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Differences in Nurse Burnout Rates Based on Spiritual Aspects through Self-Leadership Training and Emotional Intelligence Mentoring

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Abstract

BACKGROUND: Burnout is one of the problems that often arise in nurses. This condition needs prevention and one of the ways is a self-leadership approach and emotional intelligence mentoring from spiritual aspects. Spirituality has been shown to be a protective factor among a number of health service-providing populations.

AIM: This study aimed to analyzing differences in nurse burnout rates based on spiritual aspects through self-leadership training and emotional intelligence mentoring.

METHODS: This study used a quasi-experimental method using a pretest-posttest. The population of this study was nurses at RSUD Noongan and RSU GMIM Bethesda Tomohon. Sampling used simple random sampling and a sample of 159 nurses was obtained. This study used the Maslach Burnout Inventory questionnaire on nurses to see the level of fatigue experienced before the intervention was given and the Revised Self-Leadership Questionnaire was adapted to measure nurses' self-leadership and a questionnaire to see the knowledge of research subjects (nurses) related to emotional intelligence. Furthermore, to see the spirituality levels, we used Brief Multidimensional Measure of Religiousness/Spirituality. Data analysis methods used in this study were t-test.

RESULTS: The results show that before the intervention, the results of statistical tests also showed an indirect effect of spirituality on burnout with p = 0.004. Furthermore, before the intervention, the results of statistical tests also showed an indirect effect of spirituality on burnout with p = 0.004. Meanwhile, after the intervention, p = 0.000 is obtained.

CONCLUSION: It can be seen that there are differences in the burnout rates of nurses before and after intervention at the hospital.

Introduction

Burnout is one of the problems that often arise in nurses. Compared to other professions, nurses have higher burnout rates. Caring for others has long been associated with stress [1]. The problem of burnout was found by Khotimah in Pekalongan Hospital in 65.9% of nurses which was caused by the working environment and psychological conditions of nurses [2]. Nurses are more likely to experience burnout due to the nature of their work – with multiple tasks, greater closeness and time spent with patients and relatives, as well as the emotional demands of their work. The consequences of this burnout are low work performance, high isolation levels, and difficulty relating to others [3]. Hera, Rasyidin and Hasmin reported that burnout affects the performance of nurses in the inpatient room of RSUD I Lagaligo, East Luwu Regency [4].

Therefore, the problem of burnout in nurses needs to be considered. One way that can be done is with a self-leadership approach and emotional intelligence mentoring from spiritual aspects. Studies on self-leadership, especially on nurses in Indonesia, has not been widely carried out. The study by Lumondo, Maramis, and Kairupan found that leadership style is related to nurse job burnout [5]. Similar results were found by Mamonto *et al.* who suggested that of the several things causing nurse work stress, the most dominant is a leadership style which puts pressure on nurses' work [6]. The inverse relationship between emotional intelligence and burnout is strong among staffs who have direct contact with patients [7], [8]. Emotional intelligence has also been shown to be a significant predictor of low burnout rates [9].

Another study conducted by Hosseini *et al.* stated that spiritual and religious behavior can reduce stress, anxiety, aggression, and depression [10]. Besides, it is also stated that spiritual and religious behavior can increase hope, mental health, well-being, quality of life, and ability to cope with stress. Religion and spirituality can serve as protective factors against burnout in health-care providers [11]. The previous studies have shown that these factors have been effective in limiting the negative impact of job burnout among human service workers and health service workers. The literature study by George, Ellison, and Larson stated that there is increasing research evidence that religious/spiritual involvement is associated with better physical health, better mental health, and longer survival [12]. Furthermore, it is also stated that religion or spirituality factor is associated with increased resistance to emotional and physical stress in medical practice.

Spirituality has been shown to be a protective factor among a number of health service-providing populations. In a study of 80 mental health and palliative care workers, spirituality appeared to reduce symptoms of physical, emotional, and physical exhaustion [13]. Furthermore, other studies have shown that religion and spirituality are associated with lower levels of fatigue and greater empathy in patients [14]. Leondari and Gialamas conducted a study with a sample of Greek Orthodox Christians [15]. The results of their study showed that attendance at places of worship is associated with better life satisfaction. This finding is in line with the study by Diener and Clifton which showed that religious individuals are more satisfied with their lives [16]. Other similar studies suggested that religious presence is associated with better physical and mental health with less incidence of depression [17]. Taha and Salama revealed that most Malaysian employees consider religiosity an effective approach to improve well-being and reduce stress [18].

Several other studies have shown that religion has a positive effect on negative life consequences such as psychological stress – or stress in general. Another study found that a person's religiosity has a reduced effect of negative stress on life satisfaction. Individuals are less likely to be affected by the stresses of life if they have a direct relationship with God. Therefore, it can be said that religiosity has an important role in managing stress – providing direction/guidance, support, and hope, as in emotional support [19]. Based on this description, researchers are interested in analyzing the differences in nurse burnout rates based on spiritual aspects through self-leadership training and emotional intelligence mentoring.

Methods

In this study, we used a quasi-experimental quantitative design using pre-test and post-test. The population of this study consisted of nurses from RSUD Noongan and RSU GMIM Bethesda Tomohon, with a total of 344 nurses. Sampling was done by Slovin's simple random sampling. And based on the sampling, a sample of 159 nurses was obtained.

In this study, we used the Maslach Burnout Syndrome Questionnaire for nurses to determine the level of burnout experienced prior to the intervention. The Revised Self-Leadership Questionnaire was adapted to measure nurses' self-leadership and a questionnaire to see the knowledge of research subjects (nurses) related to emotional intelligence. Furthermore, the spirituality questionnaire was developed using the Fetzer scale 2003 to see the spirituality levels of each research subject. This questionnaire is called the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS). It was created in 1995 by a team from the Fetzer Institute and the National Institute on Aging.

The study group was divided into three groups. The first intervention group received self-leadership training using training methods. The second intervention group received emotional intelligence mentoring using group counseling methods. Finally, the third intervention group received self-management training and emotional intelligence development interventions.

The training was carried out effectively for 7 h in 1 day and was divided into five sessions. In the first session, an introduction was made to build a relationship between the resource people and the research subjects and to arouse the interest of the research subjects. In addition, an introduction was also given to the research subjects in the form of an overview of the basic principles of self-leadership. In the self-leadership training session, the research subjects were given material based on three self-leadership strategies. The behavior-focused strategy material aims to increase the ability to regulate the research subject's self-awareness so they get the correct behavior management. The natural reward strategy material aims to make the research subjects able to create situations when they are motivated and get rewards from things that are attached to the tasks or activities they do. Constructive thought pattern strategy material aims to improve the ability of the research subjects in managing thought patterns so they are able to replace destructive thoughts with constructive thought patterns. These materials were given in the form of discussions, lectures, video shows, and role-plays.

The intervention that was given as an effort to develop emotional intelligence was reality therapy which was carried out with the group counseling method. This therapy focuses on the research subject's current behavior. Psychological facilitators (psychologists/counselors) confront the research subjects in ways that can help them face reality and fulfill their basic needs without harming themselves or others.

We use t-test to evaluate the differences before and after the intervention. The t-test used to know the

difference before and after treatment at each hospital. Here's how we use this test:

RSUD Noongan	RSU GMIM Bethesda Tomohon
1st group	1st group
2nd group	2nd group
3rd group	3rd group

Results

Based on Table 1, it can be seen that before the intervention, the effect of spirituality on self-leadership was 0.004, meaning that there was a direct effect of spirituality on self-leadership. Meanwhile, after the intervention, p = 0.000 is obtained, meaning that there is an effect of spirituality on self-leadership.

Table 1: Differences in nurse burnout rates based on spiritual aspects through self-leadership training and emotional intelligence mentoring interventions at RSU GMIM Bethesda

Variables	p-value	
	Before intervention	After intervention
Spirituality → Self-leadership	0.004	0.000
Spirituality → Emotional intelligence	0.013	0.000
Spirituality → Burnout	0.004	0.000

In addition, before the intervention, the results of statistical tests related to the effect of spirituality on emotional intelligence obtained p = 0.013, meaning that there was a direct effect of spirituality on emotional intelligence. Meanwhile, after the intervention, p = 0.000 is obtained, meaning that there is an effect of spirituality on emotional intelligence.

Then, before the intervention, the results of statistical tests also showed an indirect effect of spirituality on burnout with p = 0.004, meaning that there was an indirect effect of spirituality on burnout. Meanwhile, after the intervention, p = 0.000 is obtained, meaning that there is an indirect effect of spirituality on burnout.

Based on Table 2, it can be seen that before the intervention, the effect of spirituality on self-leadership was 0.092, meaning that there was no direct effect of spirituality on self-leadership. Meanwhile, after the intervention, p = 0.000 is obtained, meaning that there is an effect of spirituality on self-leadership.

Table 2: Differences in nurse burnout rates based on spiritual aspects through self-leadership training and emotional intelligence mentoring interventions at RSUD Noongan

Variables	p-value	
	Before intervention	Before intervention
Spirituality → Self-leadership	0.092	0.000
Spirituality → Emotional intelligence	0.032	0.000
Spirituality → Burnout	0.048	0.000

In addition, before the intervention, the results of statistical tests related to the effect of spirituality on emotional intelligence obtained p = 0.032, meaning that there was a direct effect of spirituality on emotional intelligence. Meanwhile, after the intervention, p = 0.000

is obtained, meaning that there is an effect of spirituality on emotional intelligence.

Then, before the intervention, the results of statistical tests also showed an indirect effect of spirituality on burnout with p = 0.048, meaning that there was no indirect effect of spirituality on burnout. Meanwhile, after the intervention, p = 0.000 is obtained, meaning that there is an indirect effect of spirituality on burnout.

Discussion

Based on the results of the study, it can be seen that there are differences in the burnout rates of nurses before and after intervention at RSU GMIM Bethesda and RSUD Noongan. The interventions provided were in the form of self-leadership training and emotional intelligence mentoring from the spiritual aspects. Workers get life values not only at home, but they also look for every life value that comes from the work environment.

Spirituality can make humans as complete beings intellectually, emotionally, and spiritually. One who carries the meaning of spirituality in their work activities will feel that their life and work are more meaningful [20]. This makes a person able to motivate themselves to further improve their performance. This is closely related to self-leadership, namely, the ability to motivate oneself in maintaining performance. The importance of self-motivation in self-leadership will determine one attitude in dealing with fatigue in the world of work. One with good self-motivation will tend not to be affected by negative things such as challenges in the world of work.

Spirituality also involves self-control. One spirituality will be able to guide them to take an appropriate action while still thinking about the consequences of that action. Spiritual intelligence will help individuals in deciding what is good and what is not, help them see far ahead regarding all possibilities that will happen and help them possess the desire to continue to improve themselves. With good spirituality, one will be able to control themselves – including in terms of emotions, which in this case, is related to emotional intelligence.

Emotional intelligence and spirituality are needed by individuals so that their intellectual intelligence can be used in accordance with predetermined norms and values. Thus, with the existence of emotional intelligence – which is supported by good spirituality, it will individuals able to control themselves more, even, when they are under work pressure and work fatigue or burnout. Furthermore, Mumtaz argued that workplace spirituality could enhance nurses' job satisfaction [21].

In this study, self-leadership and intelligence proved to have a significant effect on spirituality. Based on the results of this study, self-leadership and intelligence have an effect of 97.2% on the spirituality levels of nurses at RSUD Noongan and RSU GMIM Bethesda Tomohon.

Spirituality is an aspect of humanity that refers to the way individuals seek explicit meaning, purpose – and the way they experience their connection to the present moment, to their selves, others, nature and meaning, or sacredness. In other words, spirituality is a supernatural dimension that can affect and shape the quality of the soul, synergize relationships with God and the universe for a balanced and good life goal.

This study demonstrated that emotional and spiritual intelligence have a direct, positive impact on generating caring behavior, while job burnout as other antecedents found significant to affect caring behavior. However, only spiritual intelligence could affect job burnout comparing with emotional intelligence. This suggests that spiritual intelligence play a more salient role in determining job burnout and caring behavior among nurses [22].

A good form of spirituality in individuals will produce a more holistic – altruistic orientation, service to humans, commitment to truth, and other forms of noble behavior, as well as self-awareness. To raise self-awareness in a person, it is necessary to have self-leadership in the forms of self-control, optimism, and encouragement to do the best. Self-leadership is an increase in one effectiveness in managing their mindset. Self-leadership is also defined as the process of influencing oneself to build self-direction and self-motivation, especially to do and complete important and complex tasks and jobs, so that personal goals are achieved.

Intelligence is related to the ability to use emotions effectively in managing oneself and positively in influencing relationships with others. Self-leadership and intelligence will lead nurses to take the right actions while still being able to think about the consequences of those actions. Moreover, in this case, a good spirituality will be formed when someone has good self-leadership and intelligence.

Self-management refers to the self-influencing process aiming to meet externally set standards and objectives. For instance, when an employee needs to follow strict regulations within a job task, this procedure is not autonomously chosen and, hence, externally determined. Still, the individual can self-manage motivation and behavior using cognitive and behavioral self-influencing strategies. The use of behavior-focused strategies, such as self-observation, goal-setting, and tangible self-rewards, can function as powerful motivators for actual performance. Moreover, constructive thought pattern strategies and natural rewards strategies are helpful for making boring, difficult, or otherwise challenging job tasks more naturally rewarding or, at least, more meaningful [23].

Breevart et al. found in a daily diary study among maternity nurses, that behavior-focused self-leadership strategies (self goal setting, self-observation, and self-cueing) had positive effects on work engagement through the mediating effect of the specific job resources "feedback" and "developmental opportunities" [24]. There is also evidence for the influence of cognitive self-leadership strategies on outcomes related to well-being and job satisfaction as it was confirmed that this relationship is negatively mediated by dysfunctional thought processes [25].

Furthermore, natural rewards strategies are assumed to play a central role in the motivational process as they are specifically aimed to improve intrinsic motivation [26].An intervention study among a group of psychology students, aimed to determine which self-leadership strategies were perceived as most beneficial for improving their motivation and performance for their studies [27]. It was found that the students most appreciated the natural rewards strategies as these were helpful to increase their intrinsic motivation during their studies [28]. Furthermore, evidence finds that natural rewards strategies are negatively associated with fear of failure and these strategies have a unique and strong relationship with job performance [26], [27].

Conclusion

Based on the results of the study, it can be concluded that there are differences in nurse burnout rates based on spiritual aspects through emotional intelligence training and emotional intelligence mentoring interventions at RSU GMIM Bethesda and RSUD Noongan. The researchers hope that in addition to increasing emotional intelligence and self-leadership, nurses at RSUD Noongan and RSU GMIM Bethesda Tomohon should also increase their spirituality to minimize the occurrence of burnout syndrome. Besides, it is expected that the leaderships in RSUD Noongan and RSU GMIM Bethesda Tomohon to be able to create a conducive work environment and try to support nurses in improving their emotional intelligence, self-leadership, and spirituality to minimize the occurrence of burnout syndrome.

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