

# Problem Solving Strategies Using Coping With Burnout on Nurses: Literature Review

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## ABSTRACT

**Background:** Nurses as providers of nursing care have high responsibilities so they are very vulnerable to burnout. Burnout can be overcome by strategies for solving problem using coping with burnout. The purpose of this literature review is to analyze coping strategies that are used by nurses to deal with and overcome burnout while working. **Method:** This literature review method uses PRISMA flow taken from Scopus, Pubmed, Ebsco, Science Direct, and Sage databases using English in the last 5 years. The search terms included in the keywords are “nurse”, “coping strategies” and “burnout”. **Result:** The study results obtained through two methods of screening using the PICO formula and CRAAP method were 6 studies. The factors that can influence burnout are length of work experience, coping styles, personality, and social support which can have an impact on physical health, mental health, workplace, quality of care and conditions of recovery of patients. **Conclusion:** Problem solving strategies using coping can overcome burnout in nurses. Early detection of burnout symptoms and training on problem solving strategies using coping need to be made by hospital nursing management to monitor the burnout status of nurses and nurses' readiness in overcoming burnout.

**Keywords:** *burnout, coping strategies, nurses*

## 1. INTRODUCTION

Nurses act as a provider of holistic nursing care to patients. Nurses are required to work professionally with great responsibility. This can make nurses experience fatigue. Fatigue that is felt over a period of time long and can affect psychologically can be called as burnout [1].

Previous studies of 113 studies that have reviewed the symptoms of burnout in nurses around the world found that one tenth of the 45,539 nurses in 49 countries experienced burnout symptoms at a high level, namely 11.23% [2]. Another study that examined nurses in Indonesia got burnout results with an average of 17.48, where the burnout is said to be high if it has an average of > 18 while the burnout is said to be low if it has an average < 18 [3]. This proves that all nurses in the world experience high burnout.

Maslach and Jackson divides burnout into three dimensions consisting of emotional exhausted, depersonalization, and reduced personal accomplishment [4]. Nurses at Ziaean Hospital have a burnout of 13% - 27% with 75% of the population experiencing severe emotional exhaustion and depersonalization as well as mild lack of self-achievement [5]. Putra and Setyowati who conducted research in East Java found that nurses experienced high burnout, as much as 34.8% in emotional

exhaustion, 24.3% in depersonalization and 24.5% in lack of self-achievement [6]. The results of these studies prove that nurses are prone to burnout.

Burnout starting from a source of stress that causes physical reactions such as increased blood pressure, fatigue, and changes in sleeping hours. Stress that occurs continuously can cause burnout [7]. Todaro-Franceschi [8] argues that burnout starts from a person's ambition to show their existence so they forget about others and end up in burnout syndrome. Burnout can also occur because of a large workload. Unworked workload due to lack of resources and abilities can make nurses feel depressed and become stressed [9]. Maslach and Leter found that prolonged stress can cause burnout [10]. This is reinforced by previous research with the results that nurses who experience work and personal stress, 65% of these nurses also experience high levels of burnout during personal accomplishment [11].

Burnout has several factors, including workload, work environment, and work shifts [12]–[14]. An uncomfortable working environment will cause the burnout to spread from one person to another [15]. Work that is carried out for a long time can cause a person to feel bored and experience burnout.

Maslach and Leiter said that burnout can affect workers' health, absenteeism, quality of work, patient satisfaction and cost effectiveness [4]. Burnout can also

have an effect on nurses' job satisfaction [16]. Burnout that occurs continuously can affect absenteeism and performance of nurses [17]. Poor nurse performance can affect patient satisfaction and quality of hospital services. Burnout must be avoided and managed properly so that it is far from adverse consequences for nurses and the hospital. Burnout has a problem-solving strategy as a prevention or avoidance so that nurses can deal with and overcome burnout. One of the strategies used is coping [18], [19].

Coping refers to cognitive and behavioral efforts to regulate external and internal burdens that are valued as people's resources [20]. Lazarus and colleagues stated that the problem solving strategy is divided into the Problem Focused Coping (PFC) strategy and the Emotional Focused Coping (EFC) strategy [20], [21]. In addition, there are many other coping strategies that can help nurses deal with burnout, such as avoidance coping and task oriented coping [22], [23]. Coping strategies can help nurses prevent and overcome burnout [24], [25].

Burnout in nurse actually happened when the researcher was carrying out the Clinical Practice of Nursing in one of the inpatient rooms of Pasar Minggu Hospital. The inpatient room of Pasar Minggu Hospital is always full of patients with less number of nurses. The number of inpatients always fulfills the bed capacity, which is 32 beds, while the number of nurses working each shift is around 3 or 4 people.

Each nurse should be responsible for 10-11 patients per day per shift. This causes the workload of nurses to experience overload. Nurses' excess burden must be overcome by the nurse's ability to complete their duties. Nurses who do not have the ability to cope with the workload can cause the nurse to experience burnout due to an imbalance between the nurse's ability and the workload they have.

As many as 33.33% (1 in 3 people) nurses at the Pasar Minggu Hospital are often seen leaning their heads against the nurse station's table while they are working and delaying their work to fill out nursing care documentation. Another nurse (33.33%) said to delay or ignore when the patient pressed the bell for help or asked something. Then another nurse seemed to prefer to work alone and not mingle with other nurses.

Researchers argue based on the above phenomena that nurses need to have a good problem-solving strategy in order to be able to deal with and overcome the burnout they feel while working. Problem solving strategies with good coping can help nurses deal with burnout [24], [25]. Researchers want to know what problem solving strategies are used by nurses to deal with and overcome burnout during work.

**2. METHOD**

Researchers used secondary data obtained from the Scopus, Pubmed, Ebsco, Sage, and Science Direct databases in the last five years or 2015-2020, in English, and had a descriptive correlational research design, cross sectional and review and literature boundaries through inclusion and exclusion criteria. in

table 2. The literature search strategy uses keywords with boolean OR and AND in table 1.

**Table 1** Keyword Literature Review

<i>Nurse</i>	<i>Problem Solving Strategies used Coping</i>	<i>Burnout</i>
<i>Nurse</i>	<i>Coping Strategies</i>	<i>Burnout</i>
<i>OR</i>	<i>OR</i>	<i>OR</i>
<i>Nurses</i>	<i>Coping Strategy</i>	<i>Emotional Exhausted</i>
<i>OR</i>	<i>OR</i>	<i>OR</i>
<i>Nursing</i>	<i>Coping</i>	<i>Depersonalization</i>
	<i>OR</i>	<i>OR</i>
	<i>Cope</i>	<i>Personal Accomplishment</i>

**Table 2** Inclusion and Exclusion Criteria

<u>Kriteria (PICOS)</u>	<u>Inklusi</u>	<u>Eksklusi</u>
Population (P)	People who work as nurses	People who do not work as nurses
Intervention (I)	Problem Solving Strategies used Coping	Problem Solving Strategies do not used coping
Comparators (C)	Nothing	Nothing
Outcomes (O)	Burnout included Emotional Exhausted, Depersonalization, dan Personal Accomplishment.	Besides Burnout (Emotional Exhausted, Depersonalization, dan Personal Accomplishment)
Study Design and Publication Type (S)	Publication year in the last five years or in 2015 – 2020. Use English language Use descriptive correlational, cross sectional and review design	Publication year above the last five years or below 2015. Does not use English language Does not use descriptive correlational, cross sectional, and review design.

The selection of literature consists of the title and abstract screening stage which is then accompanied by the screening stage of the full text using PRISMA flow in diagram 1 [26], [27].

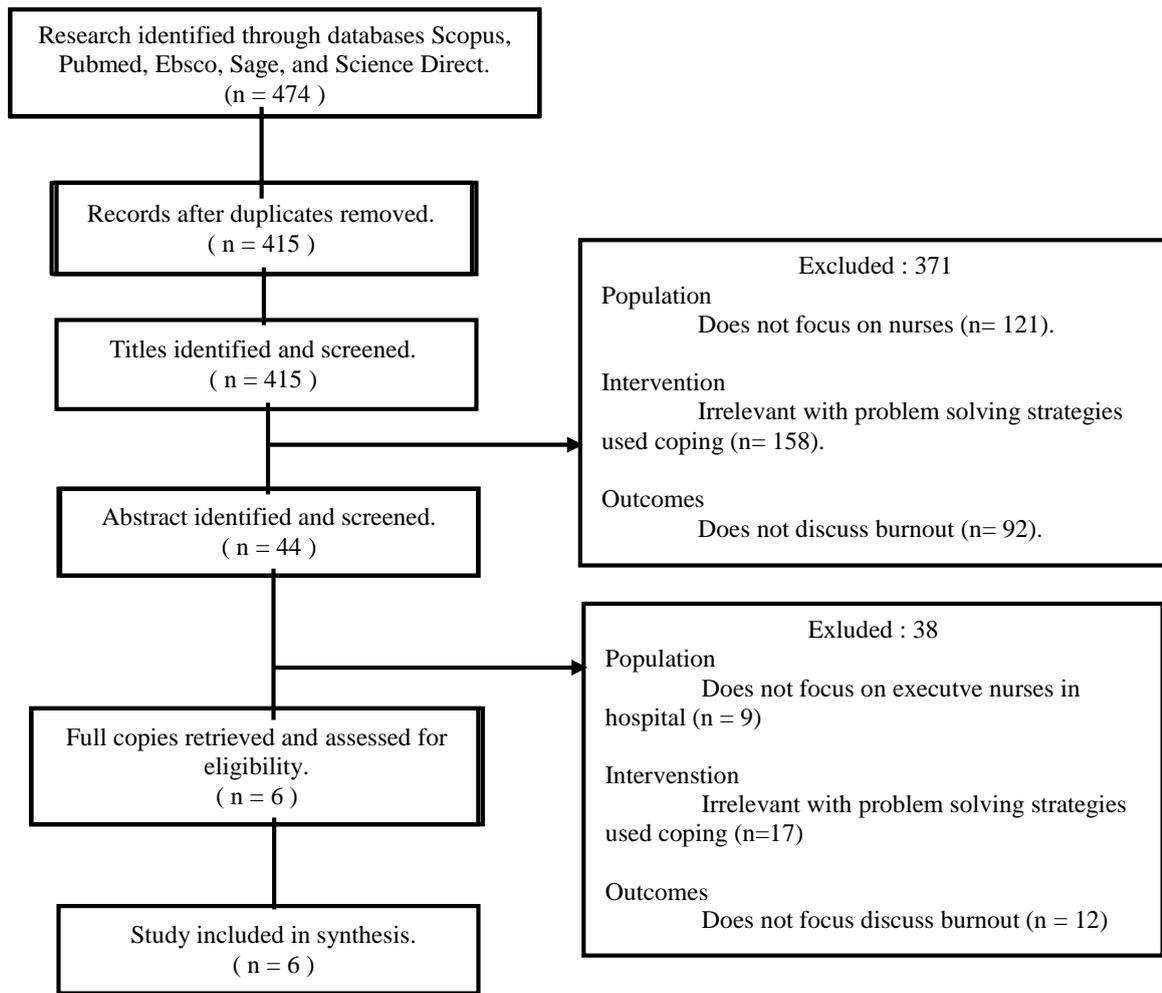


Diagram 1 Literature Searching, Screening, and Selection Process.

### 3. RESULTS

#### 3.1 Study Characteristics

The results of studies that match the inclusion criteria in this literature review are 6 studies as in table 4, where 2 studies discuss burnout (table 5) and 4 studies discuss

the relationship between problem solving strategies using coping and burnout in nurses (table 6). The results of the literature search can be seen in table 3. In general, the results of each study were found to discuss problem solving strategies using coping and burnout in nurses.

Table 3 Literature Searching Results

Source Language	Year	Database	N	Type of Study / Article			
				Original Research		Review	
				Descriptive Correlational	Cross Sectional	Systematic Review	Meta Analysis
English	2015 - 2020	Ebsco	3	1	2	-	-
English	2015 - 2020	Sage	1	-	1	-	-
English	2015 - 2020	Pubmed	1	-	1	-	-
English	2015 - 2020	Science Direct	1	-	-	-	1

Source: Researcher Data 2020

Table 4 List of Search Result Journals

No	Author	Years	Volume, Number	Titles	Methods (Design, Sample, Variabel, Instrument, Analysis)	Research Results	Databases
1	Mefoh, Philip Chukwuemeka Ude, Eze Nsi Chukwuorji, JohBosco Chika	2019	Vol 24, No 1	Age and Burnout Syndrome in Nursing Professionals: Moderating Role of Emotion Focused Coping	D: Cross sectional study S: 283 nurses with 43 male and 240 female V: age, Burnout and emotion focused coping I: Maslach Burnout Inventory (MBI) and Coping Assessment Scale (CSI) A: Hayes Process Macro for SPSS	The study found that age was not associated with all three dimensions of burnout. However, emotion focused coping has a relationship with emotional exhausted (p = .008) and depersonalization (p = .008), which means that every emotion focused coping has an increase of 1 unit / increase, then emotional exhausted and depersonalization will also experience an increase in units / increase. Emotion focused coping did not moderate the relationship between age and emotional exhausted (p = .737) and depersonalization (p = .378). In addition, emotional focused coping has no relationship  with reduced personal accomplishment (p = .445). Even so, the interaction between age and emotion focused coping had an effect on reduced personal accomplishment, which indicated that emotion focused coping could moderate the relationship between age and reduced personal accomplishment (p = .041). It can be concluded that, if the nurse has low and moderate emotion focused coping, the nurse's age is negatively related to reduced personal accomplishment, but if the nurse has high emotion focused coping, then the nurse's age is positively related to reduced personal accomplishment.	Ebsco
2	Martinez-Zaragoza, Fermin Benavides-Gil, Gemma Martin-Del-Rio, Beatriz Fernandez-Castro, Jordi Ato-Garcia, Manuel Solanes- Puchol, Angel	2017	Vol 31, No 5	Flow in Nurse: A Study of Its Relationship with Health and Burnout in a Hospital Work Context	D: Descriptive correlational S: 282 nurses with 41 male and 241 female. V: Burnout, coping, and health (anxiety and depression as well as physical) I: Maslach Burnout Inventory (MBI), Ways of Coping Questionnaire (WCQ), Occupational Stress Inventory for Health Professional, and Symptom Checklist-90 Revised Questionnaire. A: Statistical description (R statistical package) and analysis mode (structural equation modeling / SEM)	1. Flow as happened first (p = .018) <i>Escape Avoidance Coping</i> affect job stress, burnout and health. Job stress affects burnout. PFC and positive appraisal negatively affect burnout so that burnout negatively affects health. Flow affects health and coping approaches. 2. Flow as a consequence (p = .003) The results are the same as above (no.1), but in this consequence health conditions and coping can affect flow. 3. Flow as a mediating variable (p = .000) The results are the same as above (no.1) but flow can mediate the relationship between burnout and health, and does not have relationship with the others.	Ebsco

No	Author	Years	Volume, Issue	Titles	(Design, Sample, Variable, Instrument, Analysis)	Research Results	Databases
3	Yu, Hairong Jiang, Anli Shea.	2016	Vol 57	Prevalence and predictors of compassion fatigue, burnout and compassion satisfaction among oncology nurses: A cross-sectional survey	D: cross sectional S: 650 oncology nurses Z: 2 male and 648 female nurses I: compassion fatigue, burnout, compassion satisfaction, and the factors that affect the three I: demographic questionnaire, Professional Quality of Life Scale for Nurses, Jefferson Scale of Empathy, and Pasonali 'Inventor' brief version A: Kolmosorov Smirnov, I test, and ANOVA with SPSS 21.0	<i>Butnoummiex.</i> were at average of 21.39 with a median of 21.00 which was in the second order of incidents experienced by nurses after compassion fatigue in the hospital. Burnout has a significant relationship with length of work experience, coping styles, and personal life - (all p < .05). In addition, turnover also had a significant linear relationship with empathy, personality, coping styles, social support (p < .05) and had a negative relationship with the 'Inventor' subscales and other aspects of training and support (p < .05). Nurses have a low level of compassion satisfaction but have a high level of compassion fatigue and burnout.	EBSCO
4	Ramruti Patricia Conti, Elizabeth Cavanaugh, Care)  Lindsay Greece, Jeffrey, Goulet, Carol , Marisa Edelstein, Barn,	2017	Vol 28, No 1	Coping, Cognitive Emotion Regulation, and Burnout in Long Term Care Nursing Staff: A Preliminary Study	D: Cross sectional S: 76 Nurses and 6 maewes I: Coping, Cognitive Emotion Regulation, Burnout, Age, and Sleep Duration I: USB I, COPE Brief from Uami'er 1997, Cognitive Emotion Regulation Questionnaire (CERQ) from GarnefiU and Kfaai 2007, and Demograph) Questionnaire. A: SPSS 21, S.US version 9.3	The study found that coping strategies were associated with emotional exhaustion (p < .001), depersonalization (p < .05), but had no relationship with personal accomplishment (p > .05). Work-related coping can cause emotional exhaustion (p < .001) and depersonalization (p < .01) to be greater. Problem Focused Coping can lead to greater emotional exhaustion	Sage
5	Brudck, Pawel Steuden Stanislawa  Jozafa Ciula Grzegorz	2019	Vol 53, No 5	The Mediating Role of Types of Coping Strategies and Staff Burnout Among Psychiatric Nurses	D: Cross Sectional S: 60 female nurses I: burnout, perceived stress, coping style I: hfBI, Copine Inventor' for Stressful Situations (CISS), and The Stress Coping (STC) Questionnaire I: IBM SPSS 22 PROCESS procedure.	The nurse prefers to be task oriented for situations that are problematic and exhibits high resistance to burnout. Task oriented was negatively related to emotional exhaustion, but positively associated with reduced personal accomplishment. Emotion oriented shows a positive relationship with emotional exhaustion and depersonalization. Avoidance coping style has a positive relationship with reduced personal accomplishment. Task oriented staff can help nurses cope with stress and reduce the risk of burnout in nurses.	Pubmed

No	Author	Years	Volume, Number	Titles	Methods (Design, Sample, Variable, Instrument, Analysis)	Research Results	Databases
6	Ho, Roger Tang, Arthur Tam, Wilson	2020	Vol 123	Global Prevalence of Burnout Symptoms Among Nurse: A Systematic Review and Meta Analysis	D: <u>Meta Analysis</u> S: There are 45,539 nurses worldwide in 49 countries and Preferred Reporting Items for Systematic Review (PRISMA). V: burnout symptoms I: MBI A: Cochrane Handbook of Systematic Review	As many as 11.23% of nurses in the world have symptoms of high burnout, which means that the burnout has affected one tenth of the nurses in the world.	Science Direct

Source: Researcher Data 2020

### 3.2 Characteristics of Study Respondents

The results of 6 studies have shown that problem solving strategies using coping with burnout have a total of 46,235 nurses from various countries as respondents. Respondents who came from the original research study had a total of 831 nurses with 110 male nurses and 721 female nurses. The nurses who were used as respondents in this literature review were in the age range between 25 - 46 years with the most education levels being high school and D3, and the most respondents' marital status was in the married category.

shows that at a young age the use of emotion focused coping will be higher so that it is associated with reduced accomplishment, while at old age the use of emotion focused coping will be lower - medium and also still associated with reduced accomplishment [29].

### 3.3 Demographic Factors

#### 3.3.1 Gender

The results of the study in the literature review found that out of 831 nurses, 110 nurses were male and 721 nurses were female. This proves that the work of nurses is dominated by a woman.

#### 3.3.3 Education

Bamonti et al [31] The result shows that most nurses have high school education as many as 26 nurses. Yu et al [28] found the results that nurses in China were mostly educated as associate nurse (d3) nursing as many as 386 nurses.

#### 3.3.2 Age

The nurses in this literature review were in the age range between 25 - 46 years. The study found that age does not have a significant relationship with the occurrence of burnout [28], [29]. Another finding

#### 3.3.4 Marital status

Bamonti et al [31] the result shows that there are 17 married nurses and 23 unmarried nurses. Yu et al [28] found that the marital status of nurses had no relationship with burnout where 375 nurses were married and 266 nurses were single. The result shows that there are 204 married nurses and 76 unmarried nurses [29]. Martinez-Zaragoza et al [25] The result shows that there are 220 married nurses and 62 unmarried nurses. The next result shows that there are 48 married nurses [23]. There are more married nurses than unmarried nurses

### 3.4 Problem-Solving Strategies using Burnout

#### Coping in Nurses

**Table 5** Burnout Factors and Impact on Nurses

Author	Aim	Burnout to the nurse
Ho, Roger Tang, Arthur Tam, Wilson (2020)	We reviewed the evidence from the literature focusing on the prevalence and symptoms of burnout in nurses worldwide and evaluated it using the MBI instrument.	11.23% of 45,539 nurses in 49 countries have high burnout symptoms, which means that burnout has affected one tenth of nurses in the world. <i>Burnout</i> has an impact on the patient's physical health, mental health, workplace, quality of care, and recovery condition.

<b>Author</b>	<b>Aim</b>	<b>Burnout to the nurse</b>
Yu, Hairong Jiang, Anli Shen, Jie (2016)	Describe and explore the prevalence of professional quality of life predictors (compassion fatigue, burnout and compassion satisfaction) among Chinese, Chinese oncology nurses.	Nurses in China experience high burnout and compassion fatigue compared to compassion satisfaction. Nurses have factors that can cause burnout, namely length of work experience, coping styles, personality, and social support.

Source: Researcher Data 2020

**Table 6** Problem Solving Strategies using Coping with Burnout

<b>Types of Problem Solving Strategies using Coping</b>	<b>Instrument</b>	<b>Main Empirical Sources</b>
Emotion Focused Coping.	1. Maslach Burnout Inventory (MBI) 2. Coping Assessment Scale (CSI)	Mefoh, Ude, & Chukwuorji (2019)
Problem Focused Coping and Emotion Focused Coping.	1. Maslach Burnout Inventory (MBI) 2. Ways of Coping Questionnaire (WCQ)	Martinez-Zaragoza et al., (2017)
Problem Focused Coping, Emotion Focused Coping, and Avoidance Focused Coping.	1. Maslach Burnout Inventory (MBI) 2. COPE Brief	Bamonti et al., (2019)
Task Oriented Style, Emotion Oriented Style, and Avoidance Oriented Style.	1. Maslach Burnout Inventory (MBI) 2. Coping Inventory for Stressful Situations (CISS)	Brudek et al., (2019)

Source: Researcher Data 2020

## 4. DISCUSSION

### 4.1 Nurse Characteristics of Burnout

The results of the study in this literature review have the majority of female nurse respondents (721) more than men (110). Maslach, Schaufeli and Leiter [32] stated that gender was not a strong contributing factor to burnout. Although it doesn't have a strong cause, the studies found by Maslach, Schaufeli and Leiter [32] stated that both men and women have high burnout rates. Men tend to experience burnout in the depersonalization dimension, while women are emotional exhausted. Female nurses tend to spend longer days than men, because in addition to working women have to take care of the house which can make women more prone to fatigue, so there is a need for a balance between female and male nurses to anticipate unwanted incidents for nurses.

Findings in Maslach's theory [33] stated that young people are more prone to burnout because they cannot control their emotions. These findings are not in accordance with the findings of the study which found that age did not have a significant relationship with the occurrence of burnout [28], [29]. It can happen depending on the nature of each individual. As you get older, a person's character will change with age maturity. Mature age usually has a character that can

solve its own problems so that it can avoid burnout. However, if individual traits do not develop with maturity, the individual may not be able to solve their problems properly and need problem solving exercises. Another finding shows that at a young age the use of emotion focused coping will be higher so that it is associated with reduced accomplishment, while at old age the use of emotion focused coping will be lower - medium and also still associated with reduced accomplishment [29]. This shows that age can influence a person in choosing problem-solving strategies to deal with burnout.

Bamonti et al [31] get the result that most nurses are educated at the end of high school. Yu et al [28] found that education has no relationship with burnout in nurses where the level of education is mostly associate nurses or has a d3 education. Maslach [33] states that someone with a high level of education is more prone to burnout because they think more. That is what might cause the nurse to experience burnout because at the education level the nurse will think more, especially about completing their work.

The study found that more nurses were married, namely 864 nurses, compared to unmarried nurses, namely 427 nurses [25], [29], [31], [34] Maslach, Schaufeli and Leiter [32] states that unmarried individuals are more prone to burnout than those who are married. Married nurses tend to be emotional

exhausted, while unmarried nurses also experience emotional exhaustion but have good personal accomplishment. This shows that both married and unmarried nurses have the same chance of experiencing burnout.

#### **4.2 Burnout Factors and Impact on Nurses**

Nurses have predictors that can lead to burnout, namely length of work experience, coping styles, personality, and social support where empathy is not significant for burnout [28]. Yu et al [28] get the result that nurses with long work experience can experience burnout, perhaps because nurses have felt a lot of patient suffering so that nurses feel emotional burden and pressure. This is different from Maslach's explanation, who found that the length of work experience goes hand in hand with a person's age, where someone who has just worked at a young age or someone with a long work experience of 1 - 5 years usually has a higher burnout rate than people who have worked for a long time. or people of an older age [35]. The difference between the results of the research and Maslach's theory can be influenced by other factors such as personality.

A person's personality can cause burnout. Yu et al [28] found that personality was significantly associated with burnout. This is consistent with the statement from Maslach and Leiter [1] that personality has a consistent relationship with burnout. High burnout, usually experienced by someone with a less tough personality [1]. These findings suggest that nurses who are inconsistent and less resilient in facing challenges at work are more prone to burnout.

How to solve problems with coping is one of the things that affects burnout in nurses. Yu et al [28] found a significant relationship between coping and burnout in nurses. Burnout occurs because of stress that is not immediately resolved by using coping [7]. Coping is a way to solve problems and defend yourself from a problem [20]. Nurses who experience burnout can occur due to the use of non-adaptive coping or destructive behaviors such as smoking and drinking alcoholic beverages so that the management of the problem is not good enough and causes stress that ends in burnout.

Nurses who receive support from others but not family and friends have a low burnout [28]. Support that comes from friends and family does not fully contribute to burnout as most usually have similar experiences [28]. The results are in accordance with Maslach, Schaufeli, and Leiter [1] which states that social support with burnout will have a weak relationship if social support is high and have a strong relationship if social support is low. This implies that nurses who do not get social support from others cause the nurse to experience burnout.

Ho et al [2] found that burnout has an impact on physical health, mental health, workplace, quality of care and patient recovery conditions. This impact can make nurses' performance decrease. The decreased performance causes the provision of nursing care to the patient to be disrupted which in turn can result in the

patient's recovery condition. These results are related to those found by Maslach and Leiter [1] that burnout can reduce productivity and work effectiveness.

Nurses who experience burnout will tend to withdraw jobs, absent, leave work and even change workplaces so it is necessary to hold regular job assessments or supervision with effective communication to see the quality of nurse services in developing their abilities.

#### **4.3 Problem Solving Strategies using Burnout**

##### ***Coping in Nurses***

Literature study found that Emotional focused coping had no relationship with reduced personal accomplishment [29]. Personal accomplishment does not depend on emotional exhausted and depersonalization because it is a positive thing [33]. That is what makes nurses with EFC not have a relationship with reduced personal accomplishment, but it can still affect the relationship between reduced personal accomplishment and others. Emotion focused coping moderated the relationship between age and reduced personal accomplishment [29].

At a young age the use of emotion focused coping will be higher so that it will be associated with reduced accomplishment, while at old age the use of emotion focused coping will be lower - medium and also still associated with reduced accomplishment [29]. Folkman et al in Sarafino and Smith [21] stated that middle age solves more problems by focusing on problem focused coping strategies. This finding is inversely proportional to what Folkman found, it could have happened because of other things as factors such as personality.

Martinez-Zaragoza et al [25] found that flow can act as an antecedent, consequence, and mediating variable. The findings on the role of flow as an antecedent is that the flow that occurs first is escape avoidance coping which can affect work stress, burnout and health, then work stress can affect burnout while problem focused coping and positive appraisal can negatively affect burnout so that burnout can affect health [25]. This requires the control of problem solving strategies from the hospital by holding problem solving strategies training.

The other schools also have a role to play. The role of flow as a consequence has the same flow as antecedent flow, however, health and coping conditions can affect this flow as opposed to antecedent flow [25]. Then, the role of flow as a mediating variable (intermediate) also has the same results as antecedent flow, but this flow can mediate or mediate the burnout relationship with health alone, and have no relationship with others [25]. This means that whatever happens, it will all start with a flow of antecedents leading to the burnout affecting the health of the nurse.

Another literature study found that PFC and EFC were not associated with the cause of burnout, but dysfunctional coping was associated with emotional exhausted and depersonalization but not personal accomplishment [31]. Dysfunctional coping is described as withdrawal and refers to resistance,

controlling feelings, and fatalistic attitudes [36]. Nurses who use dysfunctional coping will experience emotional exhausted and depersonalization.

Brudek et al [23] testing coping styles with the strategy of task oriented style, emotion oriented style, and avoidance oriented style. Task oriented coping has a relationship with well-being and positive adjustment for stress, whereas emotion and avoidance oriented coping tend to have a relationship with distress and maladaptive adjustments [37]. This will affect the problem-solving strategy of nurses who cannot complete their duties in providing nursing care

Brudek et al [23] found that nurses prefer to use a task-oriented style in problematic situations by showing high resistance to burnout so that it can help nurses deal with stress and reduce the risk of burnout. Task oriented style has a negative relationship with emotional exhausted, but has a positive relationship with reduced personal accomplishment [23]. The task oriented style focuses on solving problems with tasks, such as scheduling better time [37]. Nurses use coping to complete their assignments, so the higher the task oriented style used by nurses, the lower the emotional exhausted. However, if the lower the task oriented style is used, the higher the nurse's personal accomplishment, which means that the nurse needs to hone his problem-solving strategy skills and increase the personal accomplishment by doing self-achievement during work such as completing his job effectively.

Emotion oriented style have a positive relationship with emotional exhausted and depersonalization [23]. Emotion oriented style focusing on solving problems with emotions, such as beating yourself up without knowing what to do [37]. Nurses use this coping to deal with the emotional feelings they feel without trying to find solutions to the problem, so that the higher the emotion oriented style used by nurses, the higher is emotional exhausted and depersonalization, which means that nurses need to attend training on how to solve problems without use emotions so that emotional exhausted and depersonalization can be overcome.

Avoidance coping style had a positive relationship with reduced personal accomplishment [23]. Avoidance coping style focus on solving problems by ignoring them, such as watching tv or seeking entertainment [37]. Nurses use this coping to ignore the problem by looking for entertainment, so the higher the avoidance coping style used by nurses, the higher the reduced personal accomplishment they experience.

The problem solving strategies used by nurses based on the above results are problem focused coping, emotion focused coping, task oriented style, avoidance coping style and dysfunctional coping. Nurses who use higher problem focused coping can reduce burnout levels, especially in emotional exhausted and depersonalization because nurses solve problems by composing planned steps. However, nurses who use higher emotion focused coping can increase the level of burnout because nurses solve problems with their emotions without arranging planned steps.

Nurses who use a task-oriented style will have the same results as problem focused coping because nurses solve

problems by scheduling work assignments. Nurses with avoidance coping style and dysfunctional coping tend to have the same results as emotion focused style because nurses choose to ignore them without completing their work. The best problem solving strategies to use are problem focused coping and task oriented styles.

#### **4.4 Research Limitations**

Researchers have limitations during the research process such as the ability and knowledge of researchers in analyzing literature studies are still not qualified so that this literature review is far from perfect. Little literature studies make researchers limited in choosing and taking literature studies. This is because researchers have never studied and been taught in depth about the preparation of literature reviews during their lectures in the Nursing Methodology course.

### **5. CONCLUSION**

Burnout is the result of job dissatisfaction that leads to emotional exhaustion, depersonalization, and a lack of self-achievement. Nurses have predictors, such as length of work experience, coping styles, personality, and social support. Burnout can have an impact on physical health, mental health, the workplace, the quality of care, the patient's recovery condition and result in a decrease in the work performance of nurses. Strategies that have been found to prevent and reduce burnout in nurses include problem focused coping, emotion focused coping, dysfunctional focused coping, task oriented style, and avoidance oriented style. The best problem solving strategies to use are problem focused coping and task oriented styles

Hospital Nursing Management needs to develop Standard Operating Procedures on early detection of burnout symptoms and create a problem-solving strategy training program using coping for nurses to deal with and overcome burnout while working.

### **CONFLICT OF INTEREST**

There is no conflict of interest in this literature review.

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## REFERENCES

- [1] C. Maslach and M. P. Leiter, "Burnout," *Stress Concepts, Cogn. Emot. Behav. Handb. Stress*, no. June, pp. 351–357, 2007.
- [2] R. Ho, A. Tang, and W. Tam, "Global prevalence of burnout symptoms among nurses: A systematic review and meta-analysis," vol. 123, no. August 2019, pp. 9–20, 2020.
- [3] Y. Yestiana, T. Kurniati, A. Aziz, and A. Hidayat, "Predictors of burnout in nurses working in inpatient rooms at a public hospital in Indonesia," vol. 8688, pp. 1–8, 2019.
- [4] S. G. Browning, "Burnout in Critical Care Nurses," *Crit. Care Nurs. Clin. North Am.*, vol. 31, no. 4, pp. 527–536, 2019.
- [5] R. Abedi-gilavandi, F. Talebi, E. Abedi-taleb, L. Khedmat, F. Amini, and S. Moshfeghi, "Burnout Among Nursing Staff in Ziaieian Hospital," vol. 31, no. 1, pp. 10–13, 2019.
- [6] K. R. Putra and Setyowati, "Prevalence Of Burnout Syndrome Among Nurses In General Hospitals In Provincial East Java: Cross-sectional Study," vol. 29, no. Insc 2018, pp. 362–366, 2019.
- [7] P. S. Yoder-Wise, *Leading and Managing in Nursing*, 7th ed. Canada: Elsevier, 2018.
- [8] V. Todaro-Franceschi, *Compassion Fatigue And Burnout In Nursing*, 2nd ed. New York: Springer Publishing Company, 2019.
- [9] N.- Fachruddin, W. Santoso, and A. Zakiyah, "The Relationship Between Workload With Work Stress on Nurses in Intensive Installation of Bangil General Hospital Pasuruan District," *Int. J. Nurs. Midwifery Sci.*, vol. 2, no. 03, pp. 311–321, 2019.
- [10] S. Waddill-Goad, *Nurse Burnout: Overcoming Stress in Nursing*. USA: Dustin Sullivan, 2016.
- [11] N. Khamisa, K. Peltzer, D. Ilic, and B. Oldenburg, "Effect of personal and work stress on burnout, job satisfaction and general health of hospital nurses in South Africa," *Heal. SA Gesondheid*, vol. 22, pp. 252–258, 2017.
- [12] D. P. de Carvalho, L. P. Rocha, E. C. de Pinho, J. G. Tomaschewski-Barlem, E. L. D. Barlem, and L. S. Goulart, "Workloads and burnout of nursing workers," *Rev. Bras. Enferm.*, vol. 72, no. 6, pp. 1435–1441, 2019.
- [13] J. Marulitua, "Hubungan Lingkungan Kerja Dengan Burnout Syndrome Pada Perawat RSUD Dr . Pirngadi Kota Medan," 2019.
- [14] G. A. Cañadas-De la Fuente, C. Vargas, C. San Luis, I. García, G. R. Cañadas, and E. I. De la Fuente, "Risk Factors and Prevalence of Burnout Syndrome in The Nursing Profession," *Int. J. Nurs. Stud.*, vol. 52, no. 1, pp. 240–249, 2015.
- [15] D. Ballard and M. McGlone, *Work Pressures: New Agendas In Communication*. New York: Routledge, 2017.
- [16] J. Alharbi, R. Wilson, C. Woods, and K. Usher, "The factors influencing burnout and job satisfaction among critical care nurses: a study of Saudi critical care nurses," *J. Nurs. Manag.*, vol. 24, no. 6, pp. 708–717, Sep. 2016.
- [17] L. N. Dyrbye, T. D. Shanafelt, P. O. Johnson, L. A. Johnson, D. Satele, and C. P. West, "A cross-sectional study exploring the relationship between burnout , absenteeism , and job performance among American nurses," pp. 1–8, 2019.
- [18] A. Aryankh *et al.*, "Interventions on reducing burnout in physicians and a nurses : A systematic review," vol. 33, no. 77, 2019.
- [19] A. Shakori, A. Vokhlacheva, and P. Farzanehkari, "Prevention of burnout among nursing staff: A literature review," p. 40, 2018.
- [20] R. S. Lazarus and S. Folkman, *Stress, Appraisal, And Coping*. New York: Springer Publishing Company, 1984.
- [21] E. P. Sarafino and T. W. Smith, *Health Psychology: Biopsychosocial Interactions*, 7th ed. USA: Jay O'Callaghan, 2011.

- [22] A. Shen, Y. Wang, and W. Qiang, "A Multicenter Investigation of Caring Behaviors and Burnout Among Oncology Nurses in China.," *Cancer Nurs.*, Dec. 2018.
- [23] P. Brudek, S. Steuden, and G. Ciula, "The Mediating Role of Types of Coping Styles in The Relations between Temperamental Traits and Staff Burnout among Psychiatric Nurses," *Psychiatr. Pol.*, vol. 53, no. 5, pp. 1151–1168, 2019.
- [24] H.-F. Lee, C.-C. Kuo, T.-W. Chien, and Y.-R. Wang, "A Meta-Analysis of the Effects of Coping Strategies on Reducing Nurse Burnout.," *Appl. Nurs. Res.*, vol. 31, pp. 100–110, Aug. 2016.
- [25] F. Martinez-Zaragoza, G. Benavides-Gil, B. Martin-Del-Rio, J. Fernandez-Castro, M. Ato-Garcia, and A. Solanes-Puchol, "Flow in Nurses: A Study of Its Relationship With Health and Burnout in a Hospital Work Context.," *Holist. Nurs. Pract.*, vol. 31, no. 5, pp. 303–314, 2017.
- [26] Nursalam *et al.*, *Pedoman Penyusunan Skripsi Literature Review dan Tesis Systematic Review*. Surabaya: Fakultas Keperawatan Universitas Airlangga, 2020.
- [27] D. Pati and L. N. Lorusso, "How to Write a Systematic Review of the Literature," *Heal. Environ. Res. Des. J.*, vol. 11, no. 1, pp. 15–30, 2018.
- [28] H. Yu, A. Jiang, and J. Shen, "Prevalence and predictors of compassion fatigue, burnout and compassion satisfaction among oncology nurses: A cross-sectional survey," *Int. J. Nurs. Stud.*, vol. 57, pp. 28–38, 2016.
- [29] P. C. Mefoh, E. N. Ude, and J. C. Chukwuorji, "Age and burnout syndrome in nursing professionals: moderating role of emotion-focused coping.," *Psychol. Health Med.*, vol. 24, no. 1, pp. 101–107, Jan. 2019.
- [30] P. Bamonti *et al.*, "Coping, Cognitive Emotion Regulation, and Burnout in Long-Term Care Nursing Staff: A Preliminary Study," *J. Appl. Gerontol.*, vol. 38, no. 1, pp. 92–111, Jul. 2017.
- [31] P. Bamonti *et al.*, "Coping, Cognitive Emotion Regulation, and Burnout in Long-Term Care Nursing Staff: A Preliminary Study.," *J. Appl. Gerontol.*, vol. 38, no. 1, pp. 92–111, Jan. 2017.
- [32] C. Maslach, W. B. Schaufeli, and M. P. Leiter, "Job Burnout," *Encycl. Ment. Heal. Second Ed.*, pp. 397–422, 2001.
- [33] C. Maslach and S. E. Jackson, "The Measurement of Experienced Burnout," vol. 2, pp. 99–113, 1981.
- [34] P. Brudek, S. J. Steuden, and G. Ciula, "The mediating role of types of coping styles in the relations between temperamental traits and staff burnout among psychiatric nurses.," *Psychiatr. Pol.*, vol. 53, no. 5, pp. 1151–1168, Oct. 2019.
- [35] C. Maslach, *Burnout The Cost Of Caring*. Los Altos: ISHK, 2003.
- [36] P. T. P. Wong and L. C. J. Wong, *Handbook of Multicultural Perspective on Stress and Coping*. USA: Springer, 2005.
- [37] K. Greenaway, W. R. Louis, S. L. Parker, and E. Kalokerinos, *Measures of Coping for Psychological Well-Being*, no. January. 2015.