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The Relationship between Self-Efficacy with Burnout during Pandemic Situation among Nurses in Bali

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Abstract

Background: Health workers, especially nurses, are at the forefront of fighting Covid-19. Nurses carrying out their duties during a pandemic are vulnerable to experiencing pandemic burnout. The impact of the burnout pandemic will cause a decrease in service quality. Nurses carrying out their responsibilities during the Covid-19 pandemic require self-efficacy in their abilities. Self-efficacy is a person's belief that he can master the situation and produce something positive. **Objective:** This study aims to determine the relationship between self-efficacy and nurses' pandemic burnout in Bali. **Method:** This research was quantitative, with a non-probability sampling design and a cross-sectional approach. Total sampling was used with 103 respondents. **Result:** Most nurses have high self-efficacy at 49 people (47.6%) and low pandemic burnout at 48 people (46.6%). The Spearman rank correlation test showed that the p-value = 0.000 with a correlation strength value of 0.537 had a negative correlation direction. **Conclusion:** the higher the self-efficacy, the lower the nurse's pandemic burnout. Nurses who have good self-efficacy tend to experience low pandemic burnout. Self-efficacy will help nurses to survive in the face of obstacles and unpleasant experiences, especially during the current pandemic.

Keywords: Pandemic burnout; self-efficacy; Nurses

INTRODUCTION

The Covid-19 pandemic in Indonesia has caused a heavy burden on the healthcare system in the country, including health workers. The most visible risk is the safety aspect of health workers. Health workers on the front line are very vulnerable to COVID-19, so they risk life-threatening. Hundreds of medical personnel died from infection with Covid-19 while carrying out their duties [1].

The data show that there has been a substantial increase in the number of patients treated by the hospital. This represents a rapid increase in emergency cases but needs to be commensurate with the effort required by ED nurses. As a result, the increase in the number of patients and staff shortages can threaten workers' psychological health, resulting from extended working hours, which will cause nurses to experience pandemic burnout.

Pandemic burnout is a psychological syndrome that includes emotional, physical, and mental exhaustion due to extreme stress in health facilities during a pandemic. The impact of this burnout pandemic can cause emotional fatigue, loss of empathy, and lack confidence in health workers [2].

Data shows that around 9% of Covid-19 cases are experienced by medical personnel in Italy. More than 3,300 medical personnel in China are also infected [3]. 83% of health workers in Indonesia experience moderate and severe burnout syndrome. Moreover, 41% of health workers experienced moderate and severe emotional exhaustion, 22% experienced moderate and severe loss of empathy, and 52% experienced moderate and severe lack of confidence [4].

Burnout occurs due to prolonged work stress, which nurses cannot avoid. Hospitals can deal with prolonged work stress on nurses by rotating the room, giving awards, and doing activities such as outbound to reduce pressure on nurses. Another way can do in which the cognitive process assesses their ability to cope with stress is self-efficacy [5].

Self-efficacy is a person's belief that he can deal with the situation and produce something positive. A person needs confidence in his ability to carry out every task and responsibility given. Someone with a high level of self-efficacy will believe that they can do something to change the obstacles around them. In contrast, someone with low self-efficacy considers themselves unable to do everything around them [6].

A previous study showed 45% of 111 had low self-efficacy, and 55% of respondents had high self-efficacy [7]. Another study found that 17 people (54.8%) have a high level of self-efficacy, and 14 people (45.2%) have a very high level of self-efficacy. If the nurse has poor self-efficacy, it will harm the patient and impact working errors that threaten the patient's life [8].

OBJECTIVE

This study aimed to determine the relationship between self-efficacy and pandemic burnout among nurses in Bali.

METHODS

This type of research was quantitative descriptive correlational with a cross-sectional approach. The sampling technique in this study was total sampling, with 103 nurses. The instruments used in this study were self-efficacy questionnaires and pandemic burnout questionnaires. The research was conducted by distributing online questionnaires via a google form. The data collected was analyzed using the Spearmen Rank statistical test.

RESULTS

The data from the results of this study were carried out with univariate and bivariate tests. The results of the data analysis are presented in the table below.

Respondents Characteristics

Table 1 describes the characteristics of respondents based on age, gender, education, years of service, and marital status. Based on table 1 above, the majority of respondents aged more than 30-50 years were 56 people (54.4%), 58 were female (56.3%), 62 bachelor's degrees (60.2%), 46 people (44.7%) have worked experience than 5-10 years and 65 people is married (63.1%).

Table 1. Respondents' characteristics (N=103)

Characteristics	(n)	(%)
Age		
20 – 30 years	34	33.0
> 30 – 40 years	56	54.4
> 40 years	13	12.6
Sex		
Female	58	56.3
Male	45	43.7
Education		
Diploma	41	39.8
Bachelor's degree	62	60.2
Working experience		
1 – 5 years	27	26.2
> 5 – 10 years	46	44.7
> 10 years	30	29.1
Marital status		
Married	65	63.1
Single	38	36.9

Nurses' self-efficacy

Table 2 describes the self-efficacy of nurses in Bali. Based on table 2 above, most of the respondents, 49 nurses, have high self-efficacy (47.6%).

Table 2. Nurses' self-efficacy

Self-Efficacy	(n)	(%)
Low	20	19.4
Fair	34	33.0
High	49	47.6
Total	103	100

Nurses' pandemic burnout

Table 3 describes the burnout pandemic among nurses in Bali. Based on table 3 above, most of the 48 nurses have a low burnout pandemic.

Table 3. Nurses' pandemic burnout

Pandemic Burnout	(n)	(%)
Low	48	46.6
Fair	32	31.1
High	23	22.3
Total	103	100

Relationship nurses' self-efficacy and pandemic burnout

Table 4 describes the relationship between self-efficacy and nurses' pandemic burnout. Based on table 4 above, 36 nurses have high self-efficacy with low pandemic burnout, as many as 36 people (35.0%), with an R-value of -0.537 and a p-value of 0.000.

Table 4. Relationship nurses' self-efficacy and pandemic burnout

Self-Efficacy	Pandemic Burnout						r	p
	High		Fair		Low			
	f	%	f	%	f	%		
Low	13	12.6	5	4.9	2	1.9		
Fair	4	3.9	20	19.4	10	9.7	-0.537	0.000
High	6	5.8	7	6.8	36	35.0		
Total	23	22.3	32	31.1	48	46.6		

DISCUSSION

The results showed that most of the 20 respondents (19.4%) had low self-efficacy, 36 respondents (34.9%) had moderate self-efficacy, and 49 respondents (47.6%) had high self-efficacy. This study's results align with other studies where most of the nurses, 53 nurses (86.9%), have high self-efficacy [9].

Self-efficacy is a belief in the ability to complete the job successfully. Self-efficacy refers to an individual's faith in their ability to mobilize the motivation, cognitive resources, and actions needed to successfully carry out a task in each context. Self-efficacy is a part of a person's abilities [10].

Nurses must have a specific behavioral disposition to solve the problems they face. One of these behavioral dispositions is self-efficacy. The view that nurses have in doing work, which has an essential role in the work behavior of nurses, is referred to as nurse self-efficacy [11]. In addition, self-efficacy in nursing is also seen as a critical component or main component to demonstrating behavior independently in the nursing profession [12].

Nurses' self-efficacy is formed through a social learning process in hospitals. Self-efficacy is developed as a process of adaptation and learning in that place. High self-efficacy will help individuals to

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complete tasks and reduce the workload psychologically and physically [13].

The results showed that low pandemic burnout was 48 nurses (46.6%), moderate pandemic burnout was 32 nurses (31.1%), and high pandemic burnout was 23 nurses (23.3%). This study's results align with Prestiana & Purbandi's (2012) research, which states that most nurses experience low burnout as many as 14 nurses (38%).

Pandemic burnout is a condition of physical, mental, and emotional exhaustion due to a pandemic that lasts for a long time. In this case, the pandemic referred to is the Covid-19 pandemic [14]. The demands of working 24 hours a week reduce the rest time for nurses to diminish the fulfillment of physical and mental needs. Satisfaction with physical and mental requirements that are lacking can cause nurses to choose to leave their jobs. These are signs of a burnout pandemic for nurses.

The results showed that most respondents had high self-efficacy with low pandemic burnout (35.0%), with an R-value of -0.537 and p-value of 0.000. The correlation coefficient indicates that the greater the value of one variable, the smaller the value of the other variables. The strength of the relationship in this study showed a moderate level of connection. The direction of the relationship in this study is negative, which means that the higher the level of self-efficacy, the lower the burnout level. The p-value of 0.000 indicates a significant relationship between self-efficacy and pandemic burnout.

This study is in line with Pamungkas (2018), that found a significant relationship between self-efficacy and burnout in nurses. This means that self-efficacy has a role in the highs and lows of burnout [15]. The higher self-efficacy will reduce burnout. The ability to deal with pandemic burnout is related to the belief in a person's ability to control himself in carrying out problem-solving strategies faced in the workplace to reduce the level of burnout experienced and improve performance in providing health services to patients.

Self-efficacy is the main predictor of behavior that can affect the start and the length of time the person will fulfill the task [16]. Burnout is caused by unresolved work stress that causes emotional exhaustion, personality changes, and decreased personal achievement [17]. This can be done by having high self-efficacy to increase nurses' optimism and commitment to carrying out their duties [18].

Another support, Damayanti & Sabri (2014) found that there is a significant relationship between self-efficacy and burnout. The higher the respondent's self-efficacy, the lower the burnout experienced by nurses [19]. Individuals have high self-efficacy, and the tendency to succeed at work is very high. This is due to an increase in self-confidence/self-efficacy by an increase in motivation within the individual [20]. Damayanti & Sabri's (2014) research shows a significant relationship between self-efficacy and burnout. The higher the respondent's self-efficacy, the lower the burnout experienced by nurses and vice versa [19]. Individuals have high self-efficacy, and the tendency to succeed at work is very high. This is due to increased self-confidence/self-efficacy by increasing motivation within the individual [20]. An individual's estimate of self-efficacy determines how much effort will be made and who will persist in facing obstacles or unpleasant experiences. Besides, the nurses' understanding and confidence in their abilities will effectively support their knowledge and skills to deal with their situations.

CONCLUSION

There is a relationship between self-efficacy and pandemic burnout in nurses, where high self-efficacy can reduce the pandemic burnout experienced. It is hoped that nurses who have high self-efficacy can maintain their self-efficacy. Hospital management is expected to develop strategies to prevent nurses who experience pandemic burnout from turning over. Further research is expected to examine interventions to reduce pandemic burnout in nurses.

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FINAL GRADE

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GENERAL COMMENTS

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