kupang Regency. There is an influence of marital status ($p = 0.033$), length of work ($p = 0.002$), workload ($p = 0.001$), social support ($p = 0.002$) on the incidence of burnout syndrome in health workers in the Working Area of the Batakte Health Center, Kupang Regency. Simultaneously, the variables of length of work (OR 6.352), workload (OR 6.647) and social support (OR 4.555) have an influence on the incidence of burnout syndrome in health workers in the Working Area of the Batakte Health Center, Kupang Regency. The workload variable is the most dominant variable that has an influence on the incidence of burnout syndrome in health workers with OR (7.163), $p=0.000$, CI=2.466-20.808. In conclusion, the factors that influence Burnout Syndrome in health workers are workload.

Keywords: Burnout Syndrome, Health Workers, Workload.

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INTRODUCTION

Burnout, which is a type of work-related stress, is a problem that affects people worldwide. It has the potential to harm both the physical and mental health of individuals and can also negatively impact the efficiency of organizations. Consequently, burnout is a significant challenge faced by both developed and developing countries concerning the well-being of employees and the smooth functioning of businesses. "Burnout is defined as a syndrome resulting from sustained workplace stress that has not been successfully managed by an individual. It is characterized by feelings of energy depletion, cynicism towards work or others in the workplace, and reduced motivation to work (World Health Organization, 2019). Job dissatisfaction can cause various symptoms or impacts on a worker, including job stress, noncompliance with organizational policies, incompetence at work, unwillingness to participate in training, substandard performance, conflicts with colleagues, and indifference to patient care. Burnout is classically described as a phenomenon in three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach and Leiter, 2016). One of the factors that affect burnout

syndrome, which is a psychological syndrome that emerges as an individual's response to workplace stress. Burnout is a psychological response to prolonged job stress caused by job dissatisfaction and job pressure, which can weaken a worker's mental state over time and worsen their physical and mental health condition (Maslach and Leiter, 2016)."

Researchers in Korea conducted a study in 2020 specifically on Burnout in Emergency Departments (ED) involving 215 nurses in 8 hospitals, with 47.3% finding that ED nurses caring for MERS-CoV infected patients experience Burnout more than nurses in other hospital departments. A systematic review of 17 studies that surveyed Burnout in ED nurses reported that 25.9% of them experienced emotional exhaustion. Data and research results conducted in Indonesia by the Gajah Mada University (UGM) team in 2021 found a very worrying fact where 83% of healthcare workers experienced moderate to severe Burnout syndrome. There were 41% of healthcare workers experiencing moderate to severe emotional exhaustion, 22% experiencing moderate to severe empathy loss, and 52% experiencing moderate to severe lack of confidence (Gajah Mada University, 2021). According to Maslach

and Leiter (2016), there are three groups of factors that can be associated with Burnout Syndrome, namely demographic factors (age, gender, marital status, education level, and length of work), organizational factors (workload, length of work, role conflict, role ambiguity, social support from coworkers and family, and leadership role), and individual or personality factors (lack of resilience, locus of control, type A behavior, lack of self-control, and low self-esteem). It can be concluded that factors affecting burnout consist of external and internal factors. External factors include job pressure, workload, social support, job characteristics, insufficient rewards, role conflict, and role ambiguity. Internal factors include characteristics or personality, self-esteem, age, gender, marital status, level of education, and length of employment."

Puskesmas Batakte is one of the health centers with complete services in Kupang Regency and is one of the referrals for obtaining intensive and high-quality health services. The number of visits to Puskesmas Batakte increased during the COVID-19 pandemic, from January to December 2020, there were only 9,845 visits, which increased to 28,831 visits in 2021 and 18,914 visits in 2022. This indicates that Puskesmas Batakte has good facilities and sufficient health workers to handle patients. With the increase in the number of visits, health workers are demanded to provide more optimal services, thus increasing their workload and requiring positive social support to carry out their tasks well. The initial survey conducted on 10 health workers at Puskesmas Batakte Kupang Regency using the Maslach questionnaire showed that most of the health workers at Puskesmas Batakte Kupang Regency experienced Burnout Syndrome with high emotional exhaustion in 6 (60%) employees, high depersonalization exhaustion in 7 (70%) employees, and low achievement in 5 (50%) employees. This proves that many health workers still experience Burnout Syndrome in their workplace. The high workload, lack of supportive work environment, and difficulty in completing tasks contribute to this condition and cause some workers to experience stress and work fatigue. If experienced for a long time with high intensity, it will be very risky for health workers to suffer from physical and mental fatigue. Another finding in the survey is that they experience physical fatigue, marked by feeling sleepy during work, difficulty sleeping, irregular waking up, dizziness, insomnia, which affects their punctuality at work. In addition, the majority of employees feel unable to manage their time

properly. Burnout has a negative impact on individuals and organizations, as individuals experience depression and physical illness, absenteeism, decreased commitment to the organization, while organizations experience low performance and increased turnover.

This study aims to identify the factors that influence Burnout Syndrome among healthcare workers at Puskesmas Batakte in Kupang Regency. The difference between this study and several previous studies lies in the variables under investigation. This study focuses on workload and the factors of social support obtained within a work organization. Another difference is related to the location of the study, where geographical and characteristic differences in natural and human resources can greatly affect the level of Burnout Syndrome experienced by staff or employees in a work organization.

RESEARCH METHODOLOGY

This study employs a quantitative research method, specifically a cross-sectional design, and was conducted in December 2022 at the Batakte Health Center in West Kupang District, Kupang Regency. The study aims to investigate Burnout Syndrome in 111 health workers at the health center, including civil servants, non-permanent employees, local honorarium recipients, village honorarium recipients, and managerial employees. Total sampling was used as the sampling technique, resulting in a sample size of 111 individuals. The independent variables examined in the study include age, gender, education, length of service, marital status, workload, and social support. The dependent variable is Burnout Syndrome. Univariate analysis was used to describe the characteristics of each research variable, while bivariate analysis was used to determine the influence of the independent and dependent variables. The Chi Square (X²) statistical test was used to prove the influence. Finally, a multivariate analysis was conducted using multiple logistic regression tests to examine the influence of several independent variables on the dependent variable.

RESULTS

Univariate Analysis

Frequency Distribution of Respondents' Characteristics

Table-1: The Frequency Distribution of Respondent Characteristics in the Work Area of Batakte, Kupang Regency in 2022

No	Karakteristik	Frekuensi (n=111)	Presentasi (%)
1.	Age		
	a. ≤ 30 years old	51	45,9
	b. > 30 years old	60	54,1
	Total	111	100
2.	Gender		
	a. Male	13	11,7

No	Karakteristik	Frekuensi (n=111)	Presentasi (%)
	b. Female	98	88,3
	Total	111	100
3.	Education		
	a. Diploma	95	85,6
	b. Bachelor/Postgraduated Degree	16	14,4
	Total	111	100
4.	Marital Status		
	a. Single/Divorced	37	33,3
	b. Married	74	66,7
	Total	111	100
5	Length of Work		
	a. ≤ 8 hours/day	51	45,9
	b. > 8 hours/day	60	54,1
	Total	111	100
6	Workload		
	a. Light	67	60,4
	b. Heavy	44	39,6
	Total	111	100
7	Social Support		
	a. Present	56	50,5
	b. Absent	55	49,5
	Total	111	100
8	<i>Burnout Syndrome</i>		
	a. Low	43	38,7
	b. High	68	61,3
	Total	111	100

The data presented in Table 1 shows the characteristics of the respondents based on various factors. According to the results of the study, it was found that the majority of respondents were over 30 years old, with 60 (54.1%) respondents falling into this age group, while the minority of respondents were 30 years old or younger, with 51 (45.9%) respondents in this category. In terms of gender, the majority of respondents were female, with 98 (88.3%) respondents, while the minority were male, with 13 (11.3%) respondents. With regards to education, the majority of respondents had a diploma degree, with 95 (85.6%) respondents, while the minority had other levels of education, with 16 (14.4%) respondents. In terms of marital status, the majority of respondents were married, with 74 (66.7%) respondents, while the minority were unmarried/widowed/divorced, with 37 (33.3%) respondents. In relation to work hours,

the majority of respondents worked more than 8 hours per day, with 60 (54.1%) respondents, while the minority worked 8 hours or less, with 51 (45.9%) respondents. In terms of workload, the majority of respondents had a light workload, with 67 (60.4%) respondents, while the minority had a heavy workload, with 44 (39.6%) respondents. With regards to social support, the majority of respondents had social support, with 56 (50.5%) respondents, while the minority did not have social support, with 55 (49.5%) respondents. Finally, in relation to burnout syndrome, the majority of respondents had a high level of burnout syndrome, with 68 (61.3%) respondents, while the minority had a low level of burnout syndrome, with 43 (61.3%) respondents.

Bivariat Analysis

Table-2: The influence of perceived susceptibility, perceived seriousness, perceived benefit, perceived barriers, cues to action, and self-efficacy on maternal compliance in attending K4 antenatal visits during the COVID-19 pandemic in the working area of Puskesmas Sikumana

No	Variabel	Kejadian <i>Burnout Syndrome</i> (n=111)						P-Value
		Rendah		Tinggi		Total		
		N	%	n	%	n	%	
1.	Age							
	≤ 30 years old	21	41,2	30	58,8	51	100	0,771
	> 30 years old	22	36,7	38	63,3	60	100	
	Total	43	38,7	68	61,3	111	100	
2.	Gender							
	Male	7	53,8	6	46,2	13	100	0,375
	Female	36	36,7	63	63,3	98	100	

No	Variabel	Kejadian <i>Burnout Syndrome</i> (n=111)						P-Value
		Rendah		Tinggi		Total		
		N	%	n	%	n	%	
	Total	43	38,7	68	61,3	111	100	
3.	Education							
	Diploma	37	38,9	58	61,1	95	100	1,000
	Bachelor/Postagraduated Degree	6	37,5	10	62,5	16	100	
	Total	43	38,7	68	61,3	111	100	
4.	Marital Status							
	Single/Divorced	20	54,1	17	45,9	37	100	0,033
	Married	23	31,1	51	68,9	74	100	
	Total	43	38,7	68	61,3	111	100	
5.	Length of Work							
	≤ 8 hours/day	28	54,9	23	45,1	51	100	0,002
	> 8 hours/day	15	25,0	45	75,0	60	100	
	Total	43	38,7	68	61,3	111	100	
6.	Workload							
	Heavy	35	52,2	32	47,8	67	100	0,001
	Light	8	18,2	36	81,8	44	100	
	Total	43	38,7	68	61,3	111	100	
7	Social Support							
	Present	30	53,6	26	46,4	56	100	0,002
	Absent	13	23,6	42	76,4	55	100	
	Total	43	38,7	68	61,3	111	100	

The data presented in Table 2 shows the results of the chi-square test analysis, which indicates that the p-value (0.771) > α (0.05), and therefore, age is not significantly associated with burnout syndrome incidence among healthcare workers in the working area of Puskesmas Batakte, Kupang Regency. Similarly, the chi-square test analysis shows that the p-value (0.375) > α (0.05), and thus, gender is not significantly associated with burnout syndrome incidence among healthcare workers in the same working area.

On the other hand, the chi-square test analysis shows that the p-value (1.000) > α (0.05), indicating that

education is not significantly associated with burnout syndrome incidence among healthcare workers in the same working area. However, the analysis shows that marital status (p-value = 0.033 < α = 0.05) is significantly associated with burnout syndrome incidence among healthcare workers, while years of work (p-value = 0.002 < α = 0.05), workload (p-value = 0.001 < α = 0.05), and social support (p-value = 0.002 < α = 0.05) are all significantly associated with burnout syndrome incidence among healthcare workers in the same working area.

Multivariat Analisis

Table-3: The result of Multivariate Analysis using Multiple Logistic Regression.

Variabel		B	S.E	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B)	
								Lower	Upper
Step 4 ^a	Length of Work	1.774	.504	12.376	1	.000	5.893	2.194	15.829
	Workload	1.969	.544	13.096	1	.000	7.163	2.466	20.808
	Social Support	1.575	.493	10.199	1	.001	4.830	1.837	12.699
	Constant	-7.147	1.550	21.261	1	.000	.001		

The data presented in Table 3 of the multivariate test results indicates that the variables that have a simultaneous effect on the occurrence of burnout syndrome in the work area of Puskesmas Batakte, Kupang Regency are length of service with a significant value (P = 0.000 < 0.05), workload with a significant value (P = 0.000 < 0.05), and social support with a significant value (P = 0.001 < 0.05). This indicates that the null hypothesis is rejected and the alternative hypothesis is accepted. The conclusion drawn from this

is that there are three independent variables that have a significant effect on the dependent variable.

DISCUSSION

The Impact of Age on the Occurrence of Burnout Syndrome among Healthcare Workers in the Working Area of Puskesmas Batakte, Kupang Regency

The age referred to in this study is the length of time an individual has been alive or since birth, because

as individuals age, their level of maturity and strength will become more mature in their thinking and working abilities (Ramdan, 2016). The bivariate test results indicate that there is no influence between age and the incidence of burnout syndrome among healthcare workers at Puskesmas Batakte, Kupang Regency. This suggests that age is not one of the factors influencing the occurrence of burnout syndrome. According to the researcher, age does not affect the occurrence of burnout syndrome because both healthcare workers who are ≤ 30 years old and those who are >30 years old have an equal chance of experiencing burnout syndrome. According to Maharani and Triyoga (2012), mild work fatigue can also be felt at the age of 41-50 years, all respondents in this age range experienced mild work fatigue, this may be due to the mental burden felt, which includes family, children, family needs, or an unsuitable environment.

Respondents who have worked for 1-5 years tend to experience job dissatisfaction, which may be due to the lack of variety in their daily job tasks. According to the researchers, younger workers are at a higher risk of experiencing burnout compared to older workers. However, there is no clear age threshold to determine whether a worker is considered young or old.

Older healthcare workers typically possess greater mastery of their job duties and have a stronger desire to achieve higher performance compared to younger healthcare workers. The demands placed on older healthcare workers often result in stress, leading to physical, emotional, and psychological exhaustion (Sumawidanta, 2013). Conversely, younger healthcare workers are more likely to experience high levels of burnout. This may be due to the fact that they are new to their positions at the Batakte Community Health Center (Puskesmas). New healthcare workers must undergo a process of adaptation to their job responsibilities and work environment, which may contribute to the occurrence of burnout.

The findings of this research are supported by the theory of Ericksson and Grove, which suggests that young healthcare workers experience higher levels of burnout compared to their older colleagues. Young healthcare workers are less efficient in managing personal feelings in stressful situations, while older and more experienced healthcare workers are believed to be more efficient. Schaufeli *et al.*, (2018) found that higher levels of depersonalization are associated with young age or new nurses. Burnout generally occurs in younger healthcare workers, possibly due to their lack of readiness for the job, lack of adaptation, insecurity in the work environment, or perception of role ambiguity. This research is consistent with a study conducted by Ramdan (2016), which stated that there is no significant relationship between age and the occurrence of burnout syndrome in healthcare workers. According to Ramdan, age is not related to burnout syndrome because several factors, such as the age composition of nurses in each

room, show that most nurses who experience burnout are under the age of 40. Only 17 nurses over the age of 40 experienced burnout, as revealed by cross-tabulation results.

The Impact of Gender on the Occurrence of Burnout Syndrome among Healthcare Workers in the Working Area of Puskesmas Batakte, Kupang Regency

Gender can have an impact on an individual's ability to cope with and handle problems in the workplace. This is due to the fact that males and females are raised differently. Males are taught to behave and act in a firm, decisive, and courageous manner, while females are taught to behave and act in a gentle, loving, and caring manner. The demands of the job may require individuals to adapt their behavior and act in a masculine or feminine manner, which can result in pressure. A worker who is unable to cope with this pressure is vulnerable to experiencing burnout (Hamama, 2012).

The results of the bivariate analysis indicate that there is no significant relationship between gender and the occurrence of burnout syndrome among healthcare workers at the Batakte Primary Health Center in Kupang District. This suggests that gender is not a factor that influences the occurrence of burnout syndrome. According to the researcher, gender does not affect the occurrence of burnout syndrome due to the limited number of male respondents in this study, which resulted in a small variation of answers. The number of male respondents in this study was only 13 compared to 98 female respondents.

Based on the research findings, almost all female healthcare workers never mistreat their patients because, in addition to being more emotional, female healthcare workers have a higher level of concern than male nurses as described by Maslach. Female healthcare workers often experience mild burnout, although burnout in female healthcare workers is at risk of increasing because women have household responsibilities and play the role of wife and mother. Therefore, it is hoped that female healthcare workers can better control their emotions and establish good relationships with colleagues so that boredom can be reduced.

This research is consistent with the study conducted by Indiawati (2022), which stated that there is no significant relationship between gender and the incidence of burnout syndrome among healthcare workers. The results of Yusnilawati's study showed that there were more female nurses than male nurses. Out of 160 female nurses, 125 respondents experienced mild burnout (78.1%). Maslach's theory found that men tend to experience depersonalization, while women tend to experience emotional exhaustion. Gender differences can influence how someone approaches problems in their environment. This occurs because men and women grow up and are raised differently. Men are more likely to act

firm, tough, and unemotional, while women tend to behave with kindness and gentleness. This means that men tend to keep their distance from patients, tend not to care about their environment or the people around them, and reduce contact with patients (Hungu, 2016).

The Impact of Education on the Occurrence of Burnout Syndrome among Healthcare Workers in the working area of Puskesmas Batakte, Kupang Regency

According to Lestari in Wirawan's (2016) study, the level of education refers to an individual's activity in developing their abilities, attitudes, and behavior, both for their future life, through organized or unorganized means. In this study, education refers to the highest level of education completed by the respondent and the attainment of a diploma or degree.

The results of the bivariate analysis indicate that there is no influence between educational variables and the occurrence of burnout syndrome in healthcare workers at the Batakte Public Health Center in Kupang Regency. This suggests that education is not one of the factors that affect the incidence of burnout syndrome. The research findings show that the majority of respondents have a diploma level of education, with 95 respondents, while 16 other respondents have a bachelor's or postgraduate degree. According to the researcher, the description and analysis of the respondents' data show that there is no significant difference in their last level of education and burnout. This could be attributed to the educational level equality among the respondents, which indicates that healthcare workers are competent in carrying out their work. The absence of a difference in educational levels among healthcare workers could make them feel less need for high recognition, less undervalued by their colleagues and work environment, and less in need of high educational competition to perform their routine tasks.

This research contradicts Maslach's theory that burnout is associated with higher levels of education. Health professionals with higher education tend to be vulnerable to burnout because they have ideal expectations or aspirations. When faced with the reality that there is a gap between their aspirations and the actual situation, anxiety and disappointment can arise, leading to burnout. Siagian's theory suggests that the higher the level of education, the greater the desire to utilize one's knowledge and skills, as well as the greater the job demands, which can affect work behavior.

This research is consistent with a study conducted by Sari (2015), which stated that there is no significant relationship between education and the occurrence of burnout syndrome in healthcare workers. The analysis results between education level and burnout syndrome showed no significant relationship between the variables, with a p-value of 0.752 ($p\text{-value} > 0.05$). The respondents' education level was dominated by a

DIII Nursing degree, with 52 individuals (98.1%) and only one individual (1.9%) with Bachelor Degree of Nursing. The lack of relationship between education level and burnout syndrome may be due to the fact that most of the practicing nurses in the MS and Ratna Rooms have the same education level, which is a DIII Nursing degree, which may not produce generalizable results.

The Impact of Marital Status on the Occurrence of Burnout Syndrome among Healthcare Workers in the working area of Puskesmas Batakte, Kupang Regency

The term "marriage" refers to an agreement between a prospective husband and wife that enables them to cohabit as spouses in order to form a family. In this research, the marital status of the respondents is defined as their current marital status, which may be unmarried, married, widowed, or divorced. Those who are already married may be at risk of experiencing burnout if their marriage is not harmonious or if they have a partner who is unable to provide social support.

The bivariate test results indicate that there is a correlation between marital status and the occurrence of burnout syndrome among healthcare workers in Puskesmas Batakte, Kupang Regency. This suggests that marital status is one of the factors influencing the incidence of burnout syndrome. According to the researcher, marital status affects the incidence of burnout syndrome because there are more healthcare workers who are married with a high level of burnout. This may be due to the fact that individuals who are married have more responsibilities and demands compared to those who are unmarried, resulting in a greater mental burden. Married individuals have responsibilities towards their family and work, which differ from those who are unmarried and can focus solely on their work (Santoso, 2021).

In this study, it was found that married female healthcare workers tend to experience more burnout compared to unmarried female healthcare workers. According to Anoraga (2005), women are expected to perform five roles, namely as a wife/partner, as a household manager, as a procreator, as a mother to children, and as a citizen. Given these demands, the role of women is indeed burdensome. It is impossible for everything to run smoothly, as there will always be tasks that are left unfinished or neglected, and these tasks tend to accumulate in quantity, leading to physical, mental, and emotional fatigue, resulting in a cynical attitude and ultimately decreased work effectiveness. This is why the dimensions of exhaustion, cynicism, and ineffectiveness are higher in married female career women than in unmarried female career women, as unmarried women who choose to pursue a career have not yet encountered the dilemma of their role and function as a woman, as experienced by some married career women.

This study is in line with the research conducted by Sari (2015), which stated that there is a significant relationship between marital status and the incidence of burnout syndrome among healthcare workers. The analysis results showed a significant relationship between marital status and burnout syndrome, with a p-value of 0.015 ($p\text{-value} < 0.05$). The proportion of respondents who were married was 23 people (43.4%) and unmarried was 30 people (56.6%). The proportions shown were similar. Based on the results of the cross-tabulation, 5 respondents (9.5%) who were married experienced severe burnout syndrome. The responsibilities of an individual after marriage are different from those who are unmarried, both financially and socially. In addition to workloads, a married individual also has a responsibility to support their family and must be able to function socially in the community. According to Lakoy (2009), working women who are married often feel unhappy. This is generally due to feeling overwhelmed with responsibilities, experiencing difficulties in maintaining a close relationship with their spouse, resulting in prolonged stress.

The Impact of Work Length on the Occurrence of Burnout Syndrome among Healthcare Workers in the working area of Puskesmas Batakte, Kupang Regency

The length of work refers to the time that is required or used by an individual to perform a job. Generally, an individual works for 6-8 hours a day, with the remaining time (14-18 hours) being used for family and social life, rest, sleep, and other activities.

Bivariate analysis results indicate that there is a relationship between the length of work and the occurrence of burnout syndrome among healthcare workers in Puskesmas Batakte Kabupaten Kupang. This suggests that the duration of work is one of the factors that influence the occurrence of burnout syndrome. Simultaneously, the duration of work has a strong influence on the occurrence of burnout syndrome with a significant p-value of 0.000. According to the researcher, the duration of work affects the occurrence of burnout syndrome because the human body has a limit to its ability to perform daily activities, especially in performing work. Working for an extended period without rest can lead to a decrease in physical, mental, and emotional abilities. Extending work hours beyond the recommended limit of 8 hours per day is usually not accompanied by high work efficiency. Instead, it often results in a decrease in productivity, as well as an increased likelihood of fatigue, illness, and work-related accidents (Sumawidanta, 2013).

This study has found that the duration of work hours established in the workplace has met the appropriate standards, but the discipline in utilizing the provided work hours by each employee is not adequate. Heavy workloads or intentional accumulation of

workloads have caused many workers to take breaks to complete unfinished work, resulting in longer working hours and less time for rest. If this condition continues, the risk of burnout syndrome in workers will increase, and the likelihood of various diseases will also increase.

This study is consistent with research conducted by Datu (2019) which indicates a relationship between work duration and work fatigue among online motorcycle taxi drivers, with a value of $p=0.023$ ($p < 0.05$). Adding workloads beyond 8 hours per day for online motorcycle taxi drivers to achieve daily targets results in longer working hours, fatigue, reduced productivity, and poses risks to the health and safety of both drivers and passengers.

The Impact of Workload on the Occurrence of Burnout Syndrome among Healthcare Workers in the working area of Puskesmas Batakte, Kupang Regency

Workload refers to the average frequency of activities performed by each job over a specific period. Workload is a record of work outcomes or the volume of work that can indicate the output produced by a group of employees in a particular department.

Bivariate analysis results show that there is a relationship between the workload variable and the incidence of burnout syndrome in healthcare workers at Puskesmas Batakte, Kupang District. This indicates that workload is one of the factors that affect the occurrence of burnout syndrome. Simultaneously, work experience has a very strong influence on the incidence of burnout syndrome with a significant p-value of 0.000. In this study, it was found that the workload of each worker differs depending on their position. Workers have a heavy workload due to several factors, including job complexity, additional responsibilities, and non-routine work that can occur at any time. These factors increase the workload of workers, making it more challenging for them to complete their tasks on time, and leading to physical and mental fatigue, which impacts their productivity.

From an organizational perspective, workload relates to productivity, while from an individual perspective (worker), it represents a burden of time and energy. As a result, each worker may receive a workload that exceeds their capacity and ability, leading to exhaustion both physically and mentally (Putry, 2019).

This study is consistent with research conducted by Hidayat and Sureskiarti (2019) that stated there is a significant relationship between workload and burnout syndrome in nurses at RSUD I. A Moeis Samarinda. The analysis results showed a significant relationship between workload and burnout syndrome, with a p-value of 0.041 ($p\text{-value} < 0.05$). This is in line with the theory that high workload and repetitive routine tasks can cause burnout syndrome.

The Impact of Social Support on the Occurrence of Burnout Syndrome among Healthcare Workers in the working area of Puskesmas Batakte, Kupang Regency

Social support refers to resources provided by others to individuals that can influence their psychological well-being (Cohen & Syme in Apollo & Cahyadi, 2012). Social support can be assessed by the extent of social interactions involved in relationships related to the surrounding environment. Social support is a feeling of comfort, attention, appreciation, receiving help or information from others or groups.

The results of the bivariate test show that there is an influence between the social support variable and the occurrence of burnout syndrome among healthcare workers in Puskesmas Batakte, Kupang Regency. This indicates that social support is one of the factors that influence the occurrence of burnout syndrome. Simultaneously, length of employment has a very strong influence on burnout syndrome with a significant p-value of 0.001. In this study, workers received social support from colleagues and family, and the support received helped alleviate the mental burden of their work as well as allowed them to discuss work-related issues with their friends. Recognition of successful work completion is also a form of social support received by workers that can increase their work enthusiasm. Close relationships between colleagues also allowed them to share important work-related information that could help one another. Feeling comfortable, valued, and supported by colleagues and family can reduce the incidence of burnout syndrome.

This study is consistent with research conducted by Romadhoni (2015), which stated that the social support variable statistically negatively and significantly affects burnout syndrome among librarians in the city of Mataram. This means that a decrease in the level of social support will increase the incidence of burnout syndrome, and vice versa, if social support decreases, the incidence of burnout syndrome will increase. This is in line with Sarafino's opinion (2017), which states that the presence of social support makes individuals feel confident that they are loved and valued, thus reducing the symptoms of burnout they experience. Conversely, the absence of social support can cause tension and increase the incidence of burnout.

CONCLUSION

There is no significant influence of age, gender, or education on the occurrence of burnout syndrome among healthcare workers in the working area of Puskesmas Batakte, Kupang Regency. However, there is a significant influence of marital status, length of work, workload, and social support on the occurrence of burnout syndrome among healthcare workers in the same area. Furthermore, the variables of length of work, workload, and social support have a simultaneous effect on the occurrence of burnout syndrome among healthcare workers in the working area of Puskesmas

Batakte, Kupang Regency. Among these variables, workload is the most dominant factor that influences the occurrence of burnout syndrome among healthcare workers in the working area of Puskesmas Batakte, Kupang Regency.

SUGGESTIONS

It has been found that work duration, workload, and social support affect the occurrence of burnout syndrome, therefore healthcare professionals are obliged to take action to reduce the risk of burnout syndrome by exploring the individual capabilities of healthcare workers, providing opportunities for them to express their creative ideas and self-actualize.

Based on the conducted research, work duration, workload, and social support are factors that cause healthcare workers to experience burnout syndrome. Hence, there is a need for increased awareness and shared responsibility towards tasks and responsibilities among healthcare workers. It is also essential to maintain effective communication and create a comfortable work environment for all healthcare professionals.

There is no influence of age, gender, or education on the occurrence of burnout syndrome among healthcare professionals in the Batakte Primary Health Center Work Area, Kupang Regency. However, marital status, work duration, workload, and social support have an impact on the occurrence of burnout syndrome among healthcare professionals in the same work area. Simultaneously, work duration, workload, and social support are the variables that have an influence on the occurrence of burnout syndrome among healthcare professionals in the Batakte Primary Health Center Work Area, Kupang Regency. Workload is the most dominant variable that affects the occurrence of burnout syndrome among healthcare professionals in the same work area.

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