

Job Stress, Job Burnout and Performance of Paramedics During The Covid 19 Pandemi

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ABSTRACT

This study aims to analyze the influence of work stress and job burnout on the performance of health workers of Aisyiyah Ponorogo General Hospital during the Covid-19 pandemic and analyze the influence of work stress on the performance of health workers of Aisyiyah Ponorogo General Hospital mediated by job burnout during the Covid-19 pandemic. This research uses quantitative approach with conclusive research category that aims to test hypotheses and relationships between variables by conducting data collection, processing, and analysis activities in conclusions. The type of data used consists of primary data, namely data obtained from the dissemination of questionnaires and secondary data obtained from the company's internal data, journals, books and scientific articles. This study used a sample of 194 respondents who are health workers of Aisyiyah Ponorogo General Hospital. The results of this study found that: 1) work stress has a negative and significant effect on performance in health workers of Aisyiyah Ponorogo General Hospital; 2) work stress has a positive and significant effect on burnout in health workers of Aisyiyah Ponorogo General Hospital; and 3) work stress has a negative and significant effect on the performance of health workers of Aisyiyah Ponorogo General Hospital through mediation of burnout variable.

Keywords: Covid-19, Job Burnout, Job Stress, Performance

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BACKGROUND

At the end of December 2019, Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) which was later renamed Coronavirus Disease 2019 (COVID-19) was first identified in Wuhan, China. Covid-19 quickly spread throughout the world, and who declared the outbreak a global pandemic on March 11, 2020. As of October 2020, more than 40 million people worldwide have been infected with Covid-19 (Trumello et al., 2020). The difficulty of handling patients indicated by coronavirus is experienced by all countries in the world, including Indonesia. Indonesia became the country with the second highest coronavirus case in Southeast Asia, reaching 315,714 cases (Worldmeter Coronavirus, 2020). This condition is exacerbated by the lack of health facilities and people who are not complying with health protocols (Salma, 2020). As a result, the positive rate continues to increase by more than a thousand cases per day and the death toll is still the highest in South East Asia with a percentage of 9.11% (Syafrida, 2020). This forces health workers to work hard and quickly in handling each case so that the transmission does not become more widespread, every patient can recover, and there are no more cases of death from coronavirus (Hira, 2020).

The current condition is certainly a concern for the whole community in relation to COVID-19 control and countermeasures, the deaths of medical personnel, especially doctors and nurses are increasing. The last data on August 31, 2020 from the Doctor Mitigation Team of the Indonesian Doctors Association of 101 fellow doctors has died from COVID-19. Based on Nakes Death Impact Index (IPKN) data until July 21, 2020, the mortality ratio of medical personnel and health workers compared to the total COVID-19 is among the highest among other countries, namely 2.4%. This is due to the lack of PPE, lack of good patient screening in health facilities, fatigue of medical personnel due to the growing number of COVID-19 patients and long working hours, as well as psychological pressures. This condition makes medical personnel very vulnerable to COVID-19 infection. Poor body and mental condition due to this can also eventually cause health workers to fall ill to death. In fact, medical personnel are one of the spearheads of efforts to handle COVID-19.

Various psychological disorders have been reported and published during the Covid-19 outbreak, one of which is stress. Stress is not only felt by the public, even health workers and everyone who works in the medical field. Psychological disorders have a wider and longer impact compared to physical injuries, while attention to mental health is much less (Handayani, 2020). Research conducted by Nasrullah, et al (2020) on health workers in 8 islands in Indonesia states that 55% of health workers experience stress due to Covid-19, very severe stress levels of 0.8%, and mild stress levels of 34.5%. Healthcare providers are at higher risk of mental health during the Covid-19 pandemic. Sources of stress include extreme stress, fear of disease, feelings of helplessness, and trauma from watching Covid-19 patients die alone triggering the risk of suicide of health workers. A survey of 2,132 nurses from all over Indonesia conducted by researchers from the Department of Mental Nursing, Faculty of Nursing UI together with the Research Division of the Indonesian Association of Mental Health Nurses (IPKJI) in April to May 2020 showed that more than half of health workers experienced anxiety and depression, some even thought of suicide (Winurini, 2020).

The constant work stress faced by health workers during the Covid-19 pandemic is likely to bring fatigue. Work stress is a form of response both physically and mentally to changes in the work environment that are perceived to be disruptive and result in him being threatened. Prolonged work stress can lead to depression and if not addressed immediately and tends to take a long time can leave employees with burnout syndrome which is an

emotional condition in which a person feels tired and saturated both physically and mentally, as a result of increased job demands (Almaududi, 2019). Burnout is actually formed by an imbalance between the demands of work and the ability of individuals both derived from the inability to create effective coping against stressors and from feelings of lack of mastery. Factors in the work environment that are predisposed to burnout include dangerous working conditions, working with a difficult patient population, lack of support and mutual respect among peers, wages, shifts, long working hours, and lack of self-sufficient decision making.

Aisyiyah Ponorogo General Hospital is one of the hospitals designated as a referral hospital for Covid-19 patients. Aisyiyah Ponorogo Hospital provides 5 rooms for the treatment of Covid-19 patients, with the number of health workers specifically tasked with serving Covid-19 patients as many as 15 nurses and 1 pulmonary specialist. The total number of Covid-19 cases in Ponorogo Regency until December 6, 2020 reaches 820 people and continues to grow. Ponorogo regency belongs to the category with moderate risk status. Based on a brief interview with 10 health workers at Aisyiyah Ponorogo Hospital in early November to early December 2020, it was confirmed that during the Covid-19 pandemic the workload of health workers increased because many patients were in and out of work due to the proper work done by special Covid-19 nurses, nurses also felt the workload increased in duty due to many patients but very minimal health workers, health workers who handle Covid-19 patients also find it difficult to do activities and adjust the rhythm of breathing in isolation because they have to use personal protective equipment for several hours that is quite draining in working. Health workers not only feel exhausted in terms of physical but also psychic, health workers feel anxious and afraid of contracting Covid-19, fear of impacting on the family, and fear of being ostracized by neighbors and communities.

With the Covid-19 pandemic, Aisyiyah Ponorogo Hospital needs to anticipate uncontrolled levels of work stress and job burnout in order to maintain the performance of health workers. Based on the above exposure and performance data, this study aims to find out more about the effect of work stress on performance moderated by Job Burnout on health workers during the Covid-19 pandemic. Therefore, this study was titled "The Effect of Work Stress on the performance of Health Workers of Ponorogo General Hospital moderated by Job Burnout During the Covid-19 Pandemic".

METHODS

This research is included in the category of conclusive research that aims to test hypotheses and relationships between variables by conducting data collection, processing, and analysis activities in conclusions. This research uses quantitative research method with cross sectional approach (cut latitude), which is to look at and study information from within a certain time and only done once until researchers find the answer to the research question, using a question sheet (questionnaire) as the main instrument of research (Malhotra, 2010). The scale used in the questionnaire was 1-5 Likert.

The data collected in this study are primary data and secondary data. Primary data was collected directly by researchers by providing statements through questionnaires to respondents. Respondents in this study were health workers at Aisyiyah Ponorogo Hospital. While secondary data is collected and put together by previous studies or literature studies, namely data collection from books, academic works, the internet and from other sources. The population in this study was health workers in Aisyiyah Ponorogo Hospital which numbered 405 people. Based on the calculations, the minimum number of samples for this study amounted to 201 people.

The analysis of this study used multiple linear regression analysis aimed at analyzing relationships and influences using more than one independent variable (Suhardi and Purwanto, 2004). X and Y variables will be included in the regression analysis with the help of the SPSS program. The results of the analysis obtained are then interpreted. The first interpretation that must be seen is the value of F-calculate because F-count shows the test simultaneously (together), in other words X1,X2 jointly affects Y. To know all independent variables and explain the dependent variables, it is carried out a hypothesis test simultaneously using statistical test F. After obtaining the value of Fhitung this, then compared with the value of Ftabel with a significant level of 0.05 or 5%. Ho is rejected if $F_{hitung} > F_{tabel}$ and if the significant number ≥ 0.05 then Ho is not rejected. Ho is accepted $\leq F_{hitung} < F_{tabel}$ and if the significant number < 0.05 then Ho is rejected. Next the t test is used to see the significance of the effect of the free variable (X) partially (individual) on > the non-free variable (Y) (Sugiyono, 2012). If $t_{hitung} < t_{tabel}$ then Ho is accepted and Ha is rejected, so all free variables partially have no real effect on bound variables. And the last test of the value of the coefficient of determination (R²), aims to show the percentage of influence of all independent variables on dependent variables both partially and simultaneously.

Conceptual Framework of Research

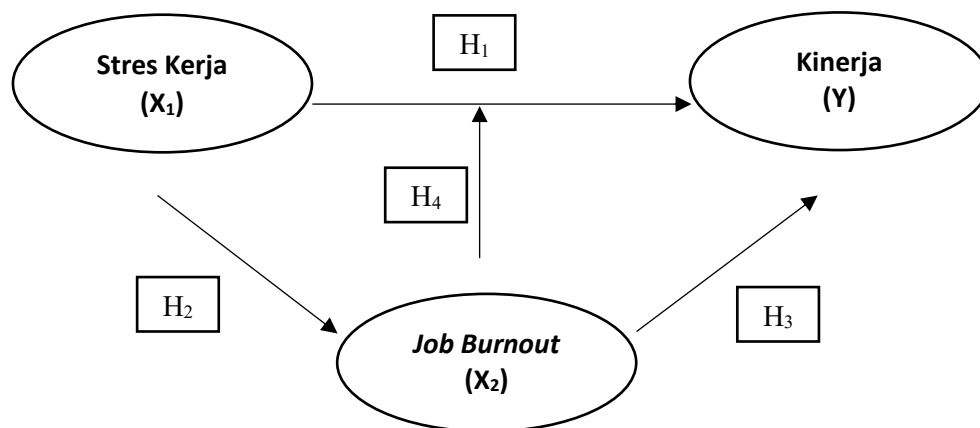


Figure 1. Concept Framework of Research

Hypotheses in this study are:

H1 : Work stress has a significant effect on the performance of health workers in Aisyiyah Ponorogo Hospital during the Covid-19 pandemic

H2 : Work stress has a significant effect on the Job Burnout of health workers at Aisyiyah Ponorogo Hospital during the Covid-19 pandemic

H3 : Work stress has a significant effect on the performance of health workers mediated by Job Burnout at Aisyiyah Ponorogo Hospital during the Covid-19 pandemic

RESULTS**A. Descriptive Analysis**

Table 1. Characteristics of Respondents by Gender, Age, and Profession

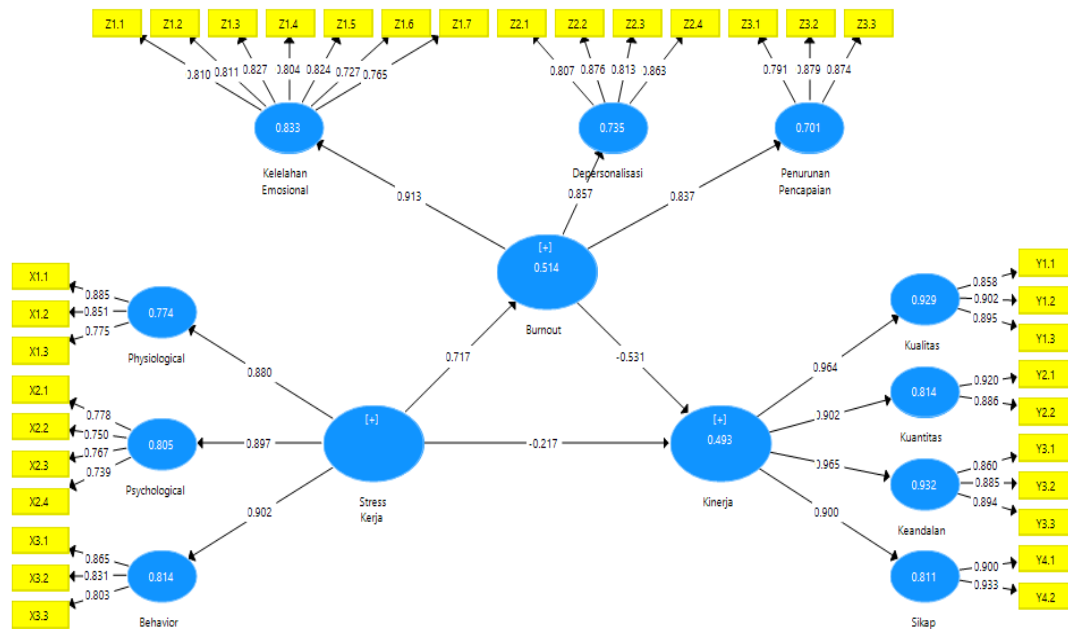
Characteristics	Total (n)	Presentations (%)
Gender		
Male	60	30,9%
Female	134	69,1%
Age		
< 25 years	23	11.8%
25 years - < 30 years	48	24.7%
30 years - < 35 years	37	19.3%
35 years - < 40 years	31	15.9%
40 years - < 45 years	29	14.9%
45 years - < 50 years	19	9.8%
≥ 50 years	7	3.6%
Profession		
General Practitioner	6	3,1%
Specialist	7	3,6%
Nurse	131	67,5%
Radiologists	2	1,0%
Pharmacist	16	8,3%
Midwives	9	4,6%
Radiographer	4	2,1%
Nutritionist	4	2,1%
Health Analyst	2	1,0%
Physiotherapist	3	1,6%
Patient Information	2	1,0%
Anatomical Pathology Technician	2	1,0%
Laboratory	3	1,6%
Occupational Safety Health	3	1,6%

Seen from table 1 above, it can be seen that the most gender is female of 134 respondents with a percentage of 69,1%, the most age is 30-35 years (19,3%), and the most profession is nurse (67,5%).

Partial Least Square (PLS) Analysis

Evaluation Measurement/ Outer Model

Picture 1. Estimation Results Algorithm Smart PLS 3.2.9



In the evaluation process of outer model will be done measurement model measurement of items used in the preparation of structural models. Evaluation of outer models in partial least square analysis includes convergent validity testing, construct validity, discriminant validity and composite reliability.

Convergent Validity

Table 2. Outer Loading Value

Variable	Indicator	Outer Loading Value
Physiological (Work stress)	X1.1	0,885
	X1.2	0,851
	X1.3	0,775
Psychological (Work stress)	X2.1	0,778
	X2.2	0,750
	X2.3	0,767
	X2.4	0,739
Behaviour (Work stress)	X3.1	0,865
	X3.2	0,831
	X3.3	0,803
(Burnout) (Work stress)	Z1.1	0,810
	Z1.2	0,811
	Z1.3	0,827
	Z1.4	0,804
	Z1.5	0,824
	Z1.6	0,727
	Z1.7	0,765
Depersonalisasi (Burnout)	Z2.1	0,807
	Z2.2	0,876
	Z2.3	0,813
	Z2.4	0,863
Decrease in achievement	Z3.1	0,791

Variable	Indicator	Outer Loading Value
(Burnout)	Z3.2	0,879
	Z3.3	0,874
	Y1.1	0,858
Quality (Performance)	Y1.2	0,902
	Y1.3	0,895
	Y2.1	0,920
Quantity (Performance)	Y2.2	0,886
	Y3.1	0,860
Reliability (Performance)	Y3.2	0,885
	Y3.3	0,894
	Y4.1	0,900
Attitude (Performance)	Y4.2	0,933

Based on the table it is known that the outer loading value of each indicator on all variables that make up the structural model already has a value greater than 0,50, so it can be said that the question indicators in the structural model have met convergent validity.

Construct Validity

Table 3. Average Variance Extracted

Variable	Average Variance Extracted
Work Stress	0,516
Burnout	0,519
Performance	0,703

The evaluation result of construct validity using the average variance extracted (AVE) value is known that in each variable obtained a value greater than 0.50, so it can be concluded that the measurement of construct validity variable in the research structural model is good.

Discriminant Validity

Table 4. Cross Loading Evaluation

	X1	X2	X3	Z1	Z2	Z3	Y1	Y2	Y3	Y4
X1.1	0,885	0,548	0,561	0,441	0,439	0,407	-0,449	-0,413	-0,431	-0,418
X1.2	0,851	0,542	0,652	0,468	0,356	0,331	-0,444	-0,455	-0,385	-0,371
X1.3	0,775	0,600	0,539	0,540	0,557	0,444	-0,467	-0,430	-0,435	-0,380
X2.1	0,443	0,778	0,479	0,336	0,330	0,373	-0,415	-0,398	-0,377	-0,365
X2.2	0,425	0,750	0,432	0,235	0,197	0,293	-0,296	-0,336	-0,280	-0,333
X2.3	0,568	0,767	0,615	0,489	0,362	0,388	-0,395	-0,440	-0,341	-0,312
X2.4	0,577	0,739	0,631	0,564	0,519	0,542	-0,454	-0,397	-0,412	-0,360
X3.1	0,639	0,642	0,865	0,664	0,420	0,479	-0,490	-0,515	-0,431	-0,395
X3.2	0,585	0,631	0,831	0,489	0,426	0,416	-0,404	-0,408	-0,312	-0,244
X3.3	0,513	0,522	0,803	0,628	0,475	0,472	-0,488	-0,454	-0,446	-0,408
Z1.1	0,515	0,482	0,584	0,810	0,534	0,484	-0,445	-0,402	-0,464	-0,388
Z1.2	0,442	0,385	0,524	0,811	0,538	0,599	-0,563	-0,455	-0,553	-0,418
Z1.3	0,429	0,490	0,610	0,827	0,477	0,598	-0,506	-0,454	-0,500	-0,408
Z1.4	0,516	0,464	0,557	0,804	0,427	0,441	-0,441	-0,392	-0,381	-0,322
Z1.5	0,431	0,376	0,593	0,824	0,464	0,431	-0,407	-0,364	-0,354	-0,297
Z1.6	0,475	0,470	0,601	0,727	0,445	0,432	-0,439	-0,493	-0,407	-0,353

	X1	X2	X3	Z1	Z2	Z3	Y1	Y2	Y3	Y4
Z1.7	0,406	0,402	0,509	0,765	0,572	0,509	-0,506	-0,409	-0,419	-0,403
Z2.1	0,452	0,490	0,479	0,480	0,807	0,518	-0,462	-0,419	-0,407	-0,422
Z2.2	0,402	0,340	0,387	0,500	0,876	0,605	-0,572	-0,514	-0,565	-0,483
Z2.3	0,514	0,407	0,493	0,622	0,813	0,596	-0,533	-0,512	-0,541	-0,536
Z2.4	0,426	0,367	0,408	0,479	0,863	0,626	-0,546	-0,477	-0,533	-0,443
Z3.1	0,336	0,402	0,365	0,396	0,523	0,791	-0,401	-0,432	-0,402	-0,448
Z3.2	0,457	0,455	0,492	0,635	0,618	0,879	-0,580	-0,489	-0,581	-0,481
Z3.3	0,390	0,498	0,519	0,548	0,632	0,874	-0,516	-0,436	-0,481	-0,411
Y1.1	-0,483	-0,396	-0,427	-0,520	-0,548	-0,510	0,858	0,682	0,816	0,699
Y1.2	-0,510	-0,500	-0,524	-0,507	-0,504	-0,502	0,902	0,760	0,817	0,764
Y1.3	-0,443	-0,482	-0,513	-0,555	-0,624	-0,568	0,895	0,766	0,822	0,685
Y2.1	-0,489	-0,510	-0,551	-0,517	-0,550	-0,508	0,837	0,920	0,810	0,738
Y2.2	-0,442	-0,427	-0,438	-0,440	-0,483	-0,452	0,653	0,886	0,657	0,637
Y3.1	-0,460	-0,345	-0,378	-0,452	-0,484	-0,409	0,774	0,649	0,860	0,663
Y3.2	-0,454	-0,502	-0,492	-0,542	-0,577	-0,578	0,832	0,754	0,885	0,722
Y3.3	-0,402	-0,387	-0,379	-0,470	-0,550	-0,541	0,832	0,751	0,894	0,807
Y4.1	-0,380	-0,388	-0,351	-0,356	-0,448	-0,400	0,636	0,644	0,653	0,900
Y4.2	-0,466	-0,437	-0,410	-0,488	-0,574	-0,550	0,832	0,751	0,857	0,933

Description:

X1 : Physiological (Work Stress)

X2 : Psychological (Work Stress)

X3 : Behaviour (Work Stress)

Z1 : Burnout

Z2 : Departmentalization (Burnout)

Z3 : Decrease in Achievement (Burnout)

Y1 : Quality (Performance)

Y2 : Quantity (Performance)

Y3 : Reliability (Performance)

Y4 : Attitude (Performance)

Based on the table above evaluation discriminant validity with cross-loading value can be shown that the outer loading value of statement items in each research variable already has the most value in the variables it compiles. This indicates that the statement items used in the research variable already meet discriminant validity.

Composite Reliability

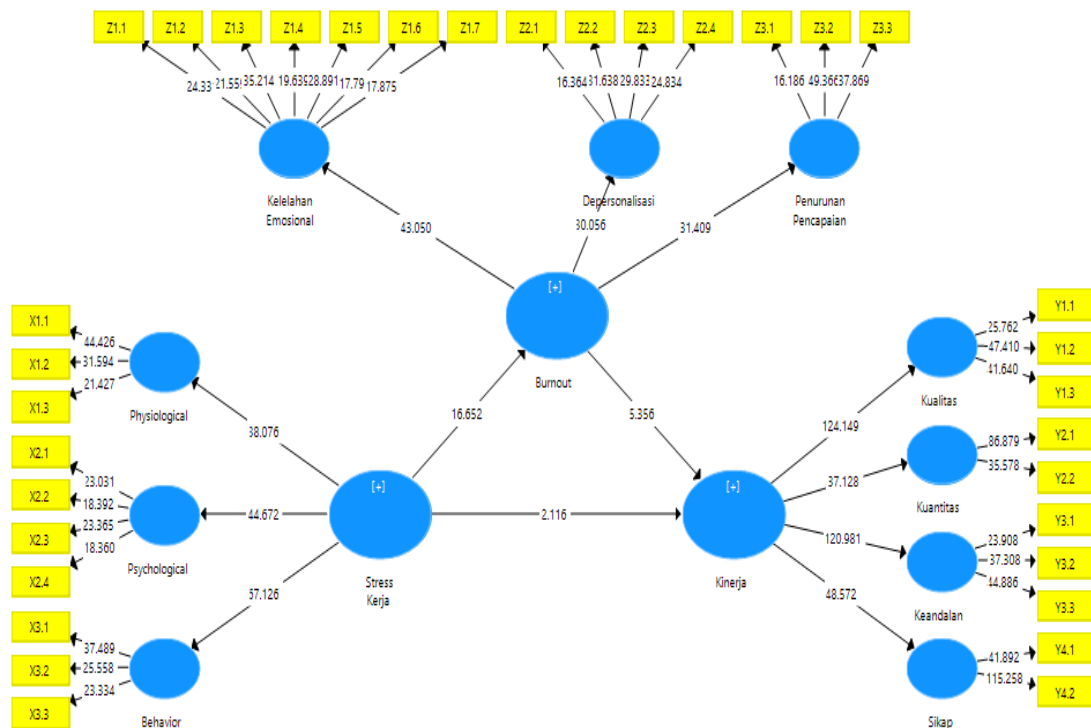
Table 4. Composite Reliability Value and Cronbach Alpha

Variabel	Composite Reliability	Cronbach Alpha
Work Stress	0,914	0,895
Burnout	0,938	0,928
Job Performance	0,959	0,952

Based on the table above, it appears that each variable in the research model has a composite reliability value greater than 0.7. Meanwhile, for cronbach alpha value is also obtained value which is all greater than 0.70. Referring to the results of this evaluation, it can be concluded that in each research variable has met composite reliability.

Inner Model Evaluation

Gambar 2. Estimation Results Bootstrapping Smarts PLS 3.2.9



Evaluation of the inner model of the partial least square structural model is carried out based on the results of bootstrapping estimates on the model compiled. On the evaluation of the inner model will be described in the R-square results and testing of research hypotheses developed in structural models.

R-square

Table 5. Value of R-square

Variabel	R Square
Burnout	0,511
Performance	0,488

On the line between work stress variables to burnout obtained R-square value of 0.511 which explains that the diversity of burnout perception expressed by employees of Aisyiah Ponorogo Hospital can be explained by its perception of work stress variable by 51.1%. Meanwhile, on the line between work stress and burnout to performance obtained R-square value of 0.488 which explains that the diversity of perception of performance expressed by employees of Aisyiah Ponorogo Hospital can be explained by its perception of work stress variables and burnout of 48.8%.

Inner Weight

Inner weight evaluation is used to test the research hypothesis which is described as follows:

Table 6. Evaluation of Direct Effect Hypothesis

Direct Effect	Original Sample	T-statistic	p-value	Description
Work Stress → Performance	-0,217	2,116	0,035	Significant
Work Stress → Burnout	0,717	16,652	0,000	Significant

Hypothesis I

The estimated result on the effect line between work stress and performance obtained the original sample value of -0.217 which has a negative direction. In this path of influence obtained T-statistics value of 2,116 and p-values of 0.035. Based on these results, it is known that the value $-T\text{-statistics } 2.116 > 1.96$ and p-values value $0.035 < 0.05$, it can be concluded that there is a significant negative influence between variable work stress on performance in employees of Aisyiah Ponorogo Hospital. Thus the first hypothesis of research (H1) can be proven statistically.

Hypothesis II

Estimation results on the path of influence between work stress and burnout obtained the original sample value of 0.717 which has a positive direction. Based on these results, it is known that the value $T\text{-statistics } 16.652 > 1.96$ and p-values of $0.000 < 0.05$ can be concluded that there is a significant positive influence between work stress variables on burnout in employees of Aisyiah Ponorogo Hospital. Thus the second hypothesis of research (H2) can be proven statistically.

Table 7. Evaluation of Indirect Effect Hypothesis

Direct Effect	Original Sample	T-statistic	p-value	Description
Work Stress → Burnout → Performance	-0,380	4,593	0,000	Significant

Hypothesis III

The estimated result on the effect line between work stress on burnout and burnout mediation obtained the original sample value of -0.380 which has a negative direction. In this influence path obtained T-statistics value of 4,593 and p-values of 0.000. Based on these results, it is known that the value $T\text{-statistics } 4.593 > 1.96$ and p-values value $0.000 < 0.05$ then it can be concluded that there is a significant negative influence between variable work stress on performance with burnout mediation in employees of Aisyiah Ponorogo Hospital. Thus the third second hypothesis (H3) can be proven statistically. The mediation nature of burnout refers to this indirect influence is partial mediation because the direct effect between work stress on performance is also concluded to have a significant influence

DISCUSSION**The effect of work stress → on the performance of health workers at Aisyiyah Ponorogo Hospital during the Covid-19 pandemic**

Work stress was shown to have a negative influence on the performance of health workers with a significance of 0.035 so that the hypothesis was accepted. This means that the feeling of distress experienced by health workers of RSU Aisyiyah Ponorogo in the face of work or feelings of insettness and disruption that results in emotional instability in doing

work has an influence on the performance of health workers during the Covid-19 pandemic. The results of the study presented that work stress has a negative and significant effect on health workers means that the higher the stress level of health workers, the lower the level of performance of health workers.

The results of respondents' answers in this study described that during the Covid-19 pandemic, the demands of employment were not in accordance with the ability of health workers, targets and responsibilities given too high so burdensome to health workers. The demands of the work, among others, are caused by the growing number of Covid-19 patients and is not balanced by the number of medical personnel who are sufficient to handle these patients, causing fatigue in health workers. The ability of health workers tends to be reduced due to fatigue and workload coupled with the Covid-19 pandemic situation that forces health workers to always implement health protocols. During duty health workers are required to use complete Personal Protective Equipment (PPE), this makes medical personnel less comfortable when mobility or treating patients because they are not used to using complete PPE while on duty. In addition, health workers always get jobs given suddenly or abruptly during the Covid-19 pandemic and are always pursued by targets that result in health workers not being able to do the job. With the increasing cases of Covid-19, health workers are always required to be quick to respond in completing tasks, so that patients immediately get medical help.

The results of this study are relevant to the findings in a previous study researched by Goni (2019) to look at the effect of work stress on performance on health workers. The study found that there is an influence of work stress on the performance of health workers. Health workers who experience work stress will experience health problems that will cause health problems and cause concentric levels to decrease, so that in quantity and quality of performance will decrease. Another study was also conducted by Latiho (2016) to analyze the effect of work stress on the performance of paramedics. His research found that work stress had a negative but insignificant effect on the performance of paramedics. A similar thing was also found in research conducted by Deng et. al. (2019). The study was conducted on 1,594 health workers at several government hospitals in Wuhan, China and found that work stress had a significant effect on the performance of health workers. Rosyandi and Hadi (2020) in their research stated that health workers have the potential to prolong more severe psychiatric conditions caused by separation from family, abnormal situations, increased exposure, fear of contracting Covid-19, feelings of failure in treating patients with Covid-19, PPE and inadequate medical devices. This results in health workers having difficulty maintaining physical and mental conditions, which increases their risk of experiencing psychological disorders such as depression, anxiety, fatigue and severe stress. In line with research conducted by Mo (2020) entitled "Work stress among Chinese nurses to support Wuhan for fighting against the Covid-19 pandemic" on 180 nurses in Wuhan, stated that there is an increase in nurse work stress levels in the face of the Covid-19 pandemic.

The effect of work stress on health workers' job burnout at Aisyiyah Ponorogo Hospital during the Covid-19 pandemic

Based on the results of the data using the help of SmartPLS application was found that work stress can prove to have a significant influence on the performance of health workers in Aisyiyah Ponorogo Hospital. Based on these results, it can be explained that work stress directly affects the burnout (saturation) of health workers. Based on this, it can be concluded that the second hypothesis in this study was accepted which stated that work stress has a significant effect on the Job Burnout of health workers at Aisyiyah Ponorogo Hospital

during the Covid-19 pandemic. This means that the higher the level of work stress that health workers have at Aisyiyah Ponorogo Hospital during the Covid-19 pandemic can affect their burnout rate to work.

The findings in this study are in line with research conducted by Primandini (2015) which in his study found that there is a positive and significant influence between work stress on the incidence of burnout in health workers, especially nurses. Where in his research burnout variables include emotional fatigue, depersonalization and self-achievement. The results are also in line with Purnawati's statement (2020) which in her study found that there is a positive influence between work stress and burnout syndrome which includes emotional exhaustion and depersonalization. Workload, work shifts, age, marital status and working period affect work stress which will ultimately have an impact on the incidence of burnout syndrome. Another research that can support the results of this research, namely research conducted by Dyannda (2019), which also states that there is a significant influence of work stress on work saturation (burnout) in nurses.

Job burnout or job saturation will increase if health workers feel that their workload is increasing. Especially in the current pandemic. Not only do they have to provide optimal services to patients, but they must also be able to keep themselves from contracting it. Not to mention, there are environmental conditions such as the presence of families, both parents and children, who unknowingly increase the concern of these health workers to keep themselves from contracting Covid-19 and transmitting it to their families. The anxiety and fear they feel in carrying out tasks affects their work stress which ultimately leads to burnout symptoms.

In today's pandemic, high stressors that are often experienced by health workers are efforts to save patients, work routines, work in a respectful workspace, use of personal protective equipment for a long time, a large number of patients, and must act quickly in handling patients. Health workers are not able to adapt to situations with high work pressures and continuously in high intensity, so this is called burnout in health workers.

The Effect of Work Stress on the Performance of Health Workers of Aisyiyah Ponorogo Hospital moderated by Job Burnout during the Covid-19 Pandemic

Based on research conducted on health workers at Aisyiyah Ponorogo Hospital, it can be known that the significance amounted to $0.000 < 0.05$. This answers the hypothesis that if the significance rate < 0.05 then H3 is accepted. Therefore, the results can be concluded that there is a significant negative influence between variable work stress on performance and burnout mediation in employees of Aisyiyah Ponorogo Hospital. That is, the higher the stress of work owned by health workers moderated by Job Burnout, the lower the level of performance owned by health workers.

Based on respondents' responses to this study illustrated that during the pandemic health workers always work in earnest, arrive on time and work according to predetermined procedures and schedules. However, due to the high demands of duty and great responsibility, thereby causing labor stress to health workers. During the Covid-19 pandemic health workers can experience fatigue and feel emotions drained by the work faced during the pandemic, work motivation decreases so that productivity is reduced. Fatigue experienced by medical personnel can result in burnout. In this study the mediation nature of burnout has an indirect influence on performance, because the influence between work stress and the performance of health workers has a significant influence.

The results of this study are relevant to research conducted by Artiningsih and Chisan (2020) in their research stating that high workload and dissatisfaction with work contribute

to burnout in medical personnel in the face of the Covid-19 pandemic. Kisa (2020) in his research also stated that doctors and nurses as health workers who are directly related to Covid-19 positive patients experience severe stress, which causes burnout and decreased ability to carry out tasks. The most commonly seen burnout symptoms are physical fatigue and emotional fatigue, weight loss, indigestion, difficulty breathing, rapid anger, suspicion, anxiety, easy crying, difficulty concentrating, being apathetic and decreasing the quality of service to patients

CONCLUSIONS

Based on the results of data collection carried out during the research, data processing and analysis using partial least squares and the discussion previously described regarding hypothesis testing that has been carried out. Then it can be concluded that:

Job stress has a negative and significant effect on the performance of health workers at RSU Aisyiyah Ponorogo. Based on the three dimensions found in the work stress variable, the psychological dimension has the largest mean value or in other words the highest stress experienced by health personnel at Aisyiyah Ponorogo Hospital is on the psychological dimension. This can be seen from the job demands that exceed the capacity limit, the targets and responsibilities given are too high so that it is burdensome for health workers. The ability of health workers tends to decrease due to fatigue and workload coupled with the Covid-19 pandemic situation which forces health workers to always apply health protocols.

Job stress has a positive and significant effect on the burnout of health workers at Aisyiyah Ponorogo Hospital. Based on the three dimensions contained in the burnout variable, the emotional fatigue dimension has the greatest mean value or in other words the highest burnout experienced by health workers at Aisyiyah Ponorogo Hospital is in the emotional exhaustion dimension. This can be seen from the answers of health workers who felt that during the pandemic they worked exceeding their capacity (working hours that exceeded normal working hours), thus causing excessive fatigue.

Job stress has a significant effect on the performance of health workers through burnout at Aisyiyah Ponorogo Hospital. The mediating nature of burnout refers to the indirect effect that is partial mediation because the direct effect between job stress on performance is also concluded to have a significant effect.

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