

The Relationship between Perceptions of Management Rules with the Tendency of Burnout in Nurses

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Abstract: Health care is a service that deals directly with the community (human service) as a result of collaboration between nurses, doctors, and health care organization management teams. The unique characteristics of the health organization that is the place of research is the alertness of all hospital staff who prioritize service to patients with a motto of serving with love. This study aims to determine the relationship between perceptions of management regulations and the tendency of burnout in nurses. Perception of management regulations is the assessment or evaluation, interpretation and knowledge of nurses on the rules or agreements of company managers with nurses regarding rules or management, commitments, company policies, job demands, company support, and awards from management to nurses. Burnout is a condition of saturation, prolonged stress, and psychological stress caused by physical, mental, and emotional fatigue which is influenced by several factors, both internal and external factors. The number of subjects in this study were 140 people taken from 215 nurse populations through simple random sampling technique. The hypothesis proposed in this study is that there is a negative relationship between perceptions of management regulations and the tendency of burnout to nurses. This research method uses a quantitative approach and uses two measurement scales, namely the scale of perception of management regulations and the burnout scale. The analysis used is the product moment correlation parametric statistics that are processed with SPSS Windows 21 for IBM software. The results obtained show that burnout in high nurses followed by perceptions of management regulations is also high. This happens probably due to the demands of the family of patients who want to be able to get immediate service, so many insurance patients need the right services. Other things include inadequate company facilities that hinder service and cause high burnout of nurses.

1 INTRODUCTION

Health is a very important thing in human life, so many health service organizations have emerged as a form of government programs aimed at improving public health. Health care providers are required to be able to provide maximum service to the community. This is important, because patients expect services that are ready, fast, and thorough for the healing of the disease they experience. Health efforts need to be carried out with a maintenance approach, health improvement (promotive), disease prevention (preventive), curative healing, and health care (rehabilitative), which are carried out in a comprehensive, integrated and sustainable manner (Khotimah, 2010).

Regarding health services, the role of doctors, nurses and management teams are very important to achieve maximum service. Services provided by health care organizations are services that deal directly with the community (human service) as a result of the collaboration between nurses, doctors, and health care organization management teams where all are required to support each other in providing health services continuously in accordance with the standards has been regulated by health care organizations. It was stated by Mariyanti and Citrawati (2011) that inpatient services involving patients, doctors, and nurses in sensitive relationships concerning patient satisfaction, service quality and hospital image. This is what the Husada Utama Hospital of Surabaya then used as a foothold in service and gave birth to a vision as a leading

health care center for patients and families through professional and quality services. Of course, the consequence of this vision is the demand for nurses and medical personnel to be able to achieve the vision of the hospital.

The Demands to be able to provide services according to standards so that the company can always achieve excellence, both in terms of production and services, including demands on medical personnel at the Husada Utama Hospital Surabaya. On the one hand, it is natural that the hospital or company provides the best for patients and other service users. On the other hand it is also not uncommon to present its own pressures on human resources in it. Robbins (2006) argues that task demands are a factor that is related to one's work and that it puts pressure on the individual if the demands of speed assignments are felt to be excessive and can increase anxiety and stress. These pressures in psychological terms are known as burnout.

Burnout is generally found in human service professions, namely people who work in fields that are directly related to many people and perform services to the general public (Wulandari, 2013). The study conducted by Rachmawati mentioned the results of a survey conducted by the Indonesian National Nurses Association (PPNI) in 2006, showing that around 50.9 percent of nurses working in four provinces in Indonesia experienced work stress (Khotimah, 2010). Such conditions according to Khotimah (2010) seem to be exacerbated by demands from organizational management so that nurses can always provide maximum service.

Based on observations of nurses in charge at the Husada Utama Hospital Surabaya surgery room unit conducted by the head of the surgery room unit, it was shown that some nurses often arrived late, often slept when guarding the service, were a bit aggressive when communicating with fellow employees, seemed less careful in working with employees other. The same thing was also reflected in a news article on www.harianhaluan.com on November 5, 2015 which stated that there were nurses who applied thugs. It happened in the South Solok Hospital that there were nurses who yelled at the families of patients with few words that tended to be rude.

Some behaviors shown by nurses, both in South Solok and in Surabaya according to Rahman (2007) are indicators of burnout. Further explained that the tendency to be cynical, often come late, and skip work can be a benchmark for the occurrence of burnout in nurses. Pines and Maslach (1978) said

that several studies of burnout were found in social workers, nurses, psychiatrists, psychologists, prison guards, child caregivers, teachers, and counselors with almost the same conditions.

As a result of burnout in nurses, often raises emotional reactions such as anger, anxiety, fear, and aggression which are very influential on the care of nurses in patients. Sulistyawati (2007) in her study wrote that the effects arising from burnout are decreased motivation for work, cynicism, the emergence of negative attitudes, frustration, feelings of being rejected by the environment, failure, and low self esteem. Maslach (1982) also argued that burnout has three dimensions, namely fatigue, cynicism, and low self-esteem and also implicitly recognizes the existence of supporting factors for the creation of burnout conditions in the work environment where the interaction between the giver and recipient of the service occurs.

The discrepancy between what employees expect and what the company gives to employees, such as lack of support from superiors and unhealthy competition among co-workers is a psychological working environment that can affect the appearance of burnout in employees (Sihotang, 2004). Rafii's research, Oskouie and Nikravesh (2004) which examined a number of nurses, showed that burnout causes emotional avoidance, low quality work and gives a negative impression on interpersonal, intrapersonal and achievement of an organization.

Pines and Aronso (1989), burnout is defined as a state of physical, emotional and mental exhaustion caused by long-term involvement in emotionally charged situations. Sihotang (2004) argues that physical, mental, and emotional fatigue called burnout can occur due to stress suffered by individuals for a long time, in situations that require high emotional involvement. Burnout can even cause a low attitude of caring, rude attitude, lack of self-respect, and an aggressive attitude. Weiten (2010) added that burnout is often related to job demands and regulations, which usually occur in individuals who work in the field of social services.

Job demands as written forms in a company regulation are explicit statements addressed to an employee about things that must or should not be done (Gammahendra, Hamid, and Riza, 2014). Not infrequently a regulation and organizational policy, is less clear so that sometimes the perception of siding with an employee's working period without seeing ability and lacking more opportunities for employees in developing abilities or expertise. This is what is then felt as a stressful demand for employees which then raises the burnout on the

nurse. That is, the perception of nurses and employees regarding the rules and policies of hospital organization management is thought to be the cause of the emergence of burnout.

Different perceptions of nurses regarding the rules in the company become interesting knowledge, because according to Notoatmodjo (2003) knowledge is the basis for doing something or acting, and related to experience and education. Chaplin (1999) also argues, perception generally depends on a number of stimulant factors, ways of learning, state of mind or mood, and motivational factors.

Perception of management regulations according to Guntur (2010) is a perception of a regulation that is made in writing that contains provisions regarding the terms of work and company rules. Perceptions of the management regulations need to be examined further whether this is one of the things that affect the occurrence of burnout in nurses so that by knowing what is the right and obligation, the services performed by nurses can run smoothly and in line with expectations. According to J. Bryan, Tim Barnett, Kim Hester, & Clint Relya (2003) employee trust in the organization's concern for its welfare and the value of the contribution given is a reciprocal relationship. High employee perceptions of fair treatment of the organization will also increase the level of work productivity. Conversely, low employee perceptions of organizational injustice will lead to decreased productivity and even lead to emotional exhaustion in work, work stress and intense burnout.

Based on the background that has been described, then the formulation of the problem posed in this study is "Is there a relationship between the perception of management regulations with the tendency of burnout on nurses?".

Benefits of research that will be conducted include:

1. Theoretical benefits of adding a scientific study in the organization's industrial psychology and clinical psychology about burnout and perceptions of management rules on nurses.
2. The practical benefits are
 - a. For hospitals that researchers hope this research can be used as a reference and information in making policy companies and organizations in an effort to prevent the occurrence of burnout so that the field of service and production can be maximized.
 - b. For the nurse the researcher hopes this research is used as knowledge and reference

to communicate things that cause burnout at hospital management.

- c. For other researchers that researchers hope this research into a study of other research development.

The hypothesis proposed in this study is that there is a negative relationship between the perception of management regulation and the tendency of burnout in nurses. The assumption, if the perception of positive management rules, the tendency of burnout in nurses to be low, and vice versa. If the perception of negative management rules, then the tendency of burnout in nurses higher.

2 METHOD

2.1 Participants

Participants in this study were 140 nurses out of a total population of 215 nurses at the Husada Utama Hospital Surabaya, with a confidence level of 95%. Sample criteria used are nurses of Husada Utama Hospital Surabaya, aged between 23 to 35 years, working period of more than 1 year. A total of 140 research samples were selected using simple random sampling technique, namely by selecting each individual who was randomly sampled (Latipun, 2011).

2.2 Measurement

Data collection techniques used in this study were questionnaires in the form of a Likert scale with scores moving from 1 to 4. The researcher only used 4 alternative answers because respondents would tend to choose a safe and easy middle answer if there was a choice of answers to abstention or hesitation. Data collection in this study was obtained by using two scales, namely the burnout scale and the perception scale of the management regulations made by the researcher. The measurement of this variable uses a burnout scale that was prepared by the researcher with indicators based on the dimensions of physical fatigue (such as frequent headaches, feeling nauseous, frequent colds, insomnia, lack of appetite, and back pain), dimensions of mental fatigue (such as less sympathy with other people, being cynical, insensitive, difficult to concentrate, and dissatisfaction with work), as well as dimensions of emotional exhaustion (such as irritability, irritability, anxiety, sadness, and despair). The basis of this indicator is derived from the opinion of Pines and Aronson

(1989) that there are three aspects of burnout, namely a) physical fatigue, is fatigue associated with the physical condition of the body, b) mental fatigue, is fatigue which involves low self-esteem and depersonalization, c) emotional fatigue, is fatigue associated with personal feelings. Measurement of perceptions of management regulations was obtained from the perception scale of management regulations based on the management aspects of the Main Husada Hospital of Surabaya.

The results of the calculation of a reliable test with Cronbach Alpha technique on the burnout scale obtained a value of 0.984 while the scale of perception of management regulations obtained a value of 0.924. Reliability test results of both scales obtained more values than the Cronbach Alpha value so that on the scale of burnout and the perception scale of management regulations have good reliability.

2.3 Data Analysis

Data analysis used in this research is using statistical analysis technique. The data technique used in finding relationships and proving the relationship of the proposed hypothesis is using product moment correlation techniques processed with SPSS Windows 21 for IBM software.

3 RESULT

Based on data that has been tabulated and analyzed using product moment correlation from Pearson with calculation using SPSS 21 for IBM obtained $r_{xy} = 0,461$ with significant level $p = 0,000$ ($p < 0,05$) meaning there is significant positive correlation between perception variable to regulation management with variable tendency of burnout in nurses so that research hypothesis that read there is negative correlation between perception to management regulation with tendency of burnout in nurse not accepted or rejected.

4 DISCUSSION

The results showed that there was a significant positive correlation between perceptions of management regulations and the tendency of burnout to nurses. This shows that the hypothesis of this study was not accepted.

This happens because when the subject perceives positively the management regulations by assuming that the company's management regulations are positive, they must be adhered to and implemented properly. And as a consequence, the subject does not reconsider the physical and mental consequences that are possessed so that unconsciously the level of fatigue and saturation of the subject increases and results in experiencing burnout. This is contrary to the opinion of Robbins (2006) that task demands are a factor related to one's work and it puts pressure on individuals if their demands for speed are perceived as excessive and can increase anxiety and stress. In fact, in this research subject when subject perceptions were positive towards management regulations, the subjects were increasingly burnout.

From the results of the mean hypothetical and empirical mean obtained hypothetical mean (μ) on the burnout scale of 52.5 and the empirical mean of 59.39 so that the hypothetical mean $<$ mean empirical which means burnout in nurses is high. On the scale of perception of management rules obtained the value of $\mu = 85$ and the empirical mean of 92.03 which means also the perception of high or positive management regulations. This shows that burnout in high nurses followed by perceptions of management regulations is also high or positive, thus supporting the rejection of the research hypothesis. This may occur, among others, due to the demands of the family of patients who want immediate service, the number of insurance patients so that they need the right services. Other possibilities include inadequate company facilities that hinder service and can cause high burnout to nurses.

The results of this study also do not support the results of the study presented by Noe (1994) that an injustice perception of compensation received can lead to negative employee behavior towards the company and the impact of job involvement which can be seen from low employee commitment and ultimately will reduce their work performance. Further explained about negative perception by Nitisemito (1980) that psychological work environment conditions that are not good, such as poor communication between employees, co-workers, or leaders, will support and maintain the onset of psychological fatigue in the work, so there is the possibility of employees being easily irritated, anxious, and not concentrating on carrying out tasks.

Based on the results of this study, the perception of management regulations only contributed 21.2% to the appearance of burnout in nurses. There are many other factors that may be related to burnout.

This factor illustrates that the hard work in complying with all the regulations that are set is the result of nurses who really feel fatigue, boredom, and drained energy so that it is contrary to the hypothesis of the researcher. The assumption is that nurses or individuals who have good perceptions of management regulations will feel their work or tasks become normal.

Another opinion was also added as a reference to the rejection of the hypothesis that the self-efficacy of nurses in suppressing the occurrence of burnout. Self-efficacy is a part of self-concept. Self-efficacy is an individual's assessment of his ability to perform tasks or actions needed to achieve certain performance (Sulistiyawati, 2007). Bandura revealed that individuals who have high self-efficacy, when facing a pressing situation will try harder and last longer and will be more active in business than people who have low self-efficacy, and will be more daring to set targets or goals to be achieved (Sulistiyawati, 2007).

5 CONCLUSION

Based on the results of the study, it was concluded that the hypothesis was not accepted or rejected, that there was no negative relationship between perceptions of management regulations and the tendency of burnout to nurses. Other researchers who wish to develop and continue this research are expected to be able to pay attention to other factors and examine in more detail the level of tendency of burnout in nurses including gender, nursing or employee work period, coping stress and self-efficacy and self-esteem of nurses or employees and so forth.

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