

Burnout, Work-Family Conflict, and Performance of Health Workers: A Case Study at Hospital in Palembang during the Covid-19 Pandemic

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ABSTRACT

This study aims to analyze the effect of burnout and work-family conflict directly on the performance of health workers at RSMH Palembang and indirectly through work stress as a mediating variable. This research is expected to provide benefits in solving problems and providing recommendations to the management of the Mohammad Hoesin Central General Hospital (RSMH) Palembang regarding burnout and work-family conflict for health workers, which impact work stress and the performance of health workers in providing health care services of RSMH Palembang. The propositions of the variables in this study have never been studied before, both conceptually and carried out in the unit of analysis, namely RSMH Palembang, and become the value of the novelty for this research. The number of samples to be taken in this study was 142 health workers at the Mohammad Hoesin Central General Hospital. The sampling technique used in determining the sample is by proportional stratified random sampling. The data analysis technique uses Structural Equation Modeling (SEM). The study results concluded that burnout and work-family conflict had a significant effect on the performance of health workers. The burnout variable also has a significant effect on work stress. The results also show that work-family conflict and work stress have no significant effect on the performance of health workers. Work stress is also not a mediating variable between burnout on the performance of health workers and work-family conflict on the performance of health workers.

Keywords: Burnout, work-family conflict, work stress, performance of health workers, Covid-19 pandemic

1. INTRODUCTION

The COVID-19 pandemic in Indonesia has resulted in a hefty burden on the health care system in the country, especially for health workers. The most visible risk is the safety aspect of health workers, especially those on the front lines, who are very vulnerable to being exposed to COVID-19 to the point of threatening life safety (FKUI, 2020).

The Indonesian Doctors Association (IDI) mitigation team announced that the data update on health workers who died from Covid-19 during the pandemic in Indonesia that lasted from March 2020 to mid-January 2021 had reached a total of 647 people. In Indonesia,

deaths of medical and health workers are increasing and are the highest in Asia and the third-largest worldwide (Pranita, 2021).

In addition to the aspect of safety and protection from infection, another risk that can affect the performance of medical services for health workers is the mental health aspect, including the risk of burnout syndrome or mental fatigue. Health workers have the potential to struggle with very high levels of stress. The high risk of suffering from burnout syndrome and work-family conflict can lead to hefty work stress in health facilities during this pandemic and have long-term effects on the performance of medical services because health workers can feel depression, extreme fatigue, and even feel less competent

in carrying out their duties. Moreover, this undoubtedly unfavorable impacts our efforts to combat COVID-19 (FKUI, 2020).

This condition is no exception in the main referral hospital for Covid-19 patients, such as the Mohammad Hoesin Central General Hospital (RSMH) in Palembang. The high number of Covid-19 patients being treated at RSMH Palembang and the limited number of health workers at RSMH Palembang can cause burnout and work-family conflicts for health workers at RSMH Palembang. Based on the multidimensional burnout theory from Maslach & Leiter (1997), burnout can interfere with personal and social functions, cause stress, and cause a decrease in performance quality.

The spokesman for the South Sumatra Covid-19 Task Force, Yusri, once revealed that the isolation room at the Palembang RSMH as the primary reference was almost no longer able to accommodate new patients. This reflects the high number of Covid-19 patients at RSMH Palembang, which can cause burnout and work-family conflicts for health workers, which impact work stress and the performance of health workers in providing health services at RSMH Palembang.

This study aims to analyze the effect of burnout and work-family conflict directly on the performance of health workers at RSMH Palembang and indirectly through work stress as a mediating variable. This research is expected to provide benefits in solving problems and providing recommendations to the management of the Mohammad Hoesin Central General Hospital (RSMH) Palembang regarding burnout and work-family conflict for health workers, which impact work stress and the performance of health workers in providing health care services of RSMH Palembang. The propositions of the variables in this study have never been studied before, both conceptually and carried out in the unit of analysis, namely RSMH Palembang, and become the value of the novelty for this research.

2. LITERATURE REVIEW

2.1. Burnout

According to Pines and Aronson (1989), burnout is a form of tension or psychological pressure associated with chronic stress experienced by a person from day to day, characterized by physical, mental, and emotional exhaustion. This is also explained by Leatz and Stolar (1996), that problems will arise if stress occurs in the long term with a high enough intensity. This situation is called burnout, namely physical, mental, and emotional exhaustion that occurs due to stress suffered for an extended period in situations that require high emotional involvement.

According to Maslach and Leiter (1997), 3 indicators are often used to describe the occurrence of burnout,

namely emotional exhaustion, depersonalization (cynicism), and a decrease in self-achievement, which causes the inability to cope with the demands given in the job.

2.2. Work-Family Conflict

Greenhaus and Beutell (1985) define work-family conflict as a form of role conflict in which the demands of work and family roles are mutually incompatible in several respects. Frone, Russell & Cooper (1992) define work-family conflict as a role conflict that occurs in employees, where on the one hand he has to do work in the office, and on the other hand, he must pay attention to the family as a whole, so it is not easy to distinguish between work waiting for family and family. Interfere with work. Gutek et al. (1991) state that work-family conflict has two components: family affairs interfere with work; work-family conflicts can arise because work affairs interfere with family affairs. Such as the amount of time devoted to running a job prevents a person from carrying out his obligations at home or family matters, interfering in work matters (such as caring for a sick child will prevent someone from coming to work).

According to Boles et al. (2001), the indicators of work-family conflict are (1) work pressure; (2) The number of task demands; (3) Lack of family togetherness; (4) Busy with work; and (5) conflicting commitments and responsibilities to the family.

2.3. Performance of Health Workers

Performance is the level at which employees carry out their work by predetermined conditions (Milkovich & Bodreau, 1997). Performance typical to most jobs includes the number of results, quality of results, timeliness, attendance, and ability to work together. A person's performance standards can be seen in the quantity of output, quality of output, duration of output, attendance at work, and cooperative attitude (Mathis & Jackson, 2011). Indicators to measure the performance of individual health workers include quality, quantity, timeliness, and effectiveness (Robbins, 2008).

2.4. Hypothesis

According to the multidimensional burnout theory by Maslach & Leiter (1997), there are three critical dimensions of burnout: extreme fatigue, feelings of cynicism, and ineffectiveness in doing work. Therefore, this event can interfere with personal and social functioning, cause a decrease in the quality of performance, and may cause some people who experience these burnout symptoms to leave their jobs. Based on the literature review, the hypotheses formulated in this study are:

1. Burnout has a significant effect on the performance of health workers.
2. Work-family conflict has a significant effect on the performance of health workers.

3. METHOD

The data used in this study is primary data, namely data collected directly from health workers at the Mohammad Hoesin General Hospital (RSMH) in Palembang City through questionnaires. Other types of data used are secondary data in literature studies, reports, and documentation needed to support research objectives. The number of samples to be taken in this study was 142 health workers at the Mohammad Hoesin Central General Hospital. The sampling technique used in determining the sample is proportional stratified random sampling. The data analysis technique used Structural Equation Modeling (SEM).

4. RESULTS AND DISCUSSION

4.1. Instrument Test

To find out that the research instrument is an accurate and reliable measuring instrument, it is necessary to test it. The testing of the instruments used includes validity and reliability tests. To test the validity and reliability test, the author uses SPSS version 25. The results of the calculation of the validity and reliability tests that have been carried out show that all items in the research questionnaire in all of these variables are valid and reliable to be used as research instruments.

4.2. Structural Equation Modeling

4.2.1. Confirmatory Factor Analysis

The purpose of Confirmatory Factor Analysis (CFA) is to confirm or test the model, namely a measurement model whose formulation comes from theory. Thus, CFA can be said to have two focuses of study, namely: (1) whether the indicators conceptualized as unidimensionally valid (2) what are the dominant indicators forming the construct studied.

The standardized regression value shows the loading factor of each indicator to its construct where all values are greater than 0.50. This shows that all indicators are considered valid to measure the construct of research variables.

4.2.2. Goodness of Fit

After the research model has been described in the path diagram, the next step is to test its suitability.

Generally, various types of the fit index are used to measure the degree of conformity between the hypothesized model and the data presented. Most of the goodness of fit test results evaluate marginal fit to good fit. Thus, it can be continued to test the hypothesis because there is no significant difference between the covariance matrix of the data from the observed variables and the covariance matrix of the specified model so that the model in this study can explain the relationship and influence between exogenous variables and endogenous variables.

4.2.3. Hypothesis Test

After calculating the suitability test of the model and the model is declared fit, the research hypothesis is tested.

Table 1. Regression Weights

			Estimate	S.E.	C.R.	P
Y	<---	X1	-.471	.111	-4.253	.000
Y	<---	X2	.174	.146	1.189	.234

Source: Primary Data Processed (2021)

1. C.R. Value the relationship between the Burnout variable (X1) and the performance of health workers (Y) is -4.253, and the p-value is 0.000. This shows that Burnout has a negative and significant effect on the performance of health workers, meaning that the first hypothesis is accepted.
2. C.R. Value on the relationship between Work-family conflict (X2) variables on the performance of health workers (Y) of 1.189 and p-value of 0.234. This shows that Happiness at work has a positive but significant effect on the performance of health workers, meaning that the second hypothesis is rejected.

5. CONCLUSION

The study results concluded that burnout and work-family conflict had a significant effect on the performance of health workers. The hospital can rearrange the schedule for the assignment of health workers on duty, especially those dealing with Covid-19 patients. For health workers who are tasked with handling and caring for Covid-19 patients, it is hoped that they will not be burdened too much by handling other non-Covid-19 patients and other assignments that can be delegated to other health workers. Shift arrangements for health workers are carried out fairly, especially for married health workers. The overcrowded task of health workers in hospitals during the Covid-19 pandemic can cause

problems in the family of health workers. This dramatically affects the performance of health workers. So that further researchers can investigate different other variables that can affect the performance of health workers that have not been studied in this study.

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