



The Effect of Spirituality on Burnout Nurses in West Sumatra Hospital During the COVID-19 Pandemic

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Abstract

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BACKGROUND: Spirituality can make a nurse have self-acceptance to the conditions and changes that occur in themselves and their work environment and adapt to the conditions they experience. Nurses who work in hospitals during the COVID-19 pandemic experience conditions that are vulnerable to emotional disturbances such as discomfort, anxiety, and stress, these conditions can lead to burnout.

AIM: This study aims to determine the effect of spirituality on burnout in nurses in hospitals in West Sumatra, Indonesia.

METHODS: The population of this study were nurses in four hospitals in West Sumatra Province, with a total sample of 221 nurses selected by proportional random sampling method. The instrument used is the Brief Multidimensional Measure of Religiousness/Spirituality to measure the spirituality of nurses and to determine burnout in nurses is the Maslach Burnout Inventory questionnaire.

RESULTS: The results showed that nurses' spirituality was moderate, with an average value of 3.40. Nurses experienced a moderate level of burnout with an average score of 2.1. The statistical results showed no significant relationship between spirituality and nurses burnout in hospitals in West Sumatra during COVID-19.

CONCLUSION: It hoped that the hospital could make religious activities in preventing nurse burnout so that nurses can face problems in the workplace.

Introduction

Nurses who work during the COVID-19 pandemic experience conditions where they are vulnerable to emotional disturbances such as feelings of fear and anxiety due to fatigue, discomfort, and a sense of helplessness due to the high workload they carry. During this period, the pressure on responsibility for the safety of their families becomes an internal conflict in caring for the patient, increasing emotional stress, and sometimes contributing to burnout. The term burnout introduced by Freudenberg in 1970. It interpreted as a condition of exhaustion or frustration due to the failure of a professional relationship to produce the expected rewards [1].

Based on research results [2], half of the nurses working on the front lines handling COVID-19 experienced high burnout rates in China. It found that health workers who took non-COVID-19 patients also experienced burnout [3]. Soemarmo [4] stated that 82% of health workers in Indonesia experienced moderate burnout in Indonesia, and 1% experienced severe burnout during the COVID-19 pandemic.

Health workers who directly treat COVID-19 patients are twice as likely to experience burnout. Burnout in nurses causes psychological disorders in poor self-assessment, leading to depression [5]. The impact that can be caused by burnout on nurses is a decrease in nurse performance [6].

Spiritual needs are basic needs needed by every human being. The impact of not fulfilling spiritual needs is spiritual distress. That person will be more prone to depression, easily agitated, loss of self-confidence and motivation, hopelessness, refusing ritual activities, and signs such as crying, withdrawing, anxiety, and depression. Angry, suicidal, then supported by physical conditions such as disturbed appetite, difficulty sleeping, and high blood pressure [7].

Doraiswamy and Deshmukh's research results [8] showed that work spirituality reduces nurses' perceptions of work stress. Ghosh [9] stated that a great solution in dealing with work stress that continues to occur is to increase work spirituality. His research showed that job stress is negatively related to spirituality in the workplace. Individuals who have spirituality at work believe that their work is valuable and contributes to goodness.

The COVID-19 pandemic has impacted various aspects of life, including the health-care system. This inevitable situation makes human resources in health services, including nurses, must be able to adapt to the situation. Aspects of spirituality can make a person be able to interpret the meaning of life and have self-acceptance to any conditions to provide a positive response to the changes in them. Based on these phenomena, researchers are interested in knowing the influence of spirituality on nurse burnout in hospitals in West Sumatra, Indonesia, during the COVID-19 pandemic.

Materials and Methods

The study was quantitative research in the form of analytical observation. The population of this study were nurses at four General Hospitals in West Sumatra Province; there were dr Rasidin Padang Hospital, Unand Education Hospital, Padang Panjang Hospital, and Arosuka Solok Hospital. The four hospitals were referrals for treating COVID-19 patients. The sample of this research used proportional random sampling and determined as many as 221 nurses as respondents (Table 1).

Table 1: Distribution of Samples by Hospital in West Sumatra

Hospital	Total population	Number of samples per hospital
RSUD dr. Rasidin Padang	154	$\frac{154}{494} \times 221 = 69$
Unand Education Hospital	77	$\frac{77}{494} \times 221 = 34$
Arosuka Hospital Solok	112	$\frac{112}{494} \times 221 = 50$
Padang Panjang Hospital	151	$\frac{151}{494} \times 221 = 68$
Total	494	221

This study uses a Brief Multidimensional Measure of Religiousness/Spirituality instrument to measure nurses' spirituality as many as 12 questions. The assessment uses a Likert scale with a range of 1–4, strongly agree to disagree. The validity test results of the 12 questions on the spirituality questionnaire were all declared valid and reliable with a Cronbach Alpha value of 0.715.

The burnout instrument for nurses used the Maslach Burnout Inventory questionnaire, consisting of 22 questions using a Likert scale of 0 to 6. The validity test results obtained from 22 questions on the burnout questionnaire, all of which were declared valid and reliable with a Cronbach Alpha value of 0.953.

Burnout consists of three dimensions emotional exhaustion, depersonalization, and nurse self-achievement. The respondents' answers to the questionnaire obtained the mean value for each question. The mean scale used to assess the answers to the questions contained in the questionnaire. Table 2

showed that the criteria for the new mean when using the average per-item question are as follows:

Table 2: Mean assessment categories based on respondents' answers to nurse burnout in hospitals in west Sumatra

Category	Mean	SD	Evaluation
Low	1.326	1.460	$X < M - 1SD < 0.134$
Moderate			$M - 1SD \leq X < M + 1SD$
			$0.134 - 2.786$
High			$M + 1SD \leq X < 2.786$

Spirituality consists of belief values, spiritual coping, and religious practices. The respondents' answers to the questionnaire obtained the mean value for each question. The mean scale used to assess the answers to the questions contained in the questionnaire. Table 3 showed that the criteria for the new mean when using the average per-item question are as follows:

Table 3: Mean assessment categories based on respondents' answers to spirituality

Category	mean	Std. deviation	Evaluation
Low	3.39	0.711	$X < M - 1SD < 2.67$
Moderate			$M - 1SD \leq X < M + 1SD$
			$2.67-4.10$
High			$M + 1SD \leq X < 4.10$

Results and Discussion

Table 4 shows an overview of the characteristics of the research sample.

Table 4: Characteristics of respondents (n = 221)

Variable	Frequency (f)	Percentage
Age		
17–25	13	5.9
26–35	102	46.2
36–45	91	41.2
46–55	15	6.8
Gender		
Man	13	5.9
Woman	208	94.1
Level of education		
Diploma degree	111	50.2
Bachelor's degree	107	48.4
Master's Degree	3	1.4
Years of service		
< 5 years	83	37.6
5–10 years	38	17.2
>10 years	100	45.2
Hospital		
RSUD dr. Rasidin Padang	69	31.7
Unand Education Hospital	34	15.2
Arosuka Hospital Solok	50	22.6
Padang Panjang Hospital	68	30.3

The characteristics of respondents from four hospitals in West Sumatra found 46.2% in the age range of 26–35 years, 94.1% was female sex, 50.2 was in diploma degree of nursing education, and 45.2% respondents experienced with of service > 10 years.

In Table 5, the following will explain the level of burnout among nurses during the COVID-19 pandemic in hospitals in West Sumatra.

Table 5 showed that nurse burnout was in the moderate category with a mean value of 2.1. The results of the burnout analysis on the emotional

Table 5: Burnout levels in nurses during the COVID-19 pandemic at the hospital in west Sumatra

Statement	Mean	Category
Emotional fatigue		
Find work emotionally draining.	1.46	Moderate
Working with people all day takes extra effort.	1.51	Moderate
Feel work makes me tired	1.77	Moderate
Feel frustrated because of work	0.78	Moderate
Feel like I am working too hard	1.29	Moderate
Jobs that require direct contact with patients stress me out.	0.79	Moderate
Feel bored when the work is burdensome.	1.17	Moderate
Total	1.25	Moderate
Depersonalization		
Feel I treat the patient as an object that does not need to be understood personally.	0.35	Moderate
Feel tired when I wake up in the morning and spend the day working.	1.32	Moderate
Have the impression that the patient makes me responsible for some of his problems.	1.81	Moderate
Have limited patience at the end of the workday.	0.82	Moderate
Do not care what happens to my patients.	0.24	Moderate
Feel insensitive to people since I work.	0.36	Moderate
Afraid this job will make me care less about patients.	0.45	Moderate
Total	0.76	Moderate
Self-achievement		
Accomplished many valuable things on this job.	3.85	High
Feel I have much energy at work.	3.90	High
Easily understand what the patient is feeling.	4.42	High
View my patient's problems effectively.	4.38	High
Deal with emotional issues while working quietly.	4.32	High
Feel I have a positive influence on people regarding work.	4.33	High
Easily create a calm environment for the patient.	4.57	High
Feel comfortable when I am near patients at work.	4.55	High
Total	4.29	High
Total Burnout	2.1	Moderate

exhaustion dimension with a mean value of 1.25 and depersonalization 0.76, which means that it is in the medium category. Meanwhile, the nurse's self-achievement dimension is in the high category with a mean value of 4.29.

During the COVID-19 pandemic, burnout is a significant threat to the stability of health workers on the front lines [10]. Burnout included in The 11th Revision of The International Classification of Diseases (ICD-11) as an occupational phenomenon that not classified as a medical condition (WHO, 2019). Nurses face daily challenges in caring for dying or critically ill patients, nurse shortages, and emotional exhaustion [11]. Maslach [5] and Leskovic *et al.* [12] stated that burnout is an individual's response to work-related stress in the long term that can affect job satisfaction, productivity, performance, and well-being.

Nurses who experience burnout give rise to psychological disorders impacted to poor self-assessment, leading to depression [13]. In addition, nurses who experience burnout will also impact decreasing nurse performance [14]. Research conducted by Taghilou *et al.* [15] on 132 nurses at the Urmia Medical Centre found that nurses experienced a 39% increase in burnout and a 20% decrease in performance during the COVID-19 pandemic. According to Schaufeli and Enzmann [16], burnout can also lead to job dissatisfaction, low organizational commitment, absenteeism, and intention to leave work [5].

Table 6 describes the level of spirituality of nurses during the COVID-19 pandemic at hospitals in West Sumatra.

Table 6: Levels of Nurse spirituality during the COVID-19 pandemic at the hospital in West Sumatra

Statement	Mean	Category
Value confidence		
Believe God takes care of me	3.91	Moderate
Feel a profound responsibility to reduce pain and suffering in the world	3.33	Moderate
Total	3.62	Moderate
Spiritual coping		
Think that my life is part of a more significant spiritual force	3.45	Moderate
Turn to God for strength, support, and guidance	3.84	Moderate
Feel God is punishing me for my sins	2.91	Moderate
Wonder if God has forsaken me	3.55	Moderate
Try to understand the situation and decide what to do without relying on God	3.60	Moderate
To what extent is your religion involved in dealing with stress in any way?	3.92	Moderate
Total	3.545	Moderate
Religious practice		
How often do you worship God?	3.92	Moderate
How often do you read your scripture	3.06	Moderate
How often do you participate in your religious activities	2.12	Low
How often do you watch/hear religious programs on TV, social media applications or radio	3.14	Moderate
Total	3.06	Moderate
Total spiritual	3.40	Moderate

In Table 6, the results of data analysis show that nurses' spirituality is in the moderate category with a mean value of 3.40. The results of the spirituality analysis on the aspect of belief values with a mean value of 3.62, spiritual coping with a mean value of 3.545, and religious practices with a mean value of 3.06, which means that they are in the moderate category because they are in the range of values of 2.67–4.10.

Pearson correlation test used to determine spirituality's effect on nurse burnout in hospitals in West Sumatra, Indonesia, during the Covid-19 pandemic. The results of statistical tests are shown in Table 7.

Table 7: The effect of spirituality on nurse burnout in hospitals in West Sumatra, Indonesia during the COVID-19 pandemic

	Burnout	Spirituality
Burnout		
Pearson Correlation	1	0.092
Sig. (two-tailed)		171
N	221	221
Spirituality		
Pearson Correlation	0.092	1
Sig. (two-tailed)	171	
N	221	221

The spirituality questionnaire analyzed how often respondents participate in their religious activities is in the low category with a mean value of 2.12. It happened during the COVID-19 pandemic, and there were restrictions on religious activities due to the lockdown by the government. The government and health institutions urge to reduce the spread of the Covid-19 virus by avoiding religious activities that are congregational or many people and carrying out all these religious activities at home [17].

In the Table 7, the $r = 0.092$ and $p = 0.171$ mean that spirituality does not significantly influence nurse burnout in hospitals in West Sumatra, Indonesia, during the COVID-19 pandemic. The results of this study are different from the research [18], which stated that higher levels of spiritual well-being were associated with lower levels of fatigue.

A review study shows that spirituality is a common strategy used by nurses in dealing with stress and fatigue [19]. Most studies reveal that spiritual and religious beliefs correlated with lower levels of burnout and depersonalization. However, in the review study, two studies did not find a relationship between fatigue and spirituality. No significant correlation found between spiritual orientation and the mean scores for satisfaction and fatigue [20].

Meanwhile, other studies found a non-significant relationship between spirituality and burnout. In this study, no relationship found. It estimated that spirituality as a predictor and fatigue had a high confidence interval [20]. Likewise, this study has a limited number of small samples. So to get more reliable results, it is necessary to conduct research with a larger sample with more diverse characteristics [21].

A possible explanation why spirituality has a non-significant relationship with burnout perceived as a responsibility rather than a coping strategy for dealing with stressors. Health workers assess the practice of spirituality considered taking time off, such as sleep and other types of rest. Another thing is that the spiritual procession is considered a command and will become an obligation, so it is considered a stressor [20].

The research conducted during the COVID-19 pandemic makes taking a break limited. The high workload limits the implementation of spirituality as a coping mechanism for the workload as a stressor during a vast pandemic. Nurses do not have sufficient opportunities to carry out religious worship activities, so the results of this study do not show a significant relationship.

Conclusion

The burnout level and nurses' spirituality are in the medium category, and there is no influence between spirituality and nurse burnout. Nurses during the pandemic have limitations in carrying out religious activities, which a high workload can cause. Hospitals need to pay attention to aspects that make nurses burn out in their work and improve the practice of religious activities in improving nurses' spirituality.

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